Recipient Committee
Campaign Statement
Cover Page

Oxnard City Clerk

| CALIFORNIA | 46 | FORM | FORM

Gover rage					4 46
	Statement covers period 9-25-16	Date of election if applicable; (Month, Day, Year) (UIO	DET 27 AM K): 10	Page 1 of 10 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through	11/8/16			
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Arean typicalise at ellipset of the second at the second a	(Caramaturina) saos saucembulus	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	ermination)		terly Statement ial Odd-Year Report
	NUMBER 389232	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Genevieve Flores-Haro	apa di Considerativa di Carlo del Conserva proposo de proposo de proposo de la conserva de la conserva de la c	NAME OF TREASURER Sade Flores-Haro			
STREET ADDRESS (NO P.O. BOX)	sancaqalachoologyaga Million (Million Mac 40 007 million ar agus agus agus agus agus agus million (Million Million Mil	MAILING ADDRESS 1937 Lago Lane CITY	STAT	TE ZIP CO	DDE AREA CODE/PHONE
1937 Lago Lane		Oxnard	CA		
CITY STATE ZIP CO Oxnard CA 9303		NAME OF ASSISTANT TREASURE	R, IF ANY		elik kelaksiya kapanou a siraksiya seriksiya salah kelaksiya 6-bounda indi baraksiya in a apaksiya kelaksiya k Baraksiya kapanou a siraksiya seriksiya salah kelaksiya 6-bounda indi baraksiya in a apaksiya kelaksiya kelaksi
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	adelicada de la comunicación de como de la como en esta conquero esta conque de la feritario de estada del del	MAILING ADDRESS	enterena anti-universida de la materia de la presidente de la presidente de la constante de la constante de la	National Company of the Company of t	n Approximation consistence of the Miller Control of the Miller Control of the Co
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STAT	TE ZIP CC	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS gfh4occ@gmail.com		OPTIONAL: FAX / E-MAIL ADDRE	SS	aterpursea, esse Perinamon esta su de la constanción de la constan	nadioperante care per principal de la manuella de la care per per per per per per per per per p
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on	By	Signature of Treasurer or Assistan	nt Treasurer Proponent or Responsible of State Measure Proponen	Officer of Spons	MACROCHARINGOM
Date	· S	ignature of Controlling Officeholder, Candidate,	State Measure Proponen	.t	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 2 of 10

Officeholder or Candidate Controlled Comn	6.	Primarily Formed Ballot	t Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE	n Seyrorane a zera a recensa de 2000 como la Como de Cambro de Como de Cambro de Como de Cambro de Cambro de C		NAME OF BALLOT MEASURE		Alle nessessint to a party constitution of a state of the first and a state of the party constitute of the party constitution of the state of the party constitution of the pa	
Genevieve Flores-Haro						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	A Commercial Commercia	☐ SUPPORT
Oxnard City Council						☐ OPPOSE
	CITY STATE ZIP					
1937 Lago Lane Oxnard	d CA 93036		Identify the controlling office			proponent, if any.
makkambanabak kerbungan sepanggan sebagai panggan pang			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this St. not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD	BOOKE SYMBOLING OF EXAMELES LICE OF EXAMELISA OF STREET, STREE	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		OCCUPATION CONTRACTOR IN CONTRACTOR AND			ng paramanan kanan k Kanan kanan ka
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office	holder Committe	C List names of
Will St. Marie St.	□ YES □ NO		onicendider(s) or candidate(s)	IOF WINGH UNS	committee is priniarily i	ormea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.)			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	FID
				A ST A STATE A STATE OF THE STA		SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES NO				enancia de la companya de la company	OPPOSE
COMMITTEE ADDITION OF THE PROPERTY (NOTICE)	www.xj		CONCRETE CONCRETE CONTRACTOR CONT		Berneta Antonio de la compositio de la comp	CALLETTIC CONTROL OF THE CONTROL OF
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	,

Schedule A Monetary Contributions Received			Amounts may be rounded to whole dollars. Statement cov			1520310300000000000000000000000000000000	schedule IFORNIA 460 ORM
SEE INSTRUCTIO	NS ON REVERSE			through10-	-22-16	Page	, of10
NAME OF FILER	Flores-Haro					1.D. NU 1389	JMBER 232
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	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/16	Laura Gallardo 3131 Isle Way Oxnard, CA 93035	IND COM OTH PTY SCC	Retired	100	100		
10/3/16	UFCW Local 770 630 Shatto Place Los Angeles, CA 90005 PAC#921242	☐IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		3,000	3,000		
10/3/16	Latina's Lead 555 Capitol Mall., Suite 1425 Sacramento, CA 95814 PAC#891143	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		750		750	
10/4/16	VCWPC P.O Box 6603 Ventura, CA 93006 PAC#1338290	☐ IND COM ☐ OTH ☐ PTY ☐ SCC		1,000		1,000	
10/4/16	CA Progress Fund 1990 N. California Blvd., Suite 1010 ATTN: Jerome Pandell Walnut Creek, CA 94596. PAC# 1367782	☐ IND		500		500	
			SUBTOTAL	\$ 5,350			
	A Summary ceived this period – itemized monetary contributions	•		0.077	ſ	*Contributor IND – Individ	

6,375 (Include all Schedule A subtotals.)....\$

1,428 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 7,803 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ _

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period 9-25-16

				11 (911)				
				through10-	22-16	Page _	5 of _1	10
NAME OF FILER						I.D. NUI	MBER	
Genevieve	Flores-Haro	2024 2011 2011 2011 2011 2011 2011 2011				13892	32	
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECT TO DATE (IF REQUIF	E
10/6/16	Cathy Murillo 809 W. Valerio St. Santa Barbara, CA 93101	☑IND □COM □OTH □PTY □SCC	Councilmember Santa Barbara	100	10	100		
10/14/1	Monique Limon 1787 Tribute Rd., Suite Kyle Sacrameno, CA 95815	☑IND □COM □OTH □PTY □SCC	Trustee Santa Barbara Unified S	125	12	25		
10/15/1	Humberto Haro 1215 S. Saticoy Ave, Apt Q Ventura, CA 93007	☑IND □COM □OTH □PTY □SCC	Retired	100	10	00		
10/18/1	Carla Castilla 437 Arroyo Del Mar Camarillo, CA 93010	IND COM OTH PTY	District Director CA state senate	100	16	00		
10/20/1	Julia Inyoue 942 Teakwood St Oxnard, CA 93033	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100 10		00		
			SUBTOTAL	\$ 525				

*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

	Am	ounts may be rou	ındəd				SCHEE	DULE B - PART 1
Schedule B – Part 1	~~03t	to whole dollars			Statement cov	ers period	CALIFORN	A ACO
Loans Received					from 9-2	5-16	FORM	^a 460
					2 2 4 2 2 4			
SEE INSTRUCTIONS ON REVERSE					through10	-22-16	Page	of10
IAME OF FILER							I.D. NUMBER	
Genevieve Flores-Haro							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	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Genevieve Flores-Haro 1937 Lago Lane Oxnard, CA 93036	Associate Director Mixteco			PAID \$C FORGIVEN	\$ 250	O_%	s250	\$ 250 PER ELECTION**
D IND □ COM □ OTH □ PTY □ SCC		s250	\$ <u>0</u>	s	11/30/16 DATE DUE	s0	8/17/16 DATE INCURRED	\$
TO IND COM OTH PTY SCC		s	\$	\$ PAID \$ PAID PAID PAID	\$DATE DUE	% RATE \$	\$	CALENDAR YEAR \$ PER ELECTION *** \$ CALENDAR YEAR
† IND COM OTH PTY SCC		\$	\$	FORGIVEN	DATE DUE	RATE	DATE INCURRED	PER ELECTION**
		SUBTOTALS S	0 :	\$	0 \$ 250	\$ ()	
Schedule B Summary 1. Loans received this period		***************************************	>***>	\$	0	(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that				\$	0	- 0	OTH - Other (e.g.,	ommittee PTY or SCC) business entity)
 Net change this period. (Subtract Lin Enter the net here and on the Summa 	ne 2 from Line 1.)ry Page, Column A, Line 2.	*************************	}404******************		(May be a negative number)	1 -	PTY – Political Part SCC – Small Contr	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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www.fppc.ca.gov

Schedule	C		Amounts may be rounded						SCHEDULE C
Nonmonetary Contributions Received			to whole dollars.	s. Statement covers program 9-25-16			•	ORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			And place and an analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of the second analysis of the second and analysis of the second and analysis of the second and analysis of the second analysis of	throug	h10-22-	-16	Page	8 of 10
NAME OF FILER		**************************************	**************************************					I.D. NUME	3ER
Genevieve I	Flores-Haro							138923	32
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			And the second s				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
Attach addition	ional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$				
Schedule (C Summary						<u>(*Co</u>	ntributor Co	
1. Amount re	ceived this period – itemized nonmonetar				\$	0	IND	– Individua M – Recipie	
2. Amount re	ceived this period – unitemized nonmone	tary contribut	tions of less than \$100	**********	\$	47.00			e.g., business entity)
3. Total nonm	nonetary contributions received this period	d.					8		contributor Committee

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$____

47.00