				COVER PAGE
Recipient Committee Campaign Statement Cover Page		Oxna	Date Stamp Received rd City Cierl	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/01/17 through 1/31/17	Date of election if applicable: (Month, Day, Year) 2117 J. 11/08/16	AN 31 PM 4: 33	Page 1 of 8 For Official Use Only
1. Type of Recipient Committee: All Committees - Col	Parte de Deserve de De	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Pert 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termina Amendment (Explain below)	☐ Speci	erly Statement al Odd-Year Report
	. NUMBER 1389232	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Genevieve Flores-Haro for Oxnard City Council		NAME OF TREASURER Sade Flores-Haro MAILING ADDRESS 1937 Lago Lane		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
1937 Lago Lane	DE AREA CODE/PHONE	Oxnard NAME OF ASSISTANT TREASURER. IF AN	CA 93030	8053512010
Oxnard CA 93036		NAME OF AGGINANT TREAGUNER, IF AN	••	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	openione de superiorie de la marque de la companya	MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COI	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
gfh4occ@gmail.com				
Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my i California that the foregoing is true and	knowledge the information contained herein	and in the attached scho	edules is true and complete. I
Executed on	By transferential and a second	Signature of Preseura or Assistant Treasure	Ðſ	Sine Institution Const
Executed on	BySignature of Contro	Olling Officeholder, Candidate, State Measure Proponent	or Responsible Officer of Sponso	interpronuntial and the second

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on ...

Date

Date

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART	2
CALIFORNIA 460 FORM	
Page 2 of 8	Section of the least of the lea

5. Officeholder or Candidate Controlled Committee		6.	Primarily Formed Ballot	Measure Co	mmittee			
N	AME OF OFFICEHOLDER OR CANDIDATE	До учени в до портинення в предоставлення предоставлення предоставлення предоставлення предоставлення предоста Ставлення предоставлення предоставления предоста		NAME OF BALLOT MEASURE			N/CCCOMMENTON/CHARGE	
	Genevieve Flores-Haro							
Ö	FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION			JPPORT
C	Oxnard City Council							PPOSE
RI	ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ry state zip CA 93036		Identify the controlling officer	iolder, candidat	e, or state measure	propone	nt, if any.
Panel I	Oxidate,			NAME OF OFFICEHOLDER, CAND	IDATE, OR PROP	ONENT		
R	elated Committees Not Included in this Stat	ement: list anv committees						
no	ot included in this statement that are controlled by you or ontributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	TNO. IF AN	ΥY
Ĉ	DMMITTEE NAME	I.D. NUMBER						
paners paners		CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Officeh	older Committe	● List ne	ames of
N/	AME OF TREASURER			officeholder(s) or candidate(s) f	or which this co	mmittee is primarily f	formed.	
CC	DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE C	FFICE SOUGHT OR HI	ELD	C Augaba
				,				SUPPORT OPPOSE
CI	TY STATE ZIP CC	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE C	PFFICE SOUGHT OR HI	ELD	SUPPORT
CC	DMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	LIPATPA A PAPA	FFICE SOUGHT OR HI	ri n	
				NAME OF OFFICEHOLDER OR CA	NDIDATE C	Frice Sought OR hi	ELD	SUPPORT OPPOSE
N/	AME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE C	FFICE SOUGHT OR HI	ELD	☐ SUPPORT
Rosses		☐YES ☐ NO						OPPOSE
CC	DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)						
Ĉľ	TY STATE ZIP CC	DE AREA CODE/PHONE		Attac	h continuation :	sheets if necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Staten	nent covers period	CALIFORNIA ACO
	from	1/01/17	FORM 46U
	through	1/31/17	Page3 of8
-		ekentekse yan kinesangan yang musika kinesang pengebahan kina kabanan kanan kanan kanan pada bahan da keman da Kinan	I.D. NUMBER
			1389232

Genevieve Flores- Haro			1389232
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	(250.00)	\$\frac{13,334}{250}\$ \$\frac{13,334}{147.00}\$ \$\frac{13,731}{13,731}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 13,731 21. Expenditures Made \$ 13731
Expenditures Made 6. Payments Made	\$ 2143.46 0	\$ 13,584 0 13,584 0 147.00 \$ 13731	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	1893.46	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	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

L.		A re	nounts may be ro	undad				SCHE	DULE B - PART
Schedule B – Part 1		to whole dollars.				Statement cov	ers period	CALIFORN	^{IIA} 460
Loans Received						from1/0	1/17	FORM	4:00
SEE INSTRUCTIONS ON REVERSE						through1	/31/17	Page 4	of8
NAME OF FILER		acipa parques and a fine province in moneral information and province and the second and a second and a second				i priority sa acción de la sera de empresa de españa en como comprenenta en como esta en esta en esta en esta e		I.D. NUMBER	elikannya jerokelinin kalanta fikiri kanne elikuke patudi peluluh kanana.
Genevieve Flores- Haro								1389232	
FULL NAME, STREET ADDRESS AND OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUN		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(0) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
Genevieve Flores-Haro 1937 Lago Lane Oxnard, CA 93036		Associate Director Mixteco Indigena Community Organizing			Z PAID \$ 250.00 ☐ FORGIVEN	<u> </u>	% RATE	ş <u>250.00</u>	s 250.00 PER ELECTION
[†] ☑IND □ COM □ OTH □ PTV	∕ □ scc	Project	\$ 250.00	\$ acceptance of the control of the c	\$		\$ material production and the second		\$ 250.00
	go, and a time of the protein the group of the ground when				PAID \$ FORGIVEN	\$	RATE		\$PER ELECTION
† IND COM OTH PTY	∕ ☐ scc					DATE DUE	\$	DATE INCURRED	\$ phases Adulta depairies en Museu Cara, ir grand que entidade en de la companya del companya de la companya del companya de la companya del la companya de
			-		☐ PAID \$		RATE		\$ PER ELECTION
[†] □IND □ COM □ OTH □ PTY	′				FORGIVEN	DATE DUE	\$	DATE INCURRED	\$
			SUBTOTALS \$	5	250.0	0 \$	\$		
Schedule B Summary 1. Loans received this period.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			a a marka a sa	1 C 2 + 1 2 4 4 4 5 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7		(Enter (e) on Schedule E, Line 3	sygment and consistent and the first production and the consistence and the consistenc	and and a find and any anni and a find a
(Total Column (b) plus unite 2. Loans paid or forgiven this part (Total Column (c) plus loans (Include loans paid by a thir	mized loan period under \$10	s of less than \$100.) 00 paid or forgiven.)				250.00	1	Contributor Codes ND – Individual COM – Recipient Co (other than I DTH – Other (e.g., i	PTY or SCC)

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

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

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PTY - Political Party

(250.00)

(May be a negative number)

SCC - Small Contributor Committee

Supporti	e D y of Expenditures ng/Opposing Other res, Measures and Committees	Amounts may b to whole de	i di	Statement covers	17	california 460		
	ONS ON REVERSE	-rappers makeus soob wild kunos akkeela enapakkasa propininging makeun oo andoob hara si kkee soos se kaal		through1/31			of8	
NAME OF FILER Genevieve	Flores- Haro				1	.D. NUMBER 1389232		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	/EAR	ER ELECTION TO DATE IF REQUIRED)	
1/30/17	V.C.W.P.C, #1339290 P.O Box 6603 Ventura, CA 93006	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	CVC	80.15	8	0.15		
1/30/17	Friends of C.A.U.S.E #1279696 4225 Saviers Rd, #2 Oxnard, CA 93033	Monetary Contribution Nonmonetary Contribution Independent Expenditure	cvc	80.16	80	0.16		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
Sterniyada da Jela um Çirin va sasi sa Quiquigi da verye de a cindado de accidente de accidente de accidente de accidente da consensa d			SUBTOTAL	\$ 160.31				
1. Itemized o	D Summary contributions and independent expenditures maded and contributions and independent expenditures maded contributions and independent expenditures maded.						160.31	

160.31

Schedule E Payments Made	Amounts may be rounded to whole dollars.			processor and the second	Statement covers period			schedule CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Genevieve Flores- Haro				fro	ough_	1/31/17	Page	6 of	8 socialismost construction of the constructio	
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	the payment, yet MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional print ads	nmunication d appearance ses lating urvey resea ivery and me	s ces rch essenger services		radio return campi t.v. or candid staff/s transfi	ibe the payment. airtime and production of ed contributions aign workers' salaries cable airtime and productate travel, lodging, and upouse travel, lodging, a respective on committees registration action technology costs	uction costs I meals Ind meals of the sam	e candidat	e/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PA	YMENT		AMO	JNT PAID	
V.C.W.P.C, #1339290 P.O Box 6603 Ventura, CA 93006	Number van et ganz dige zege zege van en Amerika van dige van die van dige van die van die van die van die van	cvc		ocated mission concludes and a service and a service and a		and an analysis and a standard and depth and a standard and a stan	managamagian kanalah dimbilikat di distribusasia	general and the control of the contr	80.15	
Friends of C.A.U.S.E #1279696 4225 Saviers Rd. #2	landet error ere transportent er	cvc	operaculares per miner ce de sich de des industrial per facilità de l'individual de l'individu	nne et ammeng et der bekend de den de frie bliede bliege bliede bliede de	anamaka pengabbah dal	no are recursion as men del Principal del principal del publicación del publicación de se entre del principal			80.16	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				380.14
Schedule E Summary	gonalistinikan Artiklarjellikaja, Aktorikuselenen (hartinen kanton (hartinen kanton (hartinen kanton (hartinen	aanteestatuus aadinka rottora arkai kuulika en orroinna saariaajalainen rottora inkoninaan ja läät rootti 1949 yhdi saega pirkinuum	seen in preventi français equimois es entre el mandra es establica es es entre el mandra el moderni establica el m	eant and through the republic companies and the state of
1. Itemized payments made this period. (Include all Schedule E subtotals.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	· · · · · · · · · · · · · · · · · · ·	1,880.14
Unitemized payments made this period of under \$100				13.32
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par	t 1, Columr	ı (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summa	ary Page, Column A, Line 6.)	TOTAL \$	1893.46

CMP

web

4225 Saviers Rd, #2 Oxnard, CA 93033

Betsy Avila

1681 65th St., C1 Brooklyn, NY 11204 219.83

SCF	4FD	LII	FE	(CONT.)

Schedule	2000 2000	
(Continua	tion Sheet)	
Payments	Made	

Amounts may be rounded

		SCHEDULE E (CONT.
P	Statement covers period	CALIFORNIA 460
fro	m1/01/17	FORM 400
thi	rough1/31/17	Page of
lesexaco		I.D. NUMBER
		1389232

to whole dollars. SEE INSTRUCTIONS ON REVERSE 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.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Betsy Avila 1681 65th St., C1 Brooklyn, NY 11204		СМР	Graphic Desig website design	n for social media, mail pieces, flyers & n	1,500	
		estamments trasculativas traina acuminanti en tid				
		ing makan kang di atau kang di a				
	aastu masparuseneeste varidigeneiden geget til den stele Keerden varige ja til den stele Keerden varige ja til	mander et alven vinde falle i falle de gelt et en				

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

SUBTOTAL \$

1,500

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 1/01/17	california 460
through1/31/17	Page 8 of 8
	I.D. NUMBER
	1389232

SEE INSTRUCTIONS ON REVERSE		randistativa siilyeninin oo kalingiin hadda oo ka o		1. e.M.e.	
NAME OF FILER				I.D. NU	
Genevieve Flores- Haro	1389	232			
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production of meetings and appearances RFD returned contributions campaign workers' salaries petition circulating TEL t.v. or cable airtime and product campaign workers' salaries TRC phone banks TRC candidate travel, lodging, and polling and survey research TRS staff/spouse travel, lodging, and postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration print ads				ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	\$	o opęże pożenie przed za sespojej pięcija o opeże do kolonia nie i pod ne podpojeć z ośradnich rodnich pod ne pod pod pod pod pod pod pod pod pod pod	
Schedule F Summary					
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.)					
Total accrued expenses paid this period. (Include all Sched accrued expenses of \$100 or more, plus total unitemized pa	dule F, Column (c) subtoto ayments on accrued expe	als for payments on enses under \$100.)		PAID TOTALS \$ _	0
3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	r the difference here and		******************************	NET \$ ₋	O May be a negative number