

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp: CITY OF OXNARD CITY CLERK, 2013 MAY 23 9:30 AM. CALIFORNIA FORM 460, Page 1 of 5, Official Use Only.

Statement covers period from 4/21/2013 through 5/18/2013. Date of election if applicable: 06/04/2013.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee (checked), State Candidate Election Committee, Recall, General Purpose Committee, etc.

2. Type of Statement:

- Preelection Statement (checked), Semi-annual Statement, Termination Statement, Amendment, etc.

3. Committee Information

I.D. NUMBER 1350825

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Manuel Vazquez Cano for Oxnard City Council 2013

STREET ADDRESS (NO P.O. BOX)

3206 Circle Drive

CITY: Oxnard, STATE: CA, ZIP CODE: 93033, AREA CODE/PHONE: 805-754-1008

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

vazquezforcouncil@gmail.com

Treasurer(s)

NAME OF TREASURER

Manuel Vazquez

MAILING ADDRESS

3206 Circle Drive

CITY: Oxnard, STATE: CA, ZIP CODE: 93033, AREA CODE/PHONE: 05-754-1008

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 5/22/2013 Date, Executed on 5/22/2013 Date, Executed on Date, Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer, By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor, By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent, By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	<b>460</b>
Page <u>2</u> of <u>5</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Manuel Vazquez Cano			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Oxnard City Council			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
3206 Circle Drive	Oxnard	CA	93033

**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.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>4/21/2013</u>	<b>CALIFORNIA FORM 460</b>
through <u>5/18/2013</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1350825</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Manuel Vazquez Cano for Oxnard City Council 2013

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>35.45</u>	\$ <u>2274</u>
2. Loans Received .....	Schedule B, Line 3	<u>0</u>	<u>1400</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>35.45</u>	\$ <u>3674.45</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>35.45</u>	\$ <u>3639.45</u>

<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>		
	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

<b>Expenditures Made</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
6. Payments Made .....	Schedule E, Line 4	\$ <u>50.02</u>	\$ <u>3292.36</u>
7. Loans Made .....	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>50.02</u>	\$ <u>3292.36</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>50.02</u>	\$ <u>3292.36</u>

<b>Expenditure Limit Summary for State Candidates</b>		
<b>22. Cumulative Expenditures Made*</b> (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	Total to Date	
____/____/____	\$ _____	
____/____/____	\$ _____	

<b>Current Cash Statement</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>473.87</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>35.45</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>0</u>
15. Cash Payments .....	Column A, Line 8 above	<u>50.02</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>459.27</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0</u>
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<b>Cash Equivalents and Outstanding Debts</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents .....	See instructions on reverse	\$ <u>459.27</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>1400</u>

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>4/21/2013</u> through <u>5/18/2013</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1350825</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Manuel Vazquez Cano for Oxnard City Council 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$                     35.45
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$**                     35.45

\*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

**Schedule E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	4/21/2013	Page	5 of 5
through	5/18/2013	I.D. NUMBER	1350825

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NAME OF FILER

Manuel Vazquez Cano for Oxnard City Council 2013

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$**

**Schedule E Summary**

- |  |                 |                        |
|--|-----------------|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | <u>          </u>      |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | <u>          50.02</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | <u>          </u>      |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> | <u>          50.02</u> |