# Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM **460**



For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**Statement covers period**
from Jul 1st 2016
through Sept 24th 2016

**Date of election if applicable:** (Month, Day, Year)
Nov 8th 2016

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

- [x] 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
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

## 2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER: 1389232

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Genevieve Flores-Haro for Oxnard City Council 2016

STREET ADDRESS (NO P.O. BOX)
1937 Lago Lane

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Oxnard | CA | 93036 | 805-351-2010 |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS
GFH4OCC@gmail.com

## Treasurer(s)

NAME OF TREASURER
Sade Flores-Haro

MAILING ADDRESS
1937 Lago Lane

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Oxnard | CA | 93036 | 805-351-2010 |

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 9/29/16 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 9/29/16 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Genevieve Flores-Haro

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

Oxnard City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1937 Lago Lane Oxnard, CA 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.*

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ 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? ☐ YES ☐ 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 | ☐ 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 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

Amounts may be rounded to whole dollars.



Statement covers period from Jul 1st 2016 through Sept 24th 2016

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

## Contributions Received

| | | Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 5031.00 | $ 5031.00 |
| 2. Loans Received | *Schedule B, Line 3* | 250.00 | 250.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 5281.00 | $ 5281.00 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 100.00 | 100.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 5381.00 | $ 5381.00 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 1619.25 | $ 1619.25 |
| 7. Loans Made | *Schedule H, Line 3* | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 1619.25 | $ 1619.25 |
| 9. Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | 219.83 | 219.83 |
| 10. Nonmonetary Adjustment | *Schedule C, Line 3* | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | $ 1839.08 | $ 1839.08 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 0 |
| 13. Cash Receipts | *Column A, Line 3 above* | 5281.00 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 0 |
| 15. Cash Payments | *Column A, Line 8 above* | 1619.25 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 3661.75 |

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | *See instructions on reverse* | $ 0 |
| 19. Outstanding Debts | *Add Line 2 + Line 9 in Column B above* | $ 469.83 |

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).

## 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 | $ 0 | $ 0 |
| 21. Expenditures Made | $ 0 | $ 0 |

## 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 |
|---|---|
| / / | $ 0 |
| / / | $ 0 |

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

# Schedule A
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from Jul 1st 2016 through Sept 24th 2016



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

| 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) |
|---|---|---|---|---|---|---|
| 8/14/16 | Donna Burland<br>3200 Isle Way<br>Oxnard, CA 93035 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Senior HR generalist<br>Paychex, Inc | 100.00 | 100.00 | |
| 8/15/16 | Dr. Ramon Flores<br>2210 Wankel Wat, Apt 302<br>Oxnard, CA 93030 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Engineer<br>U.S Navy | 500.00 | 500.00 | |
| 8/15/16 | Yolanda Barretto<br>1937 Lago Lane<br>Oxnard, CA 93036 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | High School Counselor<br>Oxnard Unified High School District | 500.00 | 500.00 | |
| 8/15/16 | David Rodriguez<br>1037 Garrido Dr<br>Camarillo, CA 93010 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired | 250.00 | 250.00 | |
| 8/29/16 | Arthur Valenzuela, Jr.<br>2300 Lions Gate Dr.<br>Oxnard, CA 93030 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Longshoreman<br>Pacific Maritime Longshoreman | 5.00 | 5.00 | |
| | | | SUBTOTAL $ | 1450.00 | | |

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3625.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1406.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 5031.00

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jul 1st 2016
through Sept 24th 2016

CALIFORNIA FORM 460



NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

| 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) |
|---|---|---|---|---|---|---|
| 9/5/16 | Jason Duong<br>926 Halifax Rd<br>Oxnard, CA 93035 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Student | 100.00 | 100.00 | |
| 9/13/16 | Mark Lisagor<br>477 Calle Higuera<br>Camarillo, CA 93010 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Dentist<br>Oxnard Children Dental Group | 250.00 | 250.00 | |
| 9/13/16 | Gavin Goorjian<br>851 S. Rampart Blvd, Suite 105<br>Las Vegas, NV 89145 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Executive Vice President<br>Peccole Nevada Corporation | 400.00 | 400.00 | |
| 9/13/16 | David Pollock<br>13192 Shadow Wood Place<br>Moorpark, CA 93021 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Business Development<br>Pollock Consulting | 250.00 | 250.00 | |
| 9/13/16 | Christina Urias<br>919 La Vuelta Place<br>Santa Paula, CA 93060 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Trustee<br>Santa Paula Unified School District | 100.00 | 100.00 | |
| | | | **SUBTOTAL $** | 1100.00 | | |

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# Schedule A (Continuation Sheet)
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jul 1st 2016
through Sept 24th 2016

CALIFORNIA FORM 460



NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

| 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) |
|---|---|---|---|---|---|---|
| 9/17/16 | Sandra Delgado<br>934 M Court<br>Oxnard, CA 93030 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Customer relations assistant<br>City of Thousand Oaks | 100.00 | 100.00 | |
| 9/18/16 | Jeannette Sanchez-Palacias<br>618 Skyline Rd<br>Ventura, CA 93003 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | District Director<br>California State Assembly | 100.00 | 100.00 | |
| 9/18/16 | Arthur Valenzuela, Jr<br>2300 Lions Gate Dr<br>Oxnard, CA 93030 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Long Shoreman<br>Pacific Rim | 95.00 | 100.00 | |
| 9/21/16 | Stanley Mantooth<br>1232 Vista Del Cima<br>Camarillo, CA 93010 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Superintendent of Pub. Schools<br>Vta County Office of Ed | 250.00 | 250.00 | |
| 9/21/16 | Brad Hudson<br>1111 Manitou Rd<br>Santa Barbara, CA 93101 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Senior Field Representative<br>CA State Senate | 100.00 | 100.00 | |
| | | | **SUBTOTAL $** | 645 | | |

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SCC – Small Contributor Committee

# Schedule A (Continuation Sheet)
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jul 1st 2016
through Sept 24th 2016

CALIFORNIA FORM 460



NAME OF FILER
Genevieve Flores-Haro

I.D. NUMBER
1389232

| 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) |
|---|---|---|---|---|---|---|
| 9/5/16 | Kimiko Soto<br>3310 Taffrail Lane<br>Oxnard, CA 93036 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Teacher<br>Oxnard School District | 100.00 | 100.00 | |
| 9/13/16 | Ed Lopez<br>3410 Isle Way<br>Oxnard, CA 93035 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Supervisor<br>E.J. Harrison and Sons | 100.00 | 100.00 | |
| 9/13/16 | Marlyn Ibarra<br>1445 Visalia St.<br>Oxnard, CA 93035 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Accounting Assistant<br>Santa Barbara Center for Performing Arts | 125.00 | 125.00 | |
| 9/13/16 | Sandy Tanzil<br>7838 Bleriot Ave<br>Los Angeles, CA 90045 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Tax Manager<br>El Camino Management Company | 100.00 | 100.00 | |
| 9/13/16 | Sade Flores-Haro<br>1937 Lago Lane<br>Oxnard, CA 93036 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Registered Veterinarian Technician<br>Dr. Battier's Vet Clinic | 100.00 | 100.00 | |
| | | | **SUBTOTAL $** | 525.00 | | |

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
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# Schedule B – Part 1
## Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from Jul 1st 2016 through Sept 24th 2016

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|---|---|---|---|---|---|
| Genevieve Flores-Haro<br>†☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Associate Director Mixteco Indigena Community Organizing Project | $ 250.00 | $ 250.00 | ☐ PAID $ 0<br>☐ FORGIVEN $ 0 | $ 250.00<br>11/30/16 DATE DUE | 0 % RATE<br>$ 0 | $ 250<br>8/17/16 DATE INCURRED | CALENDAR YEAR $ 250<br>PER ELECTION** $ 0 |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $<br>☐ FORGIVEN $ | $<br>DATE DUE | % RATE<br>$ | $<br>DATE INCURRED | CALENDAR YEAR $<br>PER ELECTION** $ |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $<br>☐ FORGIVEN $ | $<br>DATE DUE | % RATE<br>$ | $<br>DATE INCURRED | CALENDAR YEAR $<br>PER ELECTION** $ |
| | | SUBTOTALS $ 250.00 | | $ 0 | $ 250.00 | $ 0 (Enter (e) on Schedule E, Line 3) | | |

## Schedule B Summary

1. Loans received this period ..... $ 250.00
   (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 $ 250.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
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*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

# Schedule C
# Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period from Jul 1st 2016 through Sept 24th 2016



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|---|
| 9/18/16 | Lauraine Effress<br>2831 S. Harbor Blvd<br>Oxnard, CA 93035 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired | Food, and drinks for meet and greet | 100.00 | 100.00 | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |

*Attach additional information on appropriately labeled continuation sheets.* **SUBTOTAL $** 100.00

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 100.00
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 $** 100.00

*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 E
# Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from Jul 1st 2016
through Sept 24th 2016

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Genevieve Flores-Haro

I.D. NUMBER: 1389232

**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 | MTG | 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 |
|---|---|---|---|
| City of Oxnard<br>305 W. 3rd St<br>Oxnard, CA 93030 | FIL | Candidate filing statement | 1300.00 |
| Bullseye Marketing<br>19425 Londelius St<br>Northridge, CA 91324 | CMP | Rally signs | 250.18 |
| | | | |

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

**SUBTOTAL $** 1550.18

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1550.18
2. Unitemized payments made this period of under $100 ..... $ 69.07
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 $** 1619.25

# Schedule F
# Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period
from Jul 1st 2016
through Sept 24th 2016

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Genevieve Flores-Haro

I.D. NUMBER
1389232

**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 | MTG | 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---|---|---|---|---|
| Betsy Avila<br>1681 65th St, C1<br>Brooklyn, New York 11204 | WEB | 0 | 219.83 | 0 | 219.83 |
| | | | | | |
| | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | **SUBTOTALS $** | 0 | $ 219.83 | $ 0 | $ 219.83 |

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 219.83
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 219.83
   May be a negative number