Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from ______________
through ______________
10/23/16
12/31/16

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 Contributors Committee
☐ Political Party/Central Committee
(Also Complete Part 7)

☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preliminary 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 (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
gfh404cc@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 ______________
Date ______________

Executed on ______________
Date ______________

Executed on ______________
Date ______________

Executed on ______________
Date ______________

By ______________________________
Signature of Treasurer or Assistant Treasurer

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

By ______________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By ______________________________
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### 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.*

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
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</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Attach continuation sheets if necessary**
### Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - $500.00
   - $13,334

2. Loans Received
   - Schedule B, Line 3
   - $500.00
   - $13,584

3. Nonmonetary Contributions
   - Schedule C, Line 3
   - $500.00
   - $147.00

### Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - $5,018.29
   - $11,440.54

7. Loans Made
   - Schedule H, Line 3
   - 0
   - 0

### Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - $6,661.75

13. Cash Receipts
    - Column A, Line 3 above
    - 500.00

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - 0

15. Cash Payments
    - Column A, Line 8 above
    - 5,018.29

16. Ending Cash Balance
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - $2,143.46

### Summary of Expenditures Made

20. Contributions Received
    - $0
    - $13,731

21. Expenditures Made
    - $0
    - $11,807.37

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made
    - (If subject to Voluntary Expenditure Limit)
    - Date of Election (mm/dd/yyyy)
    - Total to Date
    - $0

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

---

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 filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A
### Monetary Contributions Received

**Name of Filer:** Genevieve Flores-Haro

<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>Per Election to Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/26/16</td>
<td>Hank Lacayo 3403 Bear Creek Rd Newbury Park, CA 91320</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/28/16</td>
<td>Carina Armenta 5355 Base St Ventura, CA 93003</td>
<td>☑ IND</td>
<td>District Director United States House of Representatives</td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary
1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................... $ 350.00
2. Amount received this period – unitemized monetary contributions of less than $100 ............................ $ 150.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 500.00

*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

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.

<table>
<thead>
<tr>
<th>Statement covers period from 10/23/16 through 12/31/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE B - PART 1</td>
</tr>
<tr>
<td>CALIFORNIA FORM 460</td>
</tr>
<tr>
<td>Page 5 of 8</td>
</tr>
<tr>
<td>I.D. NUMBER 1389232</td>
</tr>
</tbody>
</table>

**NAME OF FILER**
Genevieve Flores-Haro

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
Genevieve Flores-Haro
1937 Lago Lane
Oxnard, Ca 93036

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
Associate Director
Mixteco Indigena Community Organizing Project

<table>
<thead>
<tr>
<th>(a) 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>
</tr>
</thead>
<tbody>
<tr>
<td>$ 250.00</td>
<td>$ 0</td>
<td>$ 250.00</td>
<td>1/31/16</td>
<td>0 % PER ELECTION**</td>
</tr>
<tr>
<td>$ 250.00</td>
<td>$ 0</td>
<td>$ 250.00</td>
<td>1/31/16</td>
<td>0 % PER ELECTION**</td>
</tr>
<tr>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>8/17/16</td>
<td>$ 250.00</td>
</tr>
</tbody>
</table>

**CUMULATIVE CONTRIBUTIONS TO DATE**
CALENDAR YEAR

<table>
<thead>
<tr>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 250.00</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>$ 250.00</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>$ 250.00</td>
<td>$ 250.00</td>
</tr>
</tbody>
</table>

**SUBTOTALS**

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

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

Schedule B Summary

1. Loans received this period ........................................................................................................ $ 0
   (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 $ 0
   (May be a negative number)

**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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Schedule E**

**Payments Made**

**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.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidates filling/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>Woodland Hills Printing</td>
<td>CMP</td>
<td>Mailers</td>
<td>1,040.95</td>
</tr>
<tr>
<td>21602 Ventura Blvd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills Printing</td>
<td>CMP</td>
<td>Door hangers</td>
<td>953.75</td>
</tr>
<tr>
<td>21602 Ventura Blvd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Manager Inc</td>
<td>CMP</td>
<td>Mailers</td>
<td>2,300.36</td>
</tr>
<tr>
<td>5124 Ralston St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</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 $** 4,295.06

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 4,679.56
2. Unitemized payments made this period of under $100 $ 338.73
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 5018.29
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 5,018.29

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**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.
- 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>El 30 Marisco's</td>
<td>CMP</td>
<td>viewing</td>
<td>384.50</td>
</tr>
<tr>
<td>606 N. Ventura Rd</td>
<td></td>
<td></td>
<td></td>
</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.*
## 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.

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
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<tbody>
<tr>
<td>Betsy Avila 1681 65th St., C1 Brooklyn, NY 11204</td>
<td>WEB</td>
<td>219.83</td>
<td>0</td>
<td>0</td>
<td>219.83</td>
</tr>
</tbody>
</table>

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

**SUBTOTALS $ 219.83 $ $ $ 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 $

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

**SCHEDULE F**

**STATEMENT COVERS PERIOD**
from 10/23/16 through 12/31/16

**CALIFORNIA FORM 460**

**Page 8 of 8**

**I.D. NUMBER**
1389232

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov