Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2018
through 12/31/2018

Date of election if applicable:
(Month, Day, Year)
05/01/2018

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 5)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:
☐ Preelection 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: 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

Mailing Address:

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.

Executed on 1-23-2019
Executed on 1-23-2019

By
Signature of Treasurer or Assistant Treasurer

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

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, 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**
Miguel Martinez

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**
Oxnard City Council

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**
248 W. Robert Avenue

**CITY**
Oxnard

**STATE**
CA

**ZIP**
93030

**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>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</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.

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

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

**Attach continuation sheets if necessary**
**Campaign Disclosure Statement**

**Summary Page**

**Contributions Received**

<table>
<thead>
<tr>
<th></th>
<th>Column A TOTAL TO DATE</th>
<th>Column B CALIBERS YOUR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3 $ 0.00</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3 $ 0.00</td>
<td>$ 1600.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2 $ 0.00</td>
<td>$ 2100.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3 $ 0.00</td>
<td>$ 2100.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4 $ 0.00</td>
<td>$ 2100.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th></th>
<th>Column A TOTAL TO DATE</th>
<th>Column B CALIBERS YOUR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4 $ 0.00</td>
<td>$ 1600.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3 $ 0.00</td>
<td>$ 1600.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7 $ 0.00</td>
<td>$ 1403.28</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3 $ 0.00</td>
<td>$ 1403.28</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3 $ 0.00</td>
<td>$ 1403.28</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10 $ 0.00</td>
<td>$ 3003.28</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th></th>
<th>Column A TOTAL TO DATE</th>
<th>Column B CALIBERS YOUR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16 $ 500.00</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$ 500.00</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15 $ 500.00</td>
<td>$ 500.00</td>
</tr>
</tbody>
</table>

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

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th></th>
<th>Column A TOTAL TO DATE</th>
<th>Column B CALIBERS YOUR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse $</td>
<td>$ 3003.28</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above $</td>
<td>$ 3003.28</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Column A TOTAL TO DATE</th>
<th>Column B CALIBERS YOUR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</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 (866/775-3773)
www.fppc.ca.gov
# Schedule B – Part 1
## Loans Received

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

**FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER**
Miguel Martinez
248 W. Robert Avenue
Oxnard, CA 93030

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**
Construction Manager
Progressive Global Energy

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTSTANDING BALANCE BEGINNING THIS PERIOD</td>
<td>AMOUNT RECEIVED THIS PERIOD</td>
<td>AMOUNT PAID OR FORGIVEN THIS PERIOD</td>
<td>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</td>
<td>INTEREST PAID THIS PERIOD</td>
<td>ORIGINAL AMOUNT OF LOAN</td>
<td>CUMULATIVE CONTRIBUTIONS TO DATE</td>
</tr>
<tr>
<td>$1600.00</td>
<td>$0.00</td>
<td>$1600.00</td>
<td>$1600.00</td>
<td></td>
<td>$0.00</td>
<td>02/13/18</td>
</tr>
</tbody>
</table>

**SUBTOTALS**

| | $0.00 | $0.00 | $1600.00 | $0.00 |

### Schedule B Summary

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

2. **Loans paid or forgiven this period**
   
   (Total Column (c) plus loans under $100 paid or forgiven.)
   
   $0.00

3. **Net change this period. (Subtract Line 2 from Line 1.)**
   
   NET $0.00

**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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.
## Schedule F
### Accrued Expenses (Unpaid Bills)

**Amplified may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>07/01/2018 through 12/31/2018</th>
</tr>
</thead>
</table>

**CALIFORNIA FORM 460**

**Page 5 of 5**

**I.D. NUMBER**

1402818

**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)

### NAME AND ADDRESS OF CREDITOR

- Western American Public Affairs
  - 342 W. Brookshire Ave
  - Orange, CA 92865

<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 F)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>1403.28</td>
<td>0.00</td>
<td>0.00</td>
<td>1403.28</td>
</tr>
</tbody>
</table>

**SUBTOTALS $**

1403.28 $ 0.00 $ 0.00 $ 1403.28

### 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

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