

Original

Recipient Committee Campaign Statement Cover Page

COVER PAGE

11/7/22 (3) RECEIVED BY LOS ANGELES COUNTY 2022 NOV -9 PM 3:25 CAMPAIGN FINANCE

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For Official Use Only

CALIFORNIA FORM 460

Statement covers period
 from 09/25/2022
 through 10/22/2022

Date of election if applicable:
 (Month, Day, Year)
 NOVEMBER 11 2022

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
1454943

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

MATEO OLIVAREZ FOR ANTELOPE VALLEY HEALTH CARE DISTRICT
 MEMBER OF BOARD OF DIRECTORS, SPECIAL ELECTION 2022

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALMDALE	CA	93550	661 3058590

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MATEO OLIVAREZ@SBCGLOBAL.NET

Treasurer(s)

NAME OF TREASURER

ARLENE OLIVAREZ

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALMDALE	CA	93550	661 4353459

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ARLENE OLIVAREZ@AVCPR.ORG

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement
 certify under penalty of perjury under the laws of the State of California that th

Executed on 11/04/2022
 Date

Executed on 11/04/2022
 Date

Executed on _____
 Date

Executed on _____
 Date

and in the attached schedules is true and complete. I

Signature

Signature of Controlling 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
MATEO OLIVAREZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ANTELOPE VALLEY HEALTH CARE DISTRICT BOARD OF DIRECTORS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
LANCASTER CA 93534

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
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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
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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>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1454943	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MATEO OLIVAREZ FOR ANTELOPE VALLEY HEALTH CARE DISTRICT MEMBER, OF BOARD OF DIRECTORS

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 12500.00	\$ 22500.00
2. Loans Received..... Schedule B, Line 3	500.00	10500.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 13000.00	\$ 33000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 13000.00	\$ 33000.00

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	\$ 0.00	\$ 23000.00
21. Expenditures Made	\$ 0.00	\$ 23837.22

Expenditures Made

	Column A	Column B
6. Payments Made..... Schedule E, Line 4	\$ 4230.22	\$ 23837.22
7. Loans Made..... Schedule H, Line 3	10000.00	10000.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 14230.22	\$ 23837.22
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 14230.22	\$ 23837.22

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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1711.27
13. Cash Receipts..... Column A, Line 3 above	13000.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	14230.22
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 481.05

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0.00

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>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER MATEO OLIVAREZ FOR ANTELOPE VALLEY HEALTH CARE DISTRICT MEMBER, OF BOARD OF DIRECTORS	I.D. NUMBER 1454943
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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)
09/27/2022	HIGH DESERT MEDICAL GROUP LANCASTER, CA 93534	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	5000.00	5000.00
09/27/2022	CAESARS PLAZA LLC LANCASTER, CA 93534	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	2500.00	2500.00
09/27/2022	AVCPR TRAINING PALMDALE, CA 93550	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00	2000.00	2000.00
10/06/2022	YOUNG J KO MD, INC LANCASTER, CA 93534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL DOCTOR SELF EMPLOYED	500.00	500.00	500.00
10/06/2022	MOUSAI MANAGMENT COMPANY, INC CHATSWORTH, CA 91311	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	2500.00	2500.00

SUBTOTAL \$ 12500.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 13000.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 13000.00

*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>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MATEO OLIVAREZ FOR ANTELOPE VALLEY HEALTH CARE DISTRICT MEMBER, OF BOARD OF DIRECTORS

I.D. NUMBER

1454943

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
MATEO OLIVAREZ PALMDALE, CA 93550 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REGISTERED NURSE AVCPR TRAINING PALMDALE CA 93550	\$ 5000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 5000.00 <input type="checkbox"/> FORGIVEN \$	\$ 0.00 N/A DATE DUE	0 % RATE \$ 0.00	\$ 5000.00 08/25/22 DATE INCURRED	CALENDAR YEAR \$ 5000.00 PER ELECTION** \$
AVCPR TRAINING PALMDALE, CA 93550 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5000.00	\$	<input type="checkbox"/> PAID \$ 5000.00 <input type="checkbox"/> FORGIVEN \$	\$ 0.00 N/A DATE DUE	0 % RATE \$ 0.00	\$ 5000.00 8/25/22 DATE INCURRED	CALENDAR YEAR \$ 5000.00 PER ELECTION** \$
AVCPR TRAINING PALMDALE, CA 93550 † <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$ 500.00	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 500.00 11/10/22 DATE DUE	0 % RATE \$ 0.00	\$ 500.00 10/13/22 DATE INCURRED	CALENDAR YEAR \$ 500.00 PER ELECTION** \$
SUBTOTALS		\$ 500.00	\$ 10000.00	\$ 500.00	\$ 0.00			

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

Schedule B Summary

- Loans received this period \$ 500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 10000.00
(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** \$ 9500.00
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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MATEO OLIVAREZ FOR ANTELOPE VALLEY HEALTH CARE DISTRICT MEMBER, OF BOARD OF DIRECTORS

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
SIGNSONTHECHEAP.COM HTTPS://WWW.SIGNSONTHECHEAP.COM/ ORDER #90428765	CMP	FOR YARD SIGNS	583.44
BANNERSONTHECHEAP.COM HTTPS://WWW.BANNERSONTHECHEAP.COM/ ORDER #90437722	CMP	CAMPAIGN BANNERS	588.62
ADELMAN BROADCASTING QUARTZ HILL, CA 93536	CMP	RADIO ADVERTISING	2795.65

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

SUBTOTAL \$ 3967.98

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4230.22
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4230.22

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>089/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MATEO OLIVAREZ FOR ANTELOPE VALLEY HEALTH CARE DISTRICT MEMBER, OF BOARD OF DIRECTORS

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
LA COUNTY REGISTER-RECORDER LOS ANGELES, CA 90045	CMP	LATE FILING FEE- FINE	100.00
SECRETARY OF STATE SACRAMENTO, CA 95814	CMP	FILING FEE	50.00
ARCO PALMDALE CA 93550	CMP	GAS FOR PUTTING UP BANNERS AND SIGNS	102.24
BANK FEE'S WELLS FARGO PALMDALE CA 93550	OFC/C MP	SERVICE FEE FOR DAILY BALANCE LESS THAN 500.00	10.00

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

SUBTOTAL \$ 262.24