### 1. Type of Recipient Committee:
- **Officeholder, Candidate Controlled Committee**
- **State Candidate Election Committee**
- **Recall**
- **General Purpose Committee**
- **Primarily Formed Ballot Measure Committee**
- **Primarily Formed Candidate/Officeholder Committee**

### 2. Type of Statement:
- **Pre-election Statement**
- **Semi-annual Statement**
- **Quarterly Statement**
- **Special Odd-Year Report**
- **Termination Statement**
- **Amendment (Explain below)**

### 3. Committee Information
- **Committee Name (or Candidate's Name if no committee):**
  - Martinez for Oxnard City Council 2018
- **I.D. Number:** 1402818
- **Street Address (No P.O. Box):**
  - 248 W. Robert Avenue
- **City:**
  - Oxnard
  - State: CA
  - Zip Code: 93030
  - Area Code/Phone: 805-844-7635

### 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:** 07/31/2018
**Date:**

**By:** Miguel Martinez
**Signature of Treasurer or Assistant Treasurer**

**Executed on:** 07/31/2018
**Date:**

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

**Executed on:**
**Date:**

**By:**
**Signature of Controlling Officer, Candidate, State Measure Proponent**

**Executed on:**
**Date:**

**By:**
**Signature of Controlling Officer, Candidate, State Measure Proponent**
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>

<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>248 W. Robert Avenue</td>
<td>Oxnard, CA 93030</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</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
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<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
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<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

FPPC Form 460 (Jan/2015)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</strong></td>
<td><strong>CALENDAR YEAR TOTAL TO DATE</strong></td>
</tr>
<tr>
<td><strong>Schedule A, Line 3</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Schedule B, Line 3</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Add Lines 1 + 2</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Schedule C, Line 3</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Add Lines 3 + 4</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td><strong>Add Lines 8 + 9 + 10</strong></td>
</tr>
<tr>
<td><strong>Schedule E, Line 4</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Schedule H, Line 3</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Add Lines 6 + 7</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Schedule F, Line 3</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Schedule C, Line 3</strong></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING CASH BALANCE</strong></td>
<td><strong>Ending Cash Balance</strong></td>
</tr>
<tr>
<td><strong>Previous Summary Page, Line 16</strong></td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Column A, Line 3 above</strong></td>
<td><strong>Column A, Line 8 above</strong></td>
</tr>
<tr>
<td><strong>Column A, Line 8 above</strong></td>
<td><strong>Add Lines 12 + 13 + 14, then subtract Line 15</strong></td>
</tr>
<tr>
<td><strong>Add Lines 12 + 13 + 14, then subtract Line 15</strong></td>
<td>$500.00</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH EQUIVALENTS</strong></td>
<td><strong>Outstanding Debts</strong></td>
</tr>
<tr>
<td><strong>See instructions on reverse</strong></td>
<td><strong>Add Line 2 + Line 9 in Column B above</strong></td>
</tr>
<tr>
<td>$</td>
<td>$3003.28</td>
</tr>
</tbody>
</table>

---

*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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from April 15, 2018 through June 30, 2018.

CALIFORNIA
FORM 460

Page 4 of 5

NAME OF FILER
Miguel Martinez for Oxnard City Council 2018
I.D. NUMBER
1402818

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
OF LENDER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
OUTSTANDING BALANCE BEGINNING THIS PERIOD
AMOUNT RECEIVED THIS PERIOD
AMOUNT PAID OR FORGIVEN THIS PERIOD
OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
INTEREST PAID THIS PERIOD
ORIGINAL AMOUNT OF LOAN
CUMULATIVE CONTRIBUTIONS TO DATE

Miguel Martinez
Construction Manager
Progressive Global Energy
248 W, Robert Avenue
Oxnard, CA 93030

$ 1600.00

$ 1600.00

$ 1600.00

$ 1600.00

DATE DUE

DATE DUE

DATE DUE

DATE DUE

$ 0.00

$ 0.00

$ 1600.00

$ 0.00

CALENDAR YEAR

PER ELECTION**

$ 02/13/18

DATE INCURRED

$ 02/13/18

DATE INCURRED

$ 02/13/18

DATE INCURRED

$ 02/13/18

DATE INCURRED

$ 02/13/18

DATE INCURRED

$ 0.00

$ 0.00

$ 1600.00

$ 0.00

SUBTOTALS $ 0.00 $ 0.00 $ 1600.00 $ 0.00

Schedule B Summary
1. Loans received this period..........................$ 0.00
(Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period.................$ 0.00
(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 $ 0.00
(Enter (a) on Schedule E, Line 3)

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

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

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
## Schedule F
### Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from April 15, 2018</td>
<td></td>
</tr>
<tr>
<td>through June 30, 2018</td>
<td></td>
</tr>
<tr>
<td>Page 5 of 5</td>
<td></td>
</tr>
</tbody>
</table>

#### CODES:
- 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)

### NAME AND ADDRESS OF CREDITOR

<table>
<thead>
<tr>
<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 S)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western American Public Affairs</td>
<td>CNS</td>
<td>1403.28</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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

### 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 $ 0.00

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 $ 0.00

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 $ 0.00

May be a negative number

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov