

Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM 460

Page 1 of 10

For Official Use Only

Statement covers period
from 9-25-16
through 10-22-16

Date of election if applicable:
(Month, Day, Year) 11/8/16

SEE INSTRUCTIONS ON REVERSE

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)
- 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:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1389232

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Genevieve Flores-Haro

STREET ADDRESS (NO P.O. BOX)

1937 Lago Lane

| | | | |
|--------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Oxnard | CA | 93036 | 8053512010 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

gfh4occ@gmail.com

Treasurer(s)

NAME OF TREASURER

Sade Flores-Haro

MAILING ADDRESS

1937 Lago Lane

| | | | |
|--------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Oxnard | CA | 93036 | 8053512010 |

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 10/27/16
Date

Executed on 10/27/16
Date

Executed on _____
Date

Executed on _____
Date

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Genevieve Flores-Haro

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1937 Lago Lane Oxnard CA 93036

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? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, 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 OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>9-25-16</u> | CALIFORNIA FORM 460 |
| through <u>10-22-16</u> | |
| Page <u>3</u> of <u>10</u> | I.D. NUMBER <u>1389232</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Flores-Haro

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>7,803</u> | \$ <u>12,834</u> |
| 2. Loans Received..... Schedule B, Line 3 | \$ <u>0</u> | \$ <u>250.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>7,803</u> | \$ <u>13,084</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>47.00</u> | \$ <u>147.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>7,850</u> | \$ <u>13,231</u> |

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

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|--------------------|
| 20. Contributions Received | \$ <u>0</u> | \$ <u>13,231</u> |
| 21. Expenditures Made | \$ <u>0</u> | \$ <u>6,789.08</u> |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>4,803</u> | \$ <u>6,422.25</u> |
| 7. Loans Made..... Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>4,803</u> | \$ <u>6,422.25</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u> | \$ <u>219.83</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ <u>47.00</u> | \$ <u>147.00</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>4,850</u> | \$ <u>6,789.08</u> |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ <u>0</u> |
| ____/____/____ | \$ <u>0</u> |

Current Cash Statement

| | |
|--|--------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>3,661.75</u> |
| 13. Cash Receipts..... Column A, Line 3 above | \$ <u>7,803</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | \$ <u>4,803</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>6,661.75</u> |

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

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

Cash Equivalents and Outstanding Debts

| | |
|--|------------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>469.83</u> |

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).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>9-25-16</u> through <u>10-22-16</u> | | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>10</u> | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Flores-Haro

I.D. NUMBER

1389232

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 10/2/16 | Laura Gallardo 3131 Isle Way Oxnard, CA 93035 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 10/3/16 | UFCW Local 770 630 Shatto Place Los Angeles, CA 90005 PAC#921242 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 3,000 | 3,000 | |
| 10/3/16 | Latina's Lead 555 Capitol Mall., Suite 1425 Sacramento, CA 95814 PAC#891143 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 750 | 750 | |
| 10/4/16 | VCWPC P.O Box 6603 Ventura, CA 93006 PAC#1338290 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> 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 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500 | 500 | |
| SUBTOTAL \$ | | | | 5,350 | | |

Schedule A Summary

| | | |
|--|-----------------------|--------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ _____ | 6,375 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ _____ | 1,428 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ _____ | 7,803 |

*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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9-25-16 | |
| through | 10-22-16 | Page <u>5</u> of <u>10</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Genevieve Flores-Haro | I.D. NUMBER 1389232 |
|---|-------------------------------|

| 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 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Councilmember Santa Barbara | 100 | 100 | |
| 10/14/1 | Monique Limon 1787 Tribute Rd., Suite Kyle Sacramento, CA 95815 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Trustee Santa Barbara Unified S | 125 | 125 | |
| 10/15/1 | Humberto Haro 1215 S. Satcoy Ave, Apt Q Ventura, CA 93007 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 10/18/1 | Carla Castilla 437 Arroyo Del Mar Camarillo, CA 93010 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | District Director CA state senate | 100 | 100 | |
| 10/20/1 | Julia Inyoue 942 Teakwood St Oxnard, CA 93033 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100 | 100 | |
| 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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9-25-16 | |
| through | 10-22-16 | Page <u>6</u> of <u>10</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Genevieve Flores-Haro | I.D. NUMBER 1389232 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/22/16 | Jobs Unite Labor and Industry in America PAC 410 1st St, SE, Suite 310 Washington, DC 2003 PAC#C00567495 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>9-25-16</u> through <u>10-22-16</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Flores-Haro

I.D. NUMBER

1389232

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|--|--|------------------------------------|--|--|----------------------------------|--|---|
| Genevieve Flores-Haro 1937 Lago Lane Oxnard, CA 93036 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Associate Director Mixteco | \$ 250 | \$ 0 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 250 11/30/16 DATE DUE | 0 % RATE \$ 0 | \$ 250 8/17/16 DATE INCURRED | CALENDAR YEAR \$ 250 PER ELECTION** \$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$ | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ | \$ 0 | \$ 0 | \$ 250 | \$ 0 | | |

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>9-25-16</u> through <u>10-22-16</u> | | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>10</u> | | |
| NAME OF FILER Genevieve Flores-Haro | | I.D. NUMBER 1389232 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| 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 OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

Schedule C Summary

| | | |
|---|-----------------|--------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ | <u>0</u> |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ | <u>47.00</u> |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ | <u>47.00</u> |

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9-25-16 | |
| through | 10-22-16 | Page <u>9</u> of <u>10</u> |
| NAME OF FILER | | I.D. NUMBER |
| Genevieve Flores-Haro | | 1389232 |

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. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|------|----|------------------------|-------------|
| 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

| | | |
|---|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 4,747 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 56.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 4,803 |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>9-25-16</u> through <u>10-22-16</u> | | CALIFORNIA FORM 460 |
| | | |
| NAME OF FILER Genevieve Flores-Haro | | I.D. NUMBER 1389232 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Genevieve Flores-Haro

I.D. NUMBER

1389232

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| 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 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 219.83 \$ | 0 \$ | 0 \$ | 219.83 |

* 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 \$ | <u>0</u> |
| 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 \$ | <u>0</u> |
| 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 \$ | <u>0</u> <small>May be a negative number</small> |