

**Recipient Committee
Campaign Statement
Cover Page**

4DC

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2023 MAR 31 AM 9:27 CAMPAIGN FINANCE	CALIFORNIA FORM 460
Page <u>1</u> of <u>3</u>	
For Official Use Only	

Statement covers period

from 01/01/2023

through 03/17/2023

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.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input checked="" type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> 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
<u>PALMDALE</u>	<u>CA</u>	<u>93550</u>	<u>661 3058590</u>

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

MATEOOLIVAREZ@SBCGLOBAL.NET

Treasurer(s)

NAME OF TREASURER
ARLENE OLIVAREZ

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

AOLIVAREZ@AVCPR.ORG

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information provided 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

Executed on <u>3/17/2023</u> <small>Date</small>	By _____
Executed on <u>3/17/2023</u> <small>Date</small>	By _____ <small>Signature of Controlling Officer of Sponsor</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officer/Candidate, State Measure Proponent</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officer/Candidate, State Measure Proponent</small>

**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
LANCASTE 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
----------------------	--------------	---

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>01/01/2023</u> through <u>03/17/2023</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1454943</u>

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	\$ 0.00	\$ 22500.00
2. Loans Received..... Schedule B, Line 3	0.00	10500.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0.00	\$ 33000.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 0.00	\$ 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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 0.00	\$ 24337.22
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 0.00	\$ 24337.22
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	\$ 0.00	\$ 24337.22

**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	\$ -18.95
13. Cash Receipts..... Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	0.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ -18.95

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

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

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met	Date of termination
____/____/____	____/____/____	03 / 17 / 2023

4DC

Date Stamp
**RECEIVED BY
LOS ANGELES COUNT
2023 MAR 31 AM 9:27
CAMPAIGN FINANCE**


**CALIFORNIA
FORM 410**


For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE MATEO OLIVAREZ For Antelope Valley Board of Directors -				NAME OF TREASURER ARLENE OLIVAREZ				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE				
CITY				PALMDALE		CA	93550	661 4353459			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) MATEOOLIVAREZ@SBCGLOBAL.NET				STREET ADDRESS (NO P.O. BOX)							
COUNTY OF DOMICILE LOS ANGELES		JURISDICTION WHERE COMMITTEE IS ACTIVE ANTELOPE VALLEY DISTRICT		NAME OF PRINCIPAL OFFICER(S)							
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)							
				CITY	STATE	ZIP CODE	AREA CODE/PHONE				

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 03/17/2023 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/17/2023 By 
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT