Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
     (Also Complete Part 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
     - Controlled
     (Also Complete Part 6)
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)
   - Quarterly Statement
   - Semi-annual Statement
   - Special Odd-Year Report
   - Supplemental Prelection Statement - Attach Form 495
   - Amendment (Explain below)

2. Type of Statement:
   - Prelection Statement
   - Semi-annual Statement
   - Termination Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

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

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 4/23/2013
   Date
   Executed on 04/23/2013
   Date
   Executed on
   Date
   Executed on
   Date

By
Signature of Treasurer
By
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By
Signature of Controlling Officer, Candidate, State Measure Proponent
By
Signature of Controlling Officer, Candidate, State Measure Proponent

FPPC Form 460 (January/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
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?

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 □ SUPPORT □ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

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 □ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD □ SUPPORT □ OPPOSE

Attach continuation sheets if necessary
### Campaign Disclosure Statement Summary Page

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

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

---

**NAME OF FILER**
Manuel Vazquez Cano for Oxnard City Council 2013

**I.D. NUMBER**
1350825

---

#### Contributions Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$2,239.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$3,639.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$3,639.03</td>
</tr>
</tbody>
</table>

#### Expenditures Made

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$3,242.34</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$3,242.34</td>
</tr>
</tbody>
</table>

#### Current Cash Statement

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>16.</td>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

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

#### Loan Guarantees Received

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>LOAN GUARANTEES RECEIVED</td>
<td>Schedule B, Part 2</td>
</tr>
</tbody>
</table>

#### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19.</td>
<td>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**

- 1/1 through 6/30
- 7/1 to Date

20. Contributions Received

21. Expenditures Made

---

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$</td>
</tr>
</tbody>
</table>

*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)
<table>
<thead>
<tr>
<th>Date</th>
<th>Full Name</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Code</th>
<th>Occupation and Employer</th>
<th>Amount Received</th>
<th>Cumulative to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/16/13</td>
<td>Roberto Juarez</td>
<td>2168 Morongo Dr. Camarillo, CA 93012</td>
<td></td>
<td>IND</td>
<td>CEO, Clínicas del Camino Real</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>3/16/13</td>
<td>Michael D. Rodriguez</td>
<td>2830 Diamond Drive Camarillo, CA 93010</td>
<td></td>
<td>IND</td>
<td>Self Employed, Consultant</td>
<td>200.00</td>
<td>200.00</td>
</tr>
<tr>
<td>3/15/13</td>
<td>Isabel Garcia</td>
<td>1530 Alturas St. Oxnard, CA 93035</td>
<td></td>
<td>IND</td>
<td>STAR, Clinical Supervisor</td>
<td>99.00</td>
<td>99.00</td>
</tr>
<tr>
<td>4/20/13</td>
<td>Isabel Garcia</td>
<td>1530 Alturas St. Oxnard, CA 93035</td>
<td></td>
<td>IND</td>
<td>STAR, Clinical Supervisor</td>
<td>40.00</td>
<td>139.00</td>
</tr>
<tr>
<td>3/30/13</td>
<td>Manuel Vazquez</td>
<td>3206 Circle Drive Oxnard, CA 93033</td>
<td></td>
<td>IND</td>
<td>Program Director, Huntington Learning Center</td>
<td>33.00</td>
<td>33.00</td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................ $ 672.00
2. Amount received this period – unitemized monetary contributions of less than $100 .............. $ 1,567.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................... TOTAL $ 2,239.00

*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 A (Continuation Sheet)
### Monetary Contributions Received

**$_$**

**NAME OF FILER**
Manuel Vazquez Cano for Oxnard City Council 2013

**I.D. NUMBER**
1350825

<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>FILER CIRCUMSTANCE TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/16/2013</td>
<td>Manuel Vazquez</td>
<td>□ IND</td>
<td>Program Director. Huntington Learning Center</td>
<td>100.00</td>
<td>133.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3206 Circle Drive</td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxnard, CA 93033</td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td></td>
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</tbody>
</table>

**SUBTOTAL $**

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*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

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

NAME OF FILER
Manuel Vazquez Cano for Oxnard City Council 2013

I.D. NUMBER
1350825

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuel Vazquez</td>
<td>Program Director, Huntington Learning Center</td>
<td>$1,400</td>
<td>$0</td>
<td>$1,400</td>
<td>0%</td>
<td>$1,400</td>
<td>$1,400</td>
<td>$1,400</td>
</tr>
<tr>
<td>3266 Circle Drive, Oxnard, CA 93033</td>
<td></td>
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<td></td>
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<tr>
<td>t□ IND t□ COM t□ OTH t□ PTY t□ SCC</td>
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<tr>
<td>3/7/2013 DATE DUE</td>
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<td>$1,400</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>t□ IND t□ COM t□ OTH t□ PTY t□ SCC</td>
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<tr>
<td>3/7/2013 DATE DUE</td>
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<tr>
<td>$1,400</td>
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</tr>
<tr>
<td>t□ IND t□ COM t□ OTH t□ PTY t□ SCC</td>
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<tr>
<td>3/7/2013 DATE DUE</td>
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</tr>
<tr>
<td>$1,400</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $1,400

Schedule B Summary

1. Loans received this period .................................................................................................................. $1,400
   (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 $1,400
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
## Schedule E Payments Made

**NAME OF FILER**
Manuel Vazquez Cano for Oxnard City Council 2013

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

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>Lawn Signs and stakes, signers</td>
</tr>
<tr>
<td>FIL</td>
<td>Candidate Statement</td>
</tr>
<tr>
<td>FIL</td>
<td>Late Fee</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

<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>Herald Printing</td>
<td>CMP</td>
<td>Lawn Signs and stakes, signers</td>
<td>1588.79</td>
</tr>
<tr>
<td>1242 Los Angeles Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Oxnard</td>
<td>FIL</td>
<td>Candidate Statement</td>
<td>1,400.00</td>
</tr>
<tr>
<td>300 W. 3rd Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Oxnard</td>
<td>FIL</td>
<td>Late Fee</td>
<td>100.00</td>
</tr>
<tr>
<td>300 W. 3rd Street</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 3088.79

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 3088.79
2. Unitemized payments made this period of under $100 .......................................................... $ 153.55
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................................................... TOTAL $ 3242.34

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)