Recipie Committee
Campaign Statement
Cover Page

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [x] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] 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:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [x] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [ ] 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
     248 W. Robert Avenue
     Oxnard, CA 93030
     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 1-28-2020
   By Miguel Martinez
   Signature of Treasurer or Assistant Treasurer

   Executed on 1-28-2020
   By Miguel Martinez
   Signature of Controlling Officials, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officialholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officialholder, 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 OFFICERHOLDER OR CANDIDATE
Miguel Martinez
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY   STATE   ZIP
248 W. Robert Avenue  Oxnard, CA 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.

COMMITTEE NAME  I.D. NUMBER

NAME OF TREASURER  CONTROLLED COMMITTEE?

COMMITTEE ADDRESS  STREET ADDRESS (NO. P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

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 OFFICERHOLDER, CANDIDATE, OR PROPONENT

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.

NAME OF OFFICERHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  □ SUPPORT  □ OPPOSE

Committee Name  I.D. Number

NAME OF TREASURER  CONTROLLED COMMITTEE?

COMMITTEE ADDRESS  STREET ADDRESS (NO. P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

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**

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 07/01/2019</td>
<td>3</td>
</tr>
<tr>
<td>through 12/31/2019</td>
<td>460</td>
</tr>
<tr>
<td>I.D. NUMBER 1402818</td>
<td>Page 3 of 5</td>
</tr>
</tbody>
</table>

**NAME OF FILER**

Miguel Martinez for Oxnard City Council 2018

**Contributions Received**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

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

**Expenditures Made**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

6. Payments Made Schedule E, Line 4 $0.00 $0.00
7. Loans Made Schedule H, Line 3 $0.00 $0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 $0.00 $0.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 $0.00 $1403.28
10. Nonmonetary Adjustment Schedule C, Line 3 $0.00 $1403.28
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 $0.00 $1403.28

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

12. Beginning Cash Balance Previous Summary Page, Line 16 $500.00 $500.00
13. Cash Receipts Column A, Line 3 above $500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 $500.00
15. Cash Payments Column A, Line 8 above $500.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $500.00

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

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 $ $0.00
18. Cash Equivalents See instructions on reverse $3003.28
19. Outstanding Debts Add Line 2 + Line 9 in Column B above $3003.28

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

- Contributions Received 1/1 through 6/30: $1600.00
- Expenditures Made 7/1 to Date: $1600.00

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd/yy): $1403.28
  - Total to Date: $1403.28

*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).

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>SCHEDULE B - PART 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA FORM 460</td>
</tr>
<tr>
<td>Page 4 of 5</td>
</tr>
</tbody>
</table>

Name of Filer: Miguel Martinez for Oxnard City Council 2018

I.D. Number: 1402818

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If Committee, Also Enter I.D. Number)</td>
</tr>
<tr>
<td>Full Name</td>
</tr>
<tr>
<td>Miguel Martinez</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation and Employer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager, Advanced Medical Builders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outstanding Balance Beginning This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Received This Period</td>
</tr>
<tr>
<td>Amount Paid or Forgiven This Period</td>
</tr>
<tr>
<td>Outstanding Balance at Close of This Period</td>
</tr>
<tr>
<td>Interest Paid This Period</td>
</tr>
<tr>
<td>Original Amount of Loan</td>
</tr>
<tr>
<td>Cumulative Contributions To Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount</th>
<th>Date Due</th>
<th>Rate</th>
<th>Date Incurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1600.00</td>
<td>$1600.00</td>
<td>02/13/18</td>
<td></td>
</tr>
</tbody>
</table>

| ☑ IND |
| ☐ COM |
| ☐ OTH |
| ☐ PTY |
| ☐ SCC |

<table>
<thead>
<tr>
<th>Subtotals</th>
<th>$1600.00</th>
</tr>
</thead>
</table>

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.)

   Enter the net here and on the Summary Page, Column A, Line 2.

   NET $0.00

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

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 F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019 through 12/31/2019

Page 5 of 5

Miguel Martinez for Oxnard City Council 2018

I.D. NUMBER
1402818

**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>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<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>TRS</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>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF CREDITOR**

<table>
<thead>
<tr>
<th>Name and Address of Creditor</th>
<th>Code</th>
<th>Outstanding Balance Beginning of This Period</th>
<th>Amount Incurred This Period</th>
<th>Amount Paid This Period (Also Report on E)</th>
<th>Outstanding Balance at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western American Public Affairs 342 W. Brookshire Ave Orange, CA 92865</td>
<td>CNS</td>
<td>1403.28</td>
<td>0.00</td>
<td>0.00</td>
<td>1403.28</td>
</tr>
</tbody>
</table>

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

| 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 May be a negative number