Recipient Committee
Campaign Statement
Cover Page

Received
Oxnard City Clerk

Statement covers period from
January 1, 2018
through
March 17, 2018

Date of election if applicable:
(Month, Day, Year)
May 1, 2018

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/Officeholder Committee
(Also Complete Part 7)

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
1402818

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Martinez for Oxnard City Council 2018

STREET ADDRESS (NO P.O. BOX)
248 W. Robert Avenue

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
805-844-7635

Treasurer(s)

NAME OF TREASURER
Miguel Martinez

MAILING ADDRESS
248 W. Robert Avenue

CITY
Oxnard
STATE
CA
ZIP CODE
93030
AREA CODE/PHONE
805-844-7635

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.

03/21/2018
Executed on
Date

03/21/2018
Executed on
Date

03/21/2018
Executed on
Date

03/21/2018
Executed on
Date

By
Miguel Martinez
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/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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>Miguel Martinez</td>
<td></td>
</tr>
</tbody>
</table>

**Office Sought or Held (Include Location and District Number if Applicable)**

<table>
<thead>
<tr>
<th>Oxnard City Council</th>
<th></th>
</tr>
</thead>
</table>

**Residential/Business Address (No. and Street)**

<table>
<thead>
<tr>
<th>248 W. Robert Avenue</th>
<th>Oxnard, CA 93030</th>
</tr>
</thead>
</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>
<th></th>
</tr>
</thead>
</table>

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

**Committee Address**

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

6. **Primarily Formed Ballot Measure Committee**

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

**Ballot No. or Letter**

<table>
<thead>
<tr>
<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 PROPONENT</th>
<th></th>
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</thead>
</table>

**Office Sought or Held**

<table>
<thead>
<tr>
<th>DISTRICT NO. IF ANY</th>
<th></th>
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</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>
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*Attach continuation sheets if necessary*
### Contributions Received

1. Monetary Contributions Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received Schedule B, Line 3 $ 1600.00 $ 1600.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 $ 1600.00 $ 1600.00
4. Nonmonetary Contributions Schedule C, Line 3 $ $ 
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 $ 1600.00 $ 1600.00

### Expenditures Made

6. Payments Made Schedule E, Line 4 $ 1600.00 $ 1600.00
7. Loans Made Schedule H, Line 3 $ $ 
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $ 1600.00 $ 1600.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 $ $ 
10. Nonmonetary Adjustment Schedule C, Line 3 $ $ 
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $ 1600.00 $ 1600.00

### Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 $ 0.00 $ 0.00
13. Cash Receipts Column A, Line 3 above $ 1600.00 $ 1600.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 $ $ 
15. Cash Payments Column A, Line 8 above $ 1600.00 $ 1600.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $ 0.00 $ 0.00

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

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount (1/1 through 6/30)</th>
<th>Amount (7/1 to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
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</tbody>
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### 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/yy)</th>
<th>Total to Date</th>
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*Amounts in this section may be different from amounts reported in Column B.
**Schedule A**  
**Monetary Contributions Received**

**NAME OF FILER**
Martinez for Oxnard City Council 2018

**DATE**
2018 MAR 22 PM 4:07

**Californ FORM** 460

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (OTHER THAN PTC OR SCC)</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>
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<tbody>
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<td>IND</td>
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<td>SCC</td>
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</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 0.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................. $ 0.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................. TOTAL $ 0.00

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*Contributor Codes*  
IND – Individual  
COM – Recipient Committee  
OTH – Other (e.g., business entity)  
PTC – Political Party  
SCC – Small Contributor Committee

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**FPPC Form 460 (Jan/2016)**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Martinez for Oxnard City Council 2018

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>□ ANNUAL OUTSTANDING BALANCE BEGINNING 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>□ CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miguel Martinez</td>
<td>Construction Manager</td>
<td>$0.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$0.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>248 W. Robert Avenue</td>
<td>Progressive Global Energy</td>
<td>$0.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$0.00</td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td>$0.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$0.00</td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td>□ IND □ COM □ OTH □ PTY □ SCC</td>
<td></td>
<td>$0.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTALS $1600.00

Schedule B Summary
1. Loans received this period ........................................................................................................... $1600.00
(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 $1600.00
(Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number))

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

Payments Made

## Received

Oxnard City Clerk

2018 MAR 22 PM 4:07

Martinez for Oxnard City Council 2018

**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/spONS
- VOT voter registration
- WEB information technology costs (internet, e-mail)

### 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>City of Oxnard</td>
<td>FIL</td>
<td></td>
<td>1600.00</td>
</tr>
<tr>
<td>305 W. Third St</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 E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 1600.00
2. Unitemized payments made this period of under $100 ........................................................................ $ 
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (E).) ........ $ 
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 1600.00