CALIFORNIA **FORM** 10 Page \_ Date of election if applicable; (Month, Day, Year) 2016 DCT 27 Statement covers period For Official Use Only 9-25-16 from 10-22-16 11/8/16 SEE INSTRUCTIONS ON REVERSE through. 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement **Quarterly Statement** Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee Semi-annual Statement O State Candidate Election Committee Special Odd-Year Report O Controlled ○ Recall ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER Treasurer(s) Committee Information 1389232 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Sade Flores-Haro Genevieve Flores-Haro MAILING ADDRESS 1937 Lago Lane ZIP CODE AREA CODE/PHONE STREET ADDRESS (NO P.O. BOX) CITY STATE CA 93036 8053512010 1937 Lago Lane Oxnard AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE CA 93036 8053512010 Oxnard MAILING ADDRESS MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS gfh4occ@gmail.com 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. 10/27/16 Executed on . Date 10/27/16 Executed on . ure of Controlling Officeholde). Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Date Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent

) a	Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	: Measure C	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Genevieve Flores-Haro							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
	Oxnard City Council							
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 1937 Lago Lane Oxnard	CA 93036		Identify the controlling officel	nolder, candid	late, or state	measure pro	ponent, if any.
	1937 Lago Larie Oxilaro	CA 3000		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
	Related Committees Not Included in this Stat	amant liet any sommittee						
	not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
	COMMITTEE NAME	I.D. NUMBER	ay	Primarily Formed Candi	idata/Office	sholder Co	.mmittaa <i>l</i>	iet nomes et
	NAME OF TREASURER	CONTROLLED COMMITTEE?	<i>1</i>	officeholder(s) or candidate(s)	for which this	committee is p	primarily form	ed.
		☐ YES ☐ NO		MANE OF OPTION OF OR OA	AIDIDATE	LOFFICE COLL	GHT OR HELD	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR CA	INDIDATE	OFFICE 300	GHT ON HELD	☐ SUPPORT ☐ OPPOSE
	CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	X)				L		
	CITY STATE ZIP CC	DE AREA CODE/PHONE		Attac	ch continuatio	n sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Staten	ent covers period	CALIFORNIA 1 CO
	from	9-25-16	california 460
	through	10-22-16	Page 3 of 10
******			I.D. NUMBER
			1389232

Genevieve Flores-Haro **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 12,834 7.803 1. Monetary Contributions ...... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 250.00 0 2. Loans Received...... Schedule B, Line 3 20. Contributions 13.084 7.803 0 % 13,231 3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 Received 147.00 47.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 6,789.08 0 s 13,231 Made 7,850 **Expenditures Made Expenditure Limit Summary for State** 6,422,25 4.803 Candidates 6. Payments Made..... Schedule E, Line 4 0 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 6,422.25 4,803 (If Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 219.83 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Total to Date Date of Election 147.00 (mm/dd/yy) 47.00 6,789.08 4.850 **Current Cash Statement** 3,661.75 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B, 7,803 add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 4.803 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 6.661.75 be negative figures that 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ \_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse \$ \_\_\_ 469.83 FPPC Form 460 (Jan/2016) 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_ FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

3								
Schedule	A		ts may be rounded				SCHEDULE	
	Contributions Received	to	whole dollars.	Statement cov	ers period	CAL	IFORNIA 460	
111011111111111111111111111111111111111				from 9-25-16			FORM	
OFF INOTENIATIO	NO ON PEL/EPOP			through10	-22-16	Page	4 of 10	
NAME OF FILER	NS ON REVERSE					I.D. N	JMBER	
Genevieve	Flores-Haro					13892	232	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
4010140	Laura Gallardo	Ø IND □ COM	Retired	100	1	00		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
10/2/16	Laura Gallardo 3131 Isle Way Oxnard, CA 93035	IND  COM  OTH  PTY  SCC	Retired	100	100	
10/3/16	UFCW Local 770 630 Shatto Place Los Angeles, CA 90005 PAC#921242	☐IND ☐COM ☐OTH ☐PTY ☐SCC		3,000	3,000	
10/3/16	Latina's Lead 555 Capitol Mall., Suite 1425 Sacramento, CA 95814 PAC#891143	☐IND ☐COM ☐OTH ☐PTY ☐SCC		750	750	
10/4/16	VCWPC P.O Box 6603 Ventura, CA 93006 PAC#1338290	☐IND ☐COM ☐OTH ☐PTY ☐SCC		1,000	1,000	
10/4/16	CA Progress Fund 1990 N. California Blvd., Suite 1010 ATTN: Jerome Pandell Walnut Creek, CA 94596. PAC# 1367782	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500	500	
<ul> <li>A consecutive control of the sequence of the sequ</li></ul>		5,350				

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$

3. Total monetary contributions received this period.

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

7,803

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

## **Schedule A (Continuation Sheet)**

Amounts may be rounded

SCHEDULE A (CONT.)

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Monetary Contributions Received		to whole o	lollars.	Statement cov	CALIFORNIA 460			
				from9-25-16		FORM 400		400
						Page	5 of	10
NAME OF FILER		eries de la comercia que papa en sena escuente y espasivamen en espaso en el man accimientación en su pre-	q relations $q$ to $q$ and $q$ and $q$ are the $q$ are the $q$ and $q$ are the $q$ are the $q$ and $q$ are the $q$ and $q$ are the $q$	amendetek kirin an en kolomisisk krit skriven en kommer kirin kritige på etter folket king och det kritige kri		I.D. NUM	BER	
Genevieve I	Flores-Haro					138923	2	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB	UTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y			ECTION DATE

Concrete	sellevieve Fioles-i fait						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
10/6/16	Cathy Murillo 809 W. Valerio St. Santa Barbara, CA 93101	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Councilmember Santa Barbara	100	100		
10/14/1	Monique Limon 1787 Tribute Rd., Suite Kyle Sacrameno, CA 95815	☑IND □COM □OTH □PTY □SCC	Trustee Santa Barbara Unified S	125	125		
10/15/1	Humberto Haro 1215 S. Saticoy Ave, Apt Q Ventura, CA 93007	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100		
10/18/1	Carla Castilla 437 Arroyo Del Mar Camarillo, CA 93010	IND COM OTH PTY SCC	District Director CA state senate	100	100		
10/20/1	Julia Inyoue 942 Teakwood St Oxnard, CA 93033	IND COM OTH PTY SCC	Retired	100	100		
MACCONAMINATION AND AND PROPERTY AND		enception in the color control of the delicated from control of the the Color of th	SUBTOTAL \$	525			

\*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

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## **Schedule A (Continuation Sheet) Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

9-25-16

		through10-	22-16	Page _	6 of 10				
NAME OF FILER					ezinereniakonerezioakinereniakonioakia (UPANPANPANPANPANPA	I.D. NU			
Genevieve Flores-Haro									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/22/16	Jobs Unite Labor and Industry in America PAC 410 1st St, SE, Suite 310 Washington, DC 2003 PAC#C00567495	☐ IND  ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.	00			
einnergedierneren Heinligte Allfahr Albeite Allfahr		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
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		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
with the second			SUBTOTAL	500.00					

\*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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

•							SCHEI	DULE B - PART 1
Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollars			Statement cov	ers period 5-16	CALIFORN FORM	
					through10	-22-16	Page	of 10
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						galay-galay-tanananyea-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-	I.D. NUMBER	
Genevieve Flores-Haro		٠					1389232	
	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	OUTSTANDING	(e)	(0)	(g)
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Genevieve Flores-Haro	Associate Director	N		☐ PAID				CALENDAR YEAR
1937 Lago Lane	Mixteco			s0	s <u>250</u>	O_%	s250	\$ 250
Oxnard, CA 93036				FORGIVEN		TVCII G		PER ELECTION**
To IND □ COM □ OTH □ PTY □ SCC		\$ 250	s0	\$0	11/30/16 DATE DUE	\$0	8/17/16_ DATE INCURRED	\$ encommonativament interest and anticipation
	account programs are diverted in which we workly made use, and account in the last account and account on the country and account to the program of the country and account to the country and accountry and account to the country and accountry and account		anni i en sinegrimmento e en sintre de relevida mentre de comercio entre	☐ PAID	and the second s		open de la company de la compa	CALENDAR YEAR
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†   IND   COM   OTH   PTY   SCC			\$	\$	DATE DUE		DATE INCURRED	
Name and a second	https://www.docstopescala.dogstate/actions/act	de la companya de la		☐ PAID				CALENDAR YEAR
		}		\$		RATE	\$ *************************************	\$
				☐ FORGIVEN		KAIS		PER ELECTION**
† IND COM OTH PTY SCC		\$	\$ egginerarenamiconnectivamentimore	\$	DATE DUE	\$	DATE INCURRED	\$
	· ·	SUBTOTALS \$	0 \$	3 (	) \$ 250	\$ 0		
Schedule B Summary			<u>Carantigraphi (Carantigra) (Carantigra) (Carantigra) (Carantigra) (Carantigra) (Carantigra) (Carantigra) (Car</u>	n de la composition	oppe y y y y y y y y y y y y y y y y y y	(Enter (e) on Schedule E, Line 3)		CONCENSION AND PROPERTY OF A CHARLES AND A C
Loans received this period  (Total Column (b) plus unitermized loan						ganton	kandangga kipala aka jaja kananan palaman kanan ka	
, , ,	•				_	§ .	Contributor Codes  ND - Individual	
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party that</li> </ol>	00 paid or forgiven.)			\$	, unaignees in the contraction of the contraction	C	OM – Recipient Co (other than F OTH – Other (e.g., t	PTY or SCC) business entity)
2 Not change this period (Subtract Line	e 2 from Line 1 )			NET S	0		TY – Political Party CC – Small Contril	

\*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.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

(May be a negative number)

Schedule	Schedule C		Amounts may be rounded					SCHEDULE			
Nonmone	etary Contributions Received		to whole dollars.	Statement covers period				CALI ONNA A			
					fron	9-25-16	3	F	ORM	1100	
REE INSTRUCTION	ONS ON REVERSE				thro	ugh10-22-	16	Page.	8	of <u>10</u>	
NAME OF FILER	INO UN REVERGE		cae cae cae na feore de como como como como como como como com	usasatarianista kori qoʻsi qirarisi illusira usas usas aspirati joʻrini irista vivat isatira oʻrilasi in-inisi v	1	ingenegrati en ingenera ett ette processe ette processe ett processe ett ette processe ett ette ett ett ett et		I.D. NUI	VBER	muunkukukukukuiyonEnt.ve31.m+onnnSyliio-goenaryon	
Genevieve	Flores-Haro							13892	232		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE DAR YEAR - DEC 31)		R ELECTION TO DATE REQUIRED)	
		□IND □COM □OTH □PTY □SCC									
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
Attach additi	ional information on appropriately labeled	continuation .	sheets.	SUBTO	STAL \$						
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1. Amount re	<b>C Summary</b> ceived this period – itemized nonmonetar I Schedule C subtotals.)				\$	0	INC	ontributor C ) — Individu M — Recipi	al	nittee	
•	ceived this period – unitemized nonmone					47.00		H – Öther i	e.g., bus	or SCC) iness entity)	
3. Total nonn	nonetary contributions received this periods 1 and 2. Enter here and on the Summary	<b>I.</b>				47.00		Y — Politica C — Small (		or Committee	

Schedule	E
<b>Payments</b>	Made

Amounts may be rounded

SCHEDULE E Statement covers period CALIFORNIA 1 CC

Payments Made	to whole dollars.	from 9-25-16	FORM 400
SEE INSTRUCTIONS ON REVERSE		through10-22-16	Page 9 of 10
NAME OF FILER			I.D. NUMBER
Genevieve Flores-Haro			1389232

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses campaign workers' salaries CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL staff/spouse travel, lodging, and meals POL polling and survey research fundraising events FND transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services PRO professional services (legal, accounting) voter registration legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DESCRIPTION OF PAYMENT	AMOUNT PAID
Woodland Hills Printing 21602 Ventura Blvd Woodland Hills, CA 91364	CMP	Yard Signs	1,047
Political Data Inc 12051 Imperial Hwy #200 Norwalk, CA 90650		Voter Data	3,700

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 4,747 **Schedule E Summary** 4,747 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 56.00 2. Unitemized payments made this period of under \$100......\$ 0 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 4,803 

FPPC Form 460 (Jan/2016)

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

			SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers perio	california 460
SEE INSTRUCTIONS ON REVERSE		through 10-22-16	Page 10 of 10
NAME OF FILER  Genevieve Flores-Haro			I.D. NUMBER 1389232
CNS campaign consultants MTC CTB contribution (explain nonmonetary)* OFC CVC civic donations PET FIL candidate filing/ballot fees PHC FND fundraising events POI IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRC	BR member communications G meetings and appearances C office expenses	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging	ition costs ries production costs g, and meals ing, and meals ttees of the same 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
Betsy Avila 1681 65th St. C1 Brooklyn, NY 11204	WEB	219.83	0	0	219.83
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	219.83	0 \$	0	\$ 219.83

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.)	0
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.)	0
	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	0 May be a negative number