**Recipient Committee Campaign Statement Cover Page**
(Government Code Sections 84200-84219.5)

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
   - [X] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
   - [ ] General Purpose Committee
   - [ ] Sponsored
   - [ ] Small Contributor Committee
   - [ ] Political Party/Central Committee
   - [ ] Ballot Measure Committee
   - [ ] Primarily Formed
   - [ ] Controlled
   - [ ] Sponsored
   - [ ] Primarily Formed Candidate/Officeholder Committee

**Statement covers period**
from 01/01/2013 through 04/20/2013

**Date of election if applicable:**
(Month, Day, Year)
06/04/2013

**2. Type of Statement:**
- [X] Amendment (Explain below)
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

Filed 04/04/13 wrong filing date, updating statement.

---

**3. Committee Information**

| I.D. NUMBER | 1355472 |

**Committee Name (Or Candidate's Name If No Committee):**
Committee to Elect Olivares Oxnard City Council 2013

**Street Address (No P.O. Box):**
2304 Mint Way

**City**
Oxnard

**State**
CA

**Zip Code**
93036

**Area Code/Phone**
8058890775

**Mailing Address (If Different) No. And Street Or P.O. Box:**

**City**

**State**

**Zip Code**

**Area Code/Phone**

**Optional: Fax / E-mail Address**

---

**4. Verification**
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Executed on**
04/27/2013

**By**
Signature of Treasurer or Assistant Treasurer

**Executed on**
04/27/2013

**By**
Signature of Certifying Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

**Executed on**

**By**
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Executed on**

**By**
Signature of Controlling Officeholder, Candidate, State Measure Proponent

---

FPPC Form 460 (June'01)
FPPC Toll-Free Helpline: 888/ASK-FPPC
State of California
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

Jo Ann Olivares

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

City Council - City of Oxnard

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

2304 Mint Way

**CITY**

Oxnard

**STATE**

CA

**ZIP**

93036

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>YES</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
</tr>
</tbody>
</table>

### 6. Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

- Support
- Oppose

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

### 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTROLLED COMMITTEE?</td>
<td></td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**

---

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 888/ASK-FPPC

State of California
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$8457.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$2471.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$10928.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$1000.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$11928.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$6287.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$6287.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$6287.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $0 | $0 |
13. Cash Receipts | Column A, Line 3 above | $10928.00 | $10928.00 |
14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0 | $0 |
15. Cash Payments | Column A, Line 8 above | $6287.00 | $6287.00 |
16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $4641.00 | $4641.00 |

*If this is a termination statement, Line 16 must be zero.*

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- 20. Contributions Received: $_______ $_______
- 21. Expenditures Made: $_______ $_______

**Expenditure Limit Summary for State Candidates**

- 22. Cumulative Expenditures Made*:
  - (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy): $_______
  - Total to Date: $_______

*Amounts in this section may be different from amounts reported in Column B.

---

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Schedule A
### Monetary Contributions Received

**Type or print in ink. Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>If An Individual, Enter Occupation and Employer (if self-employed, enter name of business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/13</td>
<td>Audrey N. Covarrubias 2440 Jacaranda Dr., Oxnard, CA 93036</td>
<td>☑ IND □ COM □ OTH □ PTY □ SCC</td>
<td>Clerical OSD</td>
<td>249</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td>02/14/13</td>
<td>Angel Arreola 1805 No. Oxnard Bl. #1 Oxnard, CA 93030</td>
<td>☑ IND □ COM □ OTH □ PTY □ SCC</td>
<td>Los Arboles Harvesting Self Employed</td>
<td>1000</td>
<td>1000</td>
<td></td>
</tr>
<tr>
<td>03/03/13</td>
<td>Alben Barkley 155 So. G Street Oxnard, CA 93030</td>
<td>□ IND ☑ COM □ OTH □ PTY □ SCC</td>
<td>Barkley Insurance Self Employed</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>03/05/13</td>
<td>Frank G. Olives 1361 So. E Street Oxnard, CA 93033</td>
<td>☑ IND ☑ COM □ OTH □ PTY □ SCC</td>
<td>Retired</td>
<td>300</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>03/17/13</td>
<td>Martha C. Aparicio 1260 Kumquat Place Oxnard, CA 93036</td>
<td>☑ IND ☑ COM □ OTH □ PTY □ SCC</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal $2149.00**

### Schedule A Summary

1. Amount received this period – contributions of $100 or more.
   *(Include all Schedule A subtotals.)* ....... $6449.00
2. Amount received this period – unitemized contributions of less than $100 ....... $2008.00
3. Total monetary contributions received this period.
   *(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)* ....... TOTAL $8457.00

---

*Contributor Codes:
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

FPCC Form 460 (June/01)
FPCC Toll-Free Helpline: 866/ASK-FPCC
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

**Type or print in ink.**
**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE #</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/12/13</td>
<td>Tila Estrada 4844 Oceanaire St, Oxnard, CA 93035</td>
<td>☐ IND</td>
<td>Retired</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>04/17/13</td>
<td>Janis M. Berk 128 Mainsail Ct., Pt. Hueneme, CA 93041</td>
<td>☐ IND</td>
<td>San Miguel Produce Self Employed</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>04/17/13</td>
<td>Oxnard Chamber of Commerce 400 E. Esplanade Dr.#302 Oxnard, CA 93036</td>
<td>☐ IND</td>
<td>PAC #961270</td>
<td>3000</td>
<td>3000</td>
<td></td>
</tr>
<tr>
<td>04/20/13</td>
<td>Lorraine Macdonald 355 So. G St., Oxnard, CA 93030</td>
<td>☐ IND</td>
<td>Self Employed High Priestess</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>04/20/13</td>
<td>Ventura Co. Women's Political Council P.O. Box 6603 Ventura, CA 93006</td>
<td>☐ IND</td>
<td>PAC</td>
<td>750</td>
<td>750</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 4300.00

---

*Contributor Codes*
- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other
- PTY – Political Party
- SCC – Small Contributor Committee

**CALIFORNIA FORM 460**

Page 5 of 10

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
**Schedule B – Part 1**

**Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2013 through 04/20/2013

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to Elect Olivares Oxnard City Council 2013</td>
<td>1355472</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Ann Olivares</td>
<td>Director Human Resources San Miguel Produce, Inc.</td>
<td>$2471.00</td>
<td>$2471.00</td>
<td>$2471.00</td>
<td>$0</td>
<td>$2471.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>2304 Mint Way Oxnard, CA 93036</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**SUBTOTALS** $2471.00 $2471.00 $2471.00

**Schedule B Summary**

1. Loans received this period .......................................................... $2471.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period ............................................... $0
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ................. NET $2471.00
   (May be a negative number)

---

*Contributor Codes
IND = Individual
COM = Recipient Committee (other than PTY or SCC)
OTH = Other (e.g., business entity)
PTY = Political Party
SCC = Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
## Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>Description of Goods or Services</th>
<th>Amount/Fair Market Value</th>
<th>Cumulative to Date (Jan 1 - Dec 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/13</td>
<td>Dr. Manuel and Irma Lopez 141 So. A Street Oxnard, CA 93036</td>
<td>IND</td>
<td>Office Space</td>
<td>1000.00</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

1. Amount received this period – nonmonetary contributions of $100 or more.
   (Include all Schedule C subtotals.) .......................................................... $ 1000.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .......$ 0

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .......... TOTAL $ 1000.00
Committee to Elect Olivas Oxnard City Council 2013

**Schedule E Payments Made**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CFP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVO civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LIE legal defense
- LIT campaign literature and mailings
- MBR member communications
- MGT meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emilio J. Bernard</td>
<td>LIT</td>
<td>Design and layout of logo for print materials</td>
<td>500</td>
</tr>
<tr>
<td>852 Sapphire Ave.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vista Printing</td>
<td>LIT</td>
<td>Business/rack cards/lawn signs</td>
<td>1086</td>
</tr>
<tr>
<td><a href="mailto:vistaprint@vistaprint.com">vistaprint@vistaprint.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uprinting</td>
<td>LIT</td>
<td>Door hanger cards</td>
<td>628</td>
</tr>
<tr>
<td>uprinting.com</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ ____________

   5983

2. Unitemized payments made this period of under $100 ...............................................................

   $ ____________

   304

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ...................... $ ____________

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................................................... TOTAL $ ____________

   6287

**Schedule E**

Statement covers period from __________ through __________

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 8</td>
<td>460</td>
</tr>
<tr>
<td>Page 10</td>
<td></td>
</tr>
</tbody>
</table>

Id. Number: 1355472

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule E

**Payment Made**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIL</td>
<td>Filing fee</td>
<td>1400</td>
</tr>
<tr>
<td>POL</td>
<td>Map of Oxnard</td>
<td>106</td>
</tr>
<tr>
<td>POL</td>
<td>Voter list</td>
<td>110</td>
</tr>
<tr>
<td>OFC</td>
<td>Office supplies</td>
<td>257</td>
</tr>
<tr>
<td>CMP</td>
<td>Lawn signs</td>
<td>873</td>
</tr>
</tbody>
</table>

### Name and Address of Payee

- **City of Oxnard**
  300 West Third Street
  Oxnard, CA 93030

- **Rand McNally**
  store@randmcnally.com

- **County of Ventura Elections**
  800 So. Victoria Ave.
  Ventura, CA 93001

- **Staples**
  411 Esplanade Dr.
  Oxnard, CA 93036

- **Trophies Etc.**
  2255 Pleasant Valley Road
  Camarillo, CA 93012

---

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

**SUBTOTAL $** 2746

---

**Statement covers period**

- From: **01/01/2013**
- Through: **04/20/2013**

---

**CALIFORNIA F460**

**ID. NUMBER** 1355472
### Schedule E (Continuation Sheet)
**Payments Made**

**NAME OF FILER:**
Committee to Elect Olivares Oxnard City Council 2013

**I.D. NUMBER:** 1355472

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- **OMB** campaign paraphernalia/misc.
- **CNS** campaign consultants
- **CTB** contributions (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **FND** fundraising events
- **IND** independent expenditure supporting/opposing others (explain)*
- **LEG** legal defense
- **LIT** campaign literature and mailings
- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulating
- **PHO** phone banks
- **POL** polling and survey research
- **POS** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/spouse travel, lodging, and meals
- **TSF** transfer between committees of the same candidate/sponsor
- **VOT** voter registration
- **WEB** information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE**
(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron Horse Restaurant</td>
<td>FND</td>
<td>Kickoff</td>
<td>429</td>
</tr>
<tr>
<td>4722 Telephone Rd.</td>
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<tr>
<td>Ventura, CA 93003</td>
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<tr>
<td>Costco</td>
<td>FND</td>
<td>Kickoff</td>
<td>194</td>
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<tr>
<td>2001 E. Ventura Blvd.</td>
<td></td>
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<tr>
<td>Oxnard, CA 93036</td>
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<tr>
<td>Gina Segura</td>
<td>CMP</td>
<td>Campaign t-shirts</td>
<td>400</td>
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</tbody>
</table>

**SUBTOTAL $** 1023

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)