Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 1/01/17 through 1/31/17

Date of election if applicable: (Month, Day, Year) 11/08/16

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 6)
   - [ ] 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/Offerholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

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 Oxnard
   STATE CA
   ZIP CODE 93036
   AREA CODE/PHONE 8053512010

   MAILING ADDRESS
   1937 Lago Lane
   CITY Oxnard
   STATE CA
   ZIP CODE 93036
   AREA CODE/PHONE 8053512010

   Optional: Fax / email address
   gfh4occ@gmail.com

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 1/30/17
   Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on 1/30/17
   Date

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

   Executed on ____________________________
   Date

   By ____________________________
   Signature of Controlling Candidate, State Measure Proponent

   Executed on ____________________________
   Date

   By ____________________________
   Signature of Controlling Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (855/275-3772)
www.fppc.ca.gov
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Genevieve Flores-Haro</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard City Council</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1937 Lago Lane</td>
<td>Oxnard, CA 93036</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. **Primarily Formed Candidate/Officeholder 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>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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<th>SUPPORT</th>
<th>OPPOSE</th>
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</table>

<table>
<thead>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

**Attach continuation sheets if necessary**

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Campaign Disclosure Statement
### Summary Page

**Name of Filer:** Genevieve Flores-Haro  
**I.D. Number:** 1389232

### Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Attach Schedule</th>
<th>Amount</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>A, Line 3</td>
<td>$</td>
<td>$13,334</td>
<td>$13,334</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>B, Line 3</td>
<td>(250.00)</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>(250.00)</td>
<td>$13,334</td>
<td>$13,334</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>C, Line 3</td>
<td></td>
<td></td>
<td>147.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>(250.00)</td>
<td>$13,731</td>
<td>$13,731</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Attach Schedule</th>
<th>Amount</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>E, Line 4</td>
<td>$2143.46</td>
<td>$13,584</td>
<td>$13,584</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>H, Line 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>2143.46</td>
<td>$13,584</td>
<td>$13,584</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>F, Line 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>C, Line 3</td>
<td></td>
<td></td>
<td>147.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>2143.46</td>
<td>$13731</td>
<td>$13731</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Cash Statement Type</th>
<th>Previous Summary Page, Line 16</th>
<th>Amount</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td></td>
<td>$2143.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>A, Line 3 above</td>
<td>(250)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>I, Line 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>A, Line 8 above</td>
<td>1893.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made**

<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 Jan/2016**  
**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)  
**www.fppc.ca.gov**
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

**Statement covers period from 1/01/17 through 1/31/17**

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender (If Committee, Also Enter ID Number)</th>
<th>Outstanding Balance Beginning This Period</th>
<th>Amount Received 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>Genevieve Flores-Haro 1937 Lago Lane Oxnard, CA 93036</td>
<td>$250.00 1/31/17</td>
<td>$250.00</td>
<td>$250.00 8/17/16</td>
<td>$250.00</td>
<td>CALENDAR YEAR</td>
<td>$250.00</td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td>Genevieve Flores-Haro 1937 Lago Lane Oxnard, CA 93036</td>
<td>$250.00 1/31/17</td>
<td>$250.00</td>
<td>$250.00 8/17/16</td>
<td>$250.00</td>
<td>CALENDAR YEAR</td>
<td>$250.00</td>
<td>PER ELECTION**</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period

(Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period

(Total Column (c) plus loans under $100 paid or forgiven.)

(Includes loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)

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 D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .......................................................... $ 160.31

2. Unitemized contributions and independent expenditures made this period of under $100 ........................................................................................................ $

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ........ TOTAL: $ 160.31
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1/01/17
through 1/31/17

Page 6 of 8

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (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)

<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>V.C.W.P.C, #1339290</td>
<td>CVC</td>
<td></td>
<td>80.15</td>
</tr>
<tr>
<td>P.O Box 6603</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends of C.A.U.S.E #1279696</td>
<td>CVC</td>
<td></td>
<td>80.16</td>
</tr>
<tr>
<td>4225 Saviors Rd, #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93033</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betsy Avila</td>
<td>CMP</td>
<td>web</td>
<td>219.83</td>
</tr>
<tr>
<td>1881 65th St., C1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklyn, NY 11204</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 $ 380.14

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................ $ 1,880.14
2. Unitemized payments made this period of under $100 .......................................................... $ 13.32
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......... $ 1893.46
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $
<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>Betsy Avila</td>
<td>CMP</td>
<td>Graphic Design for social media, mail pieces, flyers &amp; website design</td>
<td>1,500</td>
</tr>
</tbody>
</table>
# Schedule F
### Accrued Expenses (Unpaid Bills)

**NAME OF FILER**
Genevieve Flores-Haro

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (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)

**State and Cover Period**
- Statement covers period from **1/01/17** through **1/31/17**

**I.D. NUMBER**
1389232

---

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON I8)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $xxx $xxx $xxx $xxx $xxx

---

**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 unitized accrued expenses under $100.) .............................................................. INCURRED TOTALS $xxx

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 unitized payments on accrued expenses under $100.) .............................................................. PAID TOTALS $xxx

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 $xxx

---

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

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