Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM of
	Statement covers period 7/01/2019	Date of election if applicable: (Month, Day, Year)	3080 JAN 30 Pr	
SEE INSTRUCTIONS ON REVERSE	through12/31/2019	NA NA	CITY OF YEAR TO A TO	
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor 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 Te	☐ Spe	arterly Statement ecial Odd-Year Report
	D. NUMBER 1406619	Treasurer(s)  NAME OF TREASURER  Giovanni Olvera  MAILING ADDRESS  CITY	STATE ZIP C	CODE AREA CODE/PHONE
CITY STATE ZIP CO Tracy CA 95370 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Tracy NAME OF ASSISTANT TREASURED MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX/E-MAIL ADDRES		CODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on 1/30/2020  Executed on Date 2 6 2 0 Date 2 0 Date 2 6 2 0 Date 2 0 Da	California that the foregoing is true and	knowledge the information contained it correct.  Green or Assistant trolling Unicenciaer, Candidate, State Measure Pro	Treasurer	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_

Executed on \_\_\_

Date

FPPC Form 460 (Jan/2016)

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

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page Z c	of <u>6</u>

. Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			<u> </u>
Catalina Pina OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	ICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling office	ceholder, cand	idate, or state measure pr	oponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Car officeholder(s) or candidate(	ndidate/Offic s) for which this	ceholder Committee s committee is primarily for	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIF	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)			. <u>.                                   </u>		, <u> </u>
CITY STATE ZII	P CODE AREA CODE/PHONE		A	ttach continua	tion 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 7/01/2019	CALIFORNIA 460
through _	12/31/2019	Page 3 of 6
L		I.D. NUMBER
		1406619

Catalina Pina			1406619
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 General Elections
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	\$	\$ \$ \$	20. Contributions Received \$ 0  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$816.72	\$ 816.72	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date
10. Nonmonetary Adjustment		\$ 816.72	(mm/dd/yy)/ \$
12. Beginning Cash Balance	816.72	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 Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	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

### Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received		•	from7/01	/2019	CALIF FO	ornia 460
				through12/	31/2019	Page _	4 of
SEE INSTRUCTIONAME OF FILER	ONS ON REVERSE					I.D. NUM	IBER
Catalina Pi	ina					140661	9
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 \ (JAN. 1 - DEC	ŒAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
<del>==</del>			SUBTOTAL	\$			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.)				IND CO	other) d – Other (	al ent Committee than PTY or SCC) e.g., business entity)
	eceived this period – unitemized monetary contributio	ins of less tha	II φ IUUΦ			/ – Politica C – Small (	Party Contributor Committee
3. Total mon (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line	1.) <b>TOTAL</b> \$ _			FPP	PC Form 460 (Jan/2016)

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SCHEDULE	<b>B - PART</b>
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	Am	ounts may be rou	unded	۲-	Statement covers period CALLEGENIA 4 CO				
Schedule B – Part 1		to whole dollars	S.			•	CALIFORN	14 <b>460</b>	
Loans Received					from7/01/	/2019	FORM		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2019	Page 5	of	
NAME OF FILER				1,			I.D. NUMBER		
Catalina Pina							1406619		
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 PAI OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
				☐ PAID			:	CALENDAR YEAR	
				\$	_   \$	RATE	\$	\$PER ELECTION**	
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID  \$ FORGIVEN	\$	% RATE	s	\$PER ELECTION**	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
			<u> </u> 	\$ FORGIVEN	_   \$	% RATE	\$	\$PER ELECTION**	
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS	\$	\$	\$	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)		
1. Loans received this period	***************************************			\$ _		=			
(Total Column (b) plus unitemized loan	ns of less than \$100.)					(1	Contributor Code:	s	
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$1 (Include loans paid by a third party that</li> </ol>	00 paid or forgiven.)			\$ _		-	OTH – Òther (e.g., PTY – Political Par	PTY or SCC) business entity) ty	
3. Net change this period. (Subtract Lin	ne 2 from Line 1.)	••••••		NET \$	(May be a negative number)	٠ ( ا	SCC – Small Cont	nbutor Committee	
Enter the net here and on the Summa	ary Page, Column A, Line 2.				(may be a negative number)				

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

\*\* If required.

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole do			fron	7/01/2019 112/31/2019 ugh12/31/2019		
NAME OF FILER  Catalina Pina						140661	
CODES: If one of the following codes accurately descriced 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  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so POS postage, deli	munications I appearances es lating urvey research	n senger services		describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration information technology cos	n costs  duction costs  nd meals  , and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR .	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Giovanni Olvera		SAL	payment for se	ervices rer	ndered during campaig	n.	300
Secretary of State		СМР	candidate fees	S			50

**CVC** 

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Executed on	07/31/2019	By
Executed on	Date	Signature of Treasurer or Assistant Treasurer
Executed on	07/31/2019	By
Acouted on	Date	By
Executed on		BySignature of Controlling Officeholder, Candidate, State Measure Proponent
	Date	Signature of Controlling Citicologics, Controlled States Meeting Citicologics
xecuted on		By
Excounce on	Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

	AGE - PART 2
CALIFORNIA FORM	460
Page 2 o	17

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Catalina Pina OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling office			roponent, if any.
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
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.		OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME  I.D. NUMBER  NAME OF TREASURER  CONTROLLED COMMITTEE?	7	. Primarily Formed Can	ididate/Offic s) for which this	ceholder Committee s committee is primarily fo	List names of rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	D SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES  NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
CITY STATE ZIP CODE AREA CODE/PHONE		At	tach continuat	tion sheets if necessary	

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA FORM Statement covers period 01/01/2019 from. 06/30/2019 through\_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1406619 Catalina Pina

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 General Elections
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	\$0	\$ 2539.88 \$ 2539.88 \$ 2539.88	20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u> 0	\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance	046.70	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

Schedule Monetary	hedule A Amounts may be rounded to whole dollars. The pretary Contributions Received				vers period 1/2019 30/2019	CALIFORNIA 460 FORM	
SEE INSTRUCTION	NS ON REVERSE			through		Page	
NAME OF FILER	ióo					1.D. NUMI	
Catalina Pi  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)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
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		□IND □COM □OTH □PTY □SCC					
· · ·		□IND □COM □OTH □PTY □SCC					
<del></del>			SUBTOTAL	\$			
Amount re (Include at	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND COM OTH PTY	other th I – Other (e I – Political	al ent Committee than PTY or SCC) e.g., business entity)

3. Total monetary contributions received this period.

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

# Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d		Statement coverage from01/01	-	california 460 form		
				through06/3	0/2019	Page _	5 of 17	
NAME OF FILER Catalina Pir	na					1.D. NU 14066		
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	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC	·					
		IND COM OTH PTY SCC						
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		□IND □COM □OTH □PTY □SCC				,		
1		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$				

\*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	Am	Amounts may be rounded to whole dollars.  Statement of the statement of th					CALIFORNIA 460		
ALT WATER OF CALCULATIONS ON DEVERORE					through06/3	30/2019	Page	of <u>17</u>	
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER							I.D. NUMBER		
Catalina Pina							1406619		
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 PAI OR FORGIVE THIS PERIOL	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
		TEMOS		PAID  \$ FORGIVEN		% RATE	\$	SPER ELECTION	
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	CALENDAR YEAR	
		1		PAID  \$  FORGIVEN	_   \$	RATE %	s	\$PER ELECTION	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	*	DATE INCURRED		
				PAID  \$ FORGIVEN	\$	RATE	\$	\$PER ELECTION	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS	\$	\$	\$	\$			
Schedule B Summary  1. Loans received this period				\$		(Enter (e) on Schedule E, Line 3)	)		
<ul><li>(Total Column (b) plus unitemized loan</li><li>2. Loans paid or forgiven this period</li><li>(Total Column (c) plus loans under \$1</li><li>(Include loans paid by a third party that</li></ul>	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Scho	edule A.)		\$	·	- C	Contributor Codes ND – Individual COM – Recipient Cother than DTH – Other (e.g., TTY – Political Par CCC – Small Contr	Committee PTY or SCC) business entity) ty	
3. Net change this period. (Subtract Lir	ne 2 from Line 1.)			וא⊏ו ⊅	(May be a negative number)	٠ ر			

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

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

\*\* If required.

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(May be a negative number)

#### Schedule B – Part 2 Loan Guarantors

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		0011250227 110112
Statem	ent covers period	CALIFORNIA 460
from	01/01/2019	FORM 400
through _	06/30/2019	Page_7 of_17
<u> </u>	· ·	I.D. NUMBER
		1406619

Catalina Pina					1406619	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	□COM □OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$CALENDAR YEAR	
	□ IND □ COM		LENDER		s	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc		15055		\$CALENDAR YEAR	
	□IND □COM		LENDER		\$PER ELECTION	
	□ОТН □РТҮ		DATE		(IF REQUIRED)	
	□scc		LENDER		\$CALENDAR YEAR	
	☐ IND				\$PER ELECTION	
	□OTH □PTY □SCC				(IF REQUIRED)	
			SUBTOTAL	\$	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received  Amounts may be rounded to whole dollars.							SCHEDULE C		
			to whole dollars,		from	Statement covers p		CALIF	ORNIA 460
					11011				
SEE INSTRUCTIO	NS ON REVERSE				thro	ugh06/30/2	019		8 of 17
NAME OF FILER								I.D. NUME	
Catalina Pir	na							140661	9
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 SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF 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.	SUBT	OTAL S				
1 Amount ro	C Summary ceived this period – itemized nonmonetar I Schedule C subtotals.)	y contribution	ıs.		\$ _		_ IND	(other th	I nt Committee nan PTY or SCC)
2. Amount re	ceived this period – unitemized nonmone	tary contribut	ions of less than \$100		\$ _			H – Other (e ∕ – Political I	e.g., business entity) Party
3 Total nonn	nonetary contributions received this periods 1 and 2. Enter here and on the Summar	d.							ontributor Committee

Supportin	F Expenditures Opposing Other Measures and Committees  Amounts may be rounded to whole dollars.			Statement cover 01/01/	•	CALIFORNIA 460 FORM of 17		
SEE INSTRUCTION NAME OF FILER	DNS ON REVERSE					I.D. NUME		
Catalina Pir	na					140661	9	
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	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Support Oppose  Support Oppose  Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Monetary Contribution  Independent Expenditure  Independent Expenditure						
			SUBTOTA	L\$				
<ol> <li>Itemized of</li> <li>Unitemize</li> </ol>	D Summary contributions and independent expenditures made of contributions and independent expenditures made the contributions and independent expenditures made and independent expenditures and independent expenditures and independent expendent expenditures and independent expenditures and independent expenditures and independent expenditures and independent expendent expenditures and independent expenditures and independent expendent e	nade this period of unde	er \$100	•••••••••••••••••••••••••••••••••••••••	•••••	\$ _		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla		Statement cover from01/01/2 through06/30	2019	CALIFO FOR	/O of /7
Catalina Pi	na					140001	<del></del>
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	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
· ,	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		·			
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTA				

	n						SCHEDULE B
Schedule E Payments Made	Amounts may b to whole do			State	01/01/2019		ORNIA 460
				through	06/30/2019	Page _	11 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUM	BER
Catalina Pina				<u> </u>	<del>, ; ; ; ; ; ; ;_</del>	140661	9
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating urvey research	n senger services	RAD rad RFD retr SAL car TEL t.v. TRC car TRS sta TSF tra VOT vot	cribe the payment. io airtime and production urned contributions on paign workers' salaries or cable airtime and production didate travel, lodging, an aff/spouse travel, lodging, ansfer between committees or registration ormation technology costs	luction costs d meals and meals s of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR D	ESCRIPTION OF	PAYMENT		AMOUNT PAID
				-			
* Payments that are contributions or independent expenditures must also be	oe summarized on Scho	edule D.			SI	JBTOTAL	\$
Schedule E Summary							
Itemized payments made this period. (Include all Schedu	lo E subtotals \					\$ _	
1. Itemized payments made this period. (Include all Schedu	וכ ב שטוטומוש.)					, —	

2. Unitemized payments made this period of under \$100......\$ \_\_\_\_\_\_\$

Schedule	E
(Continuat	tion Sheet)
<b>Payments</b>	Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from01/01/2019	FORM
through 06/30/2019	Page 12 of 17
	LD NUMBER

Payments Made	from			
SEE INSTRUCTIONS ON REVERSE	through06/30/2019	Page 12 of 17		
NAME OF FILER		1.D. NUMBER		
NAME OF FILER		1406610		
Catalina Pina		1406619		

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

'	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	₹ 	DESCRIPTION OF PAYMENT	
-						
			İ			
		-	1			
		ļ	_			
			Ì		·	
			1			
		1				

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)			from 01/01	Statement covers period from01/01/2019				
SEE INSTRUCTIONS ON REVERSE			through		Page 13 of 17			
NAME OF FILER				1	I.D. NUMBER			
Catalina Pina					1406619			
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio arrime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse fr	to production cost butions kers' salaries time and producticel, lodging, and meavel, lodging, and ten committees of ton	on costs eals meals 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 PAI THIS PERIO (ALSO REPORT O	D BALANCE AT CLOSE			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$			
Schedule F Summary								
Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized)	accrued expenses under	\$100.)	INC	URRED TOTA	LS \$			
<ol><li>Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized</li></ol>	adula E. Calumn (c) subta	tals for navments on	1					
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	d 		N				

#### Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

NAME OF FILER

LEG legal defense

campaign literature and mailings

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2019	CALIFORNIA 460
through06/30/2019	Page 14 of 17
	I.D. NUMBER 1406619

WEB information technology costs (internet, e-mail)

Catalina Pina 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 MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)\* t.v. or cable airtime and production costs petition circulating CVC civic donations PET candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)\* VOT voter registration PRO professional services (legal, accounting)

PRT print ads

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
			·		
	SUBTOTALS	\$	\$	\$	\$

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	Ì	}		
	<u> </u>			

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule H Loans Made to Others*			nay be rounded lie dollars.		Statement co	vers period 1/2019	california 460 form		
SEE INSTRUCTIONS ON REVERSE					through06/	30/2019	Page 16	of 17	
NAME OF FILER				<del></del>			I.D. NUMBER		
Catalina Pina							1406619		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
		\$	\$	PAID  S FORGIVEN  \$	\$ DATE DUE	RATE	\$DATE INCURRED	S PER ELECTION**	
		\$	ş	PAID  S————  FORGIVEN  S————	\$	% RATE	\$DATE INCURRED	\$PER ELECTION**	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$			
	<del> </del>			<del></del>		(Enter (e) on Schedule I, Line 3)			
Schedule H Summary  1. Loans made this period  (Total Çolumn (b) plus unitemized loan	s of less than \$100.)				\$		-	**If Required	
Payments received on loans (Total Column (c) plus unitemized payers)	ments of less than \$100.)				\$		_		
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ry Page, Column A, Line 7.	.)			NET \$	lay be a negative number	)		

Schedule I Miscellaneous Inci	reases to Cash	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460		
			from01/01/2019	I OKW		
	_		through06/30/2019	Page 17 of 17		
<u>SEE INSTRUCTIONS ON REVERS</u> NAME OF FILER	<u> </u>			I.D. NUMBER		
Catalina Pina				1406619		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
Attach additional informa	ation on appropriately labeled continuation sheets.		SUBTOTA	AL\$		
Schedule I Summar	rv					
1. Itemized increases to	cash this period		\$			
2. Unitemized increases	to cash of under \$100 this period		\$			
3. Total of all interest rec	ceived this period on loans made to others. (Sche	dule H, Column (e).)	\$	<del></del>		
4. Total miscellaneous in	ncreases to cash this period. (Add Lines 1, 2, and	3. Enter here and on the				

Campaign Statement Cover Page		CI	Date Stamp  RECETAED  TY CLERK'S OFFICE	CALIFORNIA 460
	Statement covers period from10-21-2018	Date of cicotion is applicable.	19 JAN 31 PM 5: 39	
SEE INSTRUCTIONS ON REVERSE	through12-31-2018	11-6-18	CITY OF TRACY	
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
O State Candidate Election Committee O Recall (Also Complete Part 5)  General Purpose Committee O Sponsored O Small Contributor Committee	rimarily Formed Ballot Measure ommittee ) Controlled ) Sponsored (so Complete Part 6) rimarily Formed Candidate/ ffliceholder Committee (so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	t Special	erly Statement al Odd-Year Report
5. Committee information	NUMBER 406619	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Catalina 4 Council		Giovanni Olvera		<del></del>
		MAILING ABBRESS		
STREET ADDRESS (NO P.O. BOX)		CITY .	STATE ZIP COD	
		Tracy	CA 95376	
Tracy STATE ZIP COL		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	·	· · · · · · · · · · · · · · · · · · ·
CITY STATE ZIP COL	AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	· · · · · · · · · · · · · · · · · · ·
. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0	g this statement and to the best of my kn California that the foregoing is true and co	nowledge the information contained orrect.	herein and in the attached sche	dules is true and complete. I
1-31-2019 Date	Ву	Signature of Treasurer or Assistant	Treasurer	_
1-31-2019 Date	BySignature of Controll	ing Officeholder Candidate, State Measure Pro	ponent or Responsible Officer of Sponsor	
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	_
Executed on	BySign	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	

COVER PAGE

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

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page o	f_/7

. Officeholder or Candidate Controlled Committee		6.	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·			
Catalina Olvera							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	eholder, candid	ate, or state measu	ire propo	nent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	ICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s)	didate/Office	holder Commit committee is primari	tee List ly formed	names of
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	R HELD	T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	JX)						SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)						<u> </u>
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	ch continuatio	n sheets if necessa	nry	

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 10-21-2018 CALIFORNIA FORM 460

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Catalina Olvera

Column A Calendar Year Summary for Candidates Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 2539.88 1. Monetary Contributions ...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date 2. Loans Received ...... Schedule B. Line 3 20. Contributions 2539.88 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 2539.88 Made TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 50 1723.16 Candidates 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* 50 17.23.16 8. SUBTOTAL CASH PAYMENTS....... Add Lines 6 + 7 \$ \_\_\_\_\_ (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/yy) 50 1723.16 **Current Cash Statement** 866.72 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ To calculate Column B. 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 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 816.72 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 \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule	<b>A</b>		ts may be rounded				SCHEDULE /
Monetary Contributions Received		to	whole dollars.	Statement co	vers period 1-2018	CALIFORNIA 460	
				through12-	31-2018	Page	4 017
SEE INSTRUCTION	DNS ON REVERSE	<del> </del>				I.D. NU	
Catalina O	Divera					14066	
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)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	3			
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$		IND - COM	(other	al ent Committee than PTY or SCC)
	ceived this period – unitemized monetary contribution	s of less than	\$100\$		PTY-	- Political	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.	)TOTAL \$		scc	- Small (	Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received  NAME OF FILER Catalina Olvera		Amounts may to whole o		Statement cov from 10-21 through 12-3	-	SCHEDULE A (CON  CALIFORNIA 460  FORM  Page of	
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 T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		,			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

SUBTOTAL \$

\*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

0.1.4.1.5.5.44	Arr	ounts may be ro	unded	_			SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollar		Statement cov	ers period	CALIFORNIA 460		
Loans Received		from10-21-2018						
SEE INSTRUCTIONS ON REVERSE					through12-	31-2018	Page	of 17
NAME OF FILER							I.D. NUMBER	
Catalina Olvera							1406619	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	_   \$	%	\$	\$
		]		FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_   \$	%	\$	\$
				☐ FORGIVEN		RATE	ŀ	PER ELECTION**
TO IND COM OTH PTY SCC.		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID	1			CALENDAR YEAR
				\$	. \$	%	\$	\$
				FORGIVEN	- 1	RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	\$	5	\$	\$		
Schedule B Summary			<del></del>	<del>-</del>		(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$				
(Total Column (b) plus unitemized loans	s of less than \$100.)	••••••		Ψ —		<u> </u>	Contributor Codes	
TCO								
(Total Column (c) plus loans under \$10			••••••	\$			D – Individual  OM – Recipient Co	
(Include loans paid by a third party that		dule A.)				01	ΓH – Òther (e.g., l	PTY or SCC) business entity)
2. Not change this period. (Subtract Line	2 from Line 1			NET 6		PT	Y - Political Party CC - Small Contril	y
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summar</li></ol>		••••••			May be a negative number)	(SC	- Small Contri	butor Committee
	,			V	,			

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

\*\* If required.

		A				sc	HEDULE B - PART 2	
Schedule B – Part 2		Amounts may be rounded to whole dollars.				CALIFORNIA 460		
_oan Guarantors				from	10-21-2018	FOR	FORM 400	
BEE INSTRUCTIONS ON REVERSE				through _	12-31-2018	Page	t of 17	
NAME OF FILER						I.D. NUMBE	R	
Catalina Olvera						1406619		
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□IND		LENDER			CALENDAR YEAR		
	☐ COM ☐ OTH ☐ PTY		DATE			PER ELECTION (IF REQUIRED)		
	□scc					\$		
	□ IND		LENDER			CALENDAR YEAR		
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND		LENDER			CALENDAR YEAR		
	□COM □OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)		
			LENDER			CALENDAR YEAR		
	COM OTH PTY SCC		DATE			PER ELECTION (IF REQUIRED)		
			SUE	STOTAL \$		Enter on Summary Page, Line 17 only.		

Schedule C Nonmonetary Contributions Received		Amounts may be rounded						SCHEDULE (		
			to whole dollars.		Statement covers period			CALIFORNIA 460		
					fror	n10-21-20	18	FO	RM 400	
SEE INSTRUCTIO	NS ON REVERSE				thro	ough12-31-2	018	Page _	5_ of 17	
NAME OF FILER							-	I.D. NUM	BER	
Catalina Olv	vera							140661	9	
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	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach addition	onal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$	3				
Schodule (	C Summary									
1. Amount red (Include all	ceived this period – itemized nonmonetary Schedule C subtotals.)						_ IND -	(other th	nt Committee an PTY or SCC)	
3. Total nonm	ceived this period – unitemized nonmonet onetary contributions received this period						PTY	- Political F	g., business entity) Party Intributor Committee	
(Add Lines	1 and 2. Enter here and on the Summary	Page, Colun	nn A, Lines 4 and 10.)	TOTA	L \$ _					

Supporting Candidate	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole do		Statement covers from10-21-2 through12-31-	2018	CALIFORNIA 460		
NAME OF FILER  Catalina Ol	DNS ON REVERSE			through		I.D. NUME 140661		
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	CUMULATIVI CALENDA (JAN. 1 - D	E TO DATE R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL S	\$				
1. Itemized co	D Summary ontributions and independent expenditures mad d contributions and independent expenditures m		•					

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM** 10-21-2018 from **Candidates, Measures and Committees** 12-31-2018 through NAME OF FILER I.D. NUMBER Catalina Olvera 1406619 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION TYPE OF PAYMENT AMOUNT THIS DATE CALENDAR YEAR TO DATE (IF REQUIRED) MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose ■ Monetary Contribution ■ Nonmonetary Contribution ☐ Independent

SUBTOTAL \$

Expenditure

☐ Support

☐ Support

☐ Oppose

☐ Oppose

Oakadula E	Amounts may b	e rounded		Statement sovers period			
Schedule E Payments Made	to whole do	Statement covers period	CALIFORNIA 460				
r ayments made				from10-21-2018			
SEE INSTRUCTIONS ON REVERSE				through 12-31-2018	Page of		
NAME OF FILER		_			I.D. NUMBER		
Catalina Olvera					1406619		
CODES: If one of the following codes accurately describe	es the payment, yo	ou may er	nter the code. Ot	herwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member-com			RAD radio airtime and production	n costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens	• •	es	RFD returned contributions SAL campaign workers' salaries	<b>;</b>		
CVC civic donations	PET petition circul	ating		TEL t.v. or cable airtime and pro			
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and si		rch	TRC candidate travel, lodging, a TRS staff/spouse travel, lodging,			
IND independent expenditure supporting/opposing others (explain)*			ssenger services		es of the same candidate/sponsor		
LEG legal defense		services (leg	al, accounting)	VOT voter registration WEB information technology cost	ts (internet e-mail)		
LIT campaign literature and mailings	PRT print ads			WEB Information technology cos	is (internet, e-mail)		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR I	DESCRIPTION OF PAYMENT	AMOUNT PAID		
	3						
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	edule D.		S	SUBTOTAL \$		
Schedule E Summary		<u> </u>					
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$		
2. Unitemized payments made this period of under \$100					\$		
3. Total interest paid this period on loans. (Enter amount fro							
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sumr	nary Page, Colun	nn A, Line 6.) <b>T</b>	OTAL \$		

Schedule E	Amounts may be rounded		SCHEDULE E (CON		
(Continuation Sheet)	to whole dollars.	Statement covers period	CALIFORNIA 460		
Payments Made		from10-21-2018	FORM 400		
SEE INSTRUCTIONS ON REVERSE		through12-31-2018	Page   17		

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

LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	· · · · · · · · · · · · · · · · · · ·			
·				
		-		
				V

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SEE

NAME OF FILER

Catalina Olvera

I.D. NUMBER 1406619

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cove	-	CALIFORNIA 460			
			through12-3	1-2018	Page 13 of 17		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	<del></del>		<u>L</u>				
					I.D. NUMBER		
Catalina Olvera					1406619		
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	s the payment, you may  MBR member communication  MTG meetings and appearan  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey rese  POS postage, delivery and n  PRO professional services (I  PRT print ads	ns nces arch nessenger services	nerwise, describe the payment.  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 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 P THIS PERI (ALSO REPORT	IOD BALANCE AT CLOSE		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	<u> </u>	\$		
Schedule F Summary		·		<u> </u>			
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized</li> <li>Total accrued expenses paid this period. (Include all School</li> </ol>	accrued expenses under sedule F, Column (c) subtot	\$100.)als for payments on	1				
accrued expenses of \$100 or more, plus total unitemized  3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	ter the difference here and		······································	N			

Schedule F	Amounts may be rounded		SCHEDULE F (CON
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period 10-21-2018 through 12-31-2018	CALIFORNIA 460 FORM of 17
NAME OF FILER			I.D. NUMBER

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 PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND LEG legal defense PRO professional services (legal, accounting) voter registration VOT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

Catalina Olvera

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
				· · · · · · · · · · · · · · · · · · ·	
	,				
	SUBTOTALS S	\$	\$	\$	\$ · · ·

1406619

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	† Amour to	nts may be rounded whole dollars.	Staten	nent covers period 10-21-2018	CALIFORNIA 460
			through_	12-31-2018	Page 5 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Catalina Olvera	<del></del>		<del></del>		I.D. NUMBER 1406619
NAME OF AGENT OR INDEPENDENT CONTRACTOR			Otherina		
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone banl POL polling and POS postage, do PRO professiona PRT print ads	ommunications nd appearances nses culating ks survey research elivery and messenger services al services (legal, accounting)	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	airtime and production of ned contributions aign workers' salaries cable airtime and produdate travel, lodging, and spouse travel, lodging, a	uction costs I meals and meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PA	AYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	OR DESCRIPT	TION OF PAYMENT		AMOUNT PAID
				].	
	<u> </u>	<del></del>			

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement coverage 10-2	vers period 1-2018	CALIFORNIA 460	
					through12-	31-2018	Page 16	of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						<del></del>	I.D. NUMBER	
Catalina Olvera							1406619	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		1 , 5, 1, 5,		PAID				CALENDAR YEAR
			-	\$  FORGIVEN	\$	RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
			-	\$	.   \$	RATE	\$	\$PER ELECTION**
		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$		
			<u> </u>	<u></u>		(Enter (e) on Schedule I, Line 3)	· · · · · · · · · · · · · · · · · · ·	
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loan					\$		_ [	**If Required
Payments received on loans  (Total Column (c) plus unitemized payers)	ments of less than \$100.)				\$		_	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ry Page, Column A, Line 7.	)	······································		NET \$	ay be a negative number	)	

Schedule I Miscellaneous Ind	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from10-21-2018	CALIFORNIA 460
SEE INSTRUCTIONS ON REVER	SE		through12-31-2018	Page 17 of 17
NAME OF FILER				I.D. NUMBER
Catalina Olvera				1406619
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	·	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inform	ation on appropriately labeled continuation sheets.		SUBTOTAL	\$
Schedule I Summa	ry			
I. Itemized increases to	cash this period		\$	-
2. Unitemized increases	to cash of under \$100 this period		\$	-
<ol><li>Total of all interest rec</li></ol>	eived this period on loans made to others. (Sc	hedule H, Column (e).)	\$	-
I. Total miscellaneous in Summary Page, Line	creases to cash this period. (Add Lines 1, 2, a		TOTAL \$	

Cam	pient Committee paign Statement er Page		RECET CITY CLERK	Vate Stamp	CALIFORNIA 460
SEE INS	TRUCTIONS ON REVERSE	Statement covers period  9/23/2018  90  10/26/2018	Date of election if applicable: (Month, Day, Year 2018 0CT 25  11/06/2018 CT Y OF T		For Official Use Only
1. Ty	pe of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	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)	✓ Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Termination)  Amendment (Explain below)		terly Statement ial Odd-Year Report
3. Co	mmittee Information	I.D. NUMBER 1406619	Treasurer(s)		
CON	MITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Ca	italina 4 Council		Giovanni Olvera	<del></del>	
			MAILING ADDRESS		
STP	EET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
3110	EET ABBRESS (NOTICE SON)		Tracy	CA 95376	3
CITY	STATE ZII	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		**************************************
Tra	acy CA 95	5376			
MAII	LING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX .	MAILING ADDRESS		
CITY	STATE ZII	P CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPT	IONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4 Vor	rification				
I hav	ve used all reasonable diligence in preparing and rev	iewing this statement and to the best of my	knowledge the information contained herein and	in the attached sch	edules is true and complete. I
certi	fy under penalty of perjury under the laws of the Stat	e of California that the foregoing is true and	d correct.		
	Executed on10/25/2018	Ву			<del></del>
	Date 10/25/2018		ant Treasurer		
	Executed on Date	BySignature or com	Bolling Officerology, Carrelactics Caste (geacens) repending the	ible Officer of Sponso	r
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	<del></del>
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	<del></del>

# 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 9/23/2018	CALIFORNIA 460
through	1020/2018	Page of
		I.D. NUMBER
		1406619

Catalina Olvera			1406619
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	\$ 400	\$ 2539.88 \$ 2539.88 \$ 2539.88	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 555.61	\$	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	\$ 555.61 \$ 866.72	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.
18. Cash Equivalents			FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Catalina Olvera							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTI	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  Tracy	CITY STATE ZIP		Identify the controlling office	<u> </u>		neasure prop	onent, if any.
· · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER						
CA	95376	7	Brimorily Formed Can	didata/Offia	shalder Cor	mmittaa //	ot names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cane officeholder(s) or candidate(s)	) for which this	committee is p	rimarily forme	d.
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	TOFFICE SOUG	UT OR HELD	<del></del>
COMMITTEE ADDRESS NO P.C	. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE 300G	INTOK HELD	SUPPORT OPPOSE
CITY STATE ZII	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)  P CODE AREA CODE/PHONE		Atte	ach continuation	on sheets if ne	COSSATV	

### Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period CALIFORNIA 9/23/2018 FORM from\_ *520* 10/**20**/2018 through.

SEE	INSTRUCTIONS O	N REVERSE

NAME OF FILER

I.D. NUMBER 1406610

Catalina O	lvera				14066	019
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)
09/24/2018	Bob and Alyce Eversole Tracy, CA 95376	IND COM OTH PTY	retired	400	900	
		□IND □COM □OTH □PTY □SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	,			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		·		
			SUBTOTAL S	<b>S</b>		
1. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$		(other	ual pient Committee r than PTY or SCC)
3. Total mone	ceived this period – unitemized monetary contribution etary contributions received this period. In and 2. Enter here and on the Summary Page, Col				PTY - Politic	(e.g., business entity) al Party Contributor Committee

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

Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole			rers period /2018 らっと <b>グ</b> 2018	Page	SCHEDULEA (CONTONNIA 460 S of 16
NAME OF FILER  Catalina Ol	vera					14066	
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)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					

SUBTOTAL \$

\*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

							SCHE	DULE B - PAR
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORNIA 46	
Loans Received					from 9/23	/2018	FORM	400
					10/	<b>20</b> 2018	Page 6	
SEE INSTRUCTIONS ON REVERSE					through		I.D. NUMBER	01 1111
NAME OF FILER								
Catalina Olvera							1406619	
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 PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIV CONTRIBUTIO TO DATE
		1 2 40 2		☐ PAID				CALENDAR YE
				\$	s	%	\$	\$
				FORGIVEN		RATE		PER ELECTIO
† The Floor Floor Floor Floor		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC	-			PAID				CALENDAR YE
				\$	_   \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTIO
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC	<u> </u>				<del></del>		<del>                                     </del>	CALENDAR YE
				☐ PAID				
				\$	_   \$	RATE	<b>*</b> ———	PER ELECTIO
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
†□ IND □ COM □ OTH □ PTY □ SCC		SUBTOTALS S	\$	\$	\$	\$		
			<u></u>	<u>'                                      </u>		(Enter (e) on	<u> </u>	
Schedule B Summary				•		Schedule E, Line 3)	)	
1. Loans received this period				\$		. ــــ		·
(Total Column (b) plus unitemized loai	ns of less than \$100.)					<b>[</b> †′	Contributor Codes	j.

\*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.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

2. Loans paid or forgiven this period.....\$ -

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

†Contributor Codes IND - Individual

PTY - Political Party

(May be a negative number)

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

□ PTY
□ SCC

Enter on Summary Page,

Line 17 only.

SUBTOTAL \$

Schedule	C		Amounts may be rounded						SCHEDULE
Nonmone	tary Contributions Received		to whole dollars.			Statement covers			ORNIA 160
					fron	n 9/23/20° Se		FO	RIVI
SEE INSTRUCTION	S ON REVERSE		·		thro	ough 10/2 <b>6</b> /2	<b>0</b> 18	Page	8 of 16
NAME OF FILER			<del></del> -					I.D. NUM	BER
Catalina Olv	era							140661	9
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	CUMULA DA' CALENDA (JAN 1 - I	re Ryear	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC						·	
Attach addition	nal information on appropriately labeled o	continuation s	sheets.	SUBTO	TAL \$				
Schedule C	Summary				<u>—</u>		(*Con	tributor Co	201
Amount rece     (Include all \$	eived this period – itemized nonmonetary Schedule C subtotals.)						IND - COM OTH	Individual Recipier (other th	nt Committee an PTY or SCC) g., business entity)

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 \$

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SCC - Small Contributor Committee

Supporti	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole do		10/24	018 F	schedule IFORNIA 460 ORM
SEE INSTRUCTION	ONS ON REVERSE	· · · · · · · · · · · · · · · · · · ·		through10/20		of
Catalina O					1406	
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$		
	D Summary contributions and independent expenditures made	e this period. (Include	e all Schedule D subtotals.	)		

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

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Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Catalina Olvera	Amounts may i to whole d			froi	Statement covers p m 9/23/2019 G Ø ough 10/2 <b>6</b> /20	8 Page	UMBER
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  contribution (explain nonmonetary)*  CVC civic donations  IL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  EG legal defense  IT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and pr returned contributio campaign workers' t.v. or cable airtime candidate travel, lostaff/spouse travel,	roduction costs ons salaries and production co dging, and meals lodging, and meal ommittees of the sa	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	OR .	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Firefighter's Print and Design 780 Creekside Oak Drive Sacramento, CA 95833		cmp	literature and	d cards			284.86
Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTA	<b>-\$</b>
Schedule E Summary							

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

2. Unitemized payments made this period of under \$100......\$ \_\_\_\_\_\_\$
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ \_\_\_\_\_\$ \_\_\_\_

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284.86

270.75

Schedule E	•
(Continuation	Sheet)
Payments Mad	de .

NAME AND ADDRESS OF PAYER

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

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	to whole dollars.	Statement covers period  from 9/23/2018  through 10/26/2018	CALIFORNIA 460 FORM of 6
NAME OF FILER			I.D. NUMBER
Catalina Olvera			1406619
CODES: If one of the following codes coour	rately describes the neument year may enter the ende. Of	thorwise describe the payment	

**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 CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS VOT voter registration LEG legal defense PRO professional services (legal, accounting) 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 C	DR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		1		
	1			

SUBTOTAL \$

					SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Groin	/2018 Ø	FORM 460
			through10/4	<b>6</b> /2018 Pag	e 12 of 16
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			<u> </u>		UMBER
Catalina Olvera				1406	6619
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs butions kers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the sa	me 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	<b>S</b> 9	s :	<b>B</b>	\$
Schedule F Summary					
1. Total accrued expenses incurred this period. (Include all S.	chedule F. Column (h) sut	ototals for			

1. T	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 \$ _	
2. T	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 \$ _	
3. N	Net change this period. ( <b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$ _	May be a negative number

Schedule F	Amounts may be rounded	
(Continuation Sheet)	to whole dollars.	Statement covers
Accrued Expenses (Unpaid Bills)		from 9/23/20
Accrued Expenses (Onpaid Bills)		through10/2 <b>6</b> /2
		unougn

SCHEDULE F (CONT.)

Statement covers period
from 9/23/2018
through 10/26/2018

Page of 10.0 NUMBER
1406619

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

CNS contribution (explain nonmonetary)\*

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CTB petition circulating

CVC civic donations PET petition circulating TEC 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

FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals roughly independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services PRO professional services (legal, accounting) POS voter registration

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 OF FILER

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
	SUBTOTALS	<b>5</b>	\$	\$	\$

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period 9/23/2018	CALIFORNIA 460
විට 10/ <b>25</b> /2018	IV II
through	Page of
	I.D. NUMBER
	1406619

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Catalina Olvera

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

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

CMP campaign paraphemalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CYC et de describe the payment.

MBR member communications meetings and appearances

MTG meetings and appearances

OFC office expenses

SAL campaign workers' salaries

TEL ty or cable altrime and production costs

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

PRT print ads

IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		İ		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

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<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			from	3/2018 GO	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through10	2018	Page of		
NAME OF FILER							I.D. NUMBER		
Catalina Olvera							1406619		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT ( FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID  \$	s	%	\$	\$PER ELECTION**	
		s	\$	\$	DATE DUE	\$	DATE INCURRED	s	
				☐ PAID	s	%	s	CALENDAR YEAR	
				FORGIVEN	-   1	RATE		PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
			<del></del>	<u> </u>		(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period  (Total Column (b) plus unitemized loan					\$		_ [	**If Required	
Payments received on loans  (Total Column (c) plus unitemized payr	nents of less than \$100.)				\$		_		
3. Net change this period. (Subtract Line 2)	2 from Line 1.)	······································			NET \$	ay be a negative number	<del>)</del>		

Schedule I Miscellaneous Increases to Cash		Amounts may be to whole dol		Statement covers period 9/23/2018	CALIFORNIA 460
				from	Page 16 of 16
SEE INSTRUCTIONS ON REVE NAME OF FILER	RSE	<del></del>		through 10/2010	
Catalina Olvera					1.D. NUMBER 1406619
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		<del>-</del>			
		·			
	•				
		·			
			·		
Attach additional inforn	nation on appropriately labeled continuation sheets.			SUBTOTAL	\$
Schedule I Summa	ry				
. Itemized increases to	cash this period		•	\$	
	to cash of under \$100 this period				
. Total of all interest red	ceived this period on loans made to others. (Sch	nedule H, Column	(e).)	\$	
	ncreases to cash this period. (Add Lines 1, 2, an			TOTAL \$	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

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

CALIFORNIA FORM 460

Page 2 of 17

	Committee	6.	Primarily Formed Ballot	:Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Catalina Olvera							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND E	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	ON		SUPPORT
City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	T) CITY STATE ZIP		ldoutify the controlling off oak	1-1	dete evetete meseu		ant if any
Т	racy, CA 95376		Identify the controlling officer			re propon	ent, if any.
			NAME OF OFFICEHOLDER, CAND	IDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled by contributions or make expenditures on behalf of your contributions.	y you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRI	ICT NO. IF A	INY
COMMITTEE NAME	I.D. NUMBER				<u> </u>		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) to	date/Offic	eholder Commit	tee List r	names of
	☐ YES ☐ NO			NDIDATE	OFFICE SOUGHT OR	WELD.	
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)		NAME OF OFFICEHOLDER OR CA	NDIDAIE	OFFICE SOUGHT OR	HELD	SUPPORT
							☐ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	U SUPPORT OPPOSE
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	, , , , , , , , , , , , , , , , , , ,	OFFICE SOUGHT OR		SUPPORT
				NDIDATE		HELD	SUPPORT OPPOSE
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	SUMMART PAGE
Statement covers period 07-01-2018	CALIFORNIA 460
09-22-2018	Page3 of17
-	I.D. NUMBER
	1 4 4 5 5 5 4 5

CLIMANANDY DA OF

Catalina Olvera 1406619 **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** 2139.88 1. Monetary Contributions...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date 805 20. Contributions 2139.88 Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 805 2139.88 Made **Expenditures Made Expenditure Limit Summary for State** 1117.55 **Candidates** 22. Cumulative Expenditures Made\* 668.87 1117.55 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 668.87 1117.55 11. TOTAL EXPENDITURES MADE...... Add Lines 8 + 9 + 10 \$ \_\_\_\_\_ **Current Cash Statement** 886.20 To calculate Column B. 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 amounts from Column B reported in Column B. 668.87 of your last report. Some amounts in Column A may 1022.33 be negative figures that 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). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement cov	ers period 1-2018	CALIFORNIA 460 FORM		
SEE INSTRUCTIO	NO ON DEL/EDGE			through	22-2018	Page_	4of17	
NAME OF FILER	NS ON REVERSE					I.D. NUN	MBER	
Catalina O	lvera					140661	19	
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 YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
09-10-2108	Mayra Lopez Tracy, Ca 95206	☑IND □COM □OTH □PTY □SCC	Teacher, Tracy Unified School District	\$100				
09-15-2018	Martin Diaz Los Angeles, CA 90041	IND COM OTH PTY	LACCCD, professor	200				
07-03-2018	Bob and Alyce Eversole Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	retired	350	50	00	500	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$	205.00				
Schedule /	A Summary					ributor Co		
1. Amount re (Include al	ceived this period – itemized monetary contributions.  I Schedule A subtotals.)		\$	650			al ent Committee han PTY or SCC)	
2. Amount re	ceived this period – unitemized monetary contribution			155	PTY-	Òther (e - Political	e.g., business entity) Party	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	I.)TOTAL \$	805	SCC		C Form 460 (Jan/2016)	

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		TIDUUOIIS I/eceived				CALIFORNIA 460			
				through09-2	2-2018	Page_	5 of	17	
NAME OF FILER						I.D. NU			
Catalina O	lvera		<del></del>			14066	519		
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 T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELEC TO DAT (IF REQUIR	Έ	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				i			
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
	-		SUBTOTAL S	\$250.00					

\*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

SCL	IEDII	IFR	- PART	•

	Amounts may be rounded						SCHEDULE B - PART 1		
Schedule B – Part 1		Statement cov	-	CALIFORN	14 460				
Loans Received					from07-01	1-2018	FORM		
SEE INSTRUCTIONS ON REVERSE					through09-2	22-2018	Page6	of	
NAME OF FILER							I.D. NUMBER		
Catalina Olvera							1406619		
		(a)	(b)	(c)	(d) OUTSTANDING	(e)	(f)	(g)	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAI OR FORGIVE THIS PERIO	BALANCE AT CLOSE OF THIS	PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID				CALENDAR YEAR	
				s	_   \$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
				_		\$		s	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		<b>3</b>	3	3	DATE DUE		DATE INCURRED		
			-	☐ PAID				CALENDAR YEAR	
			}	•	\$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
				_					
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	3	DATE INCURRED	3	
IND COM OTH PTY SCC								CALENDAR YEAR	
				☐ PAID					
				\$	_   \$	RATE	3	PER ELECTION**	
				FORGIVEN					
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
TO IND COM OTH PTY SCC		<u> </u>				<u> </u>		<u> </u>	
	;	SUBTOTALS S	\$	\$	\$	\$			
O. L. dula D. Cummons						(Enter (e) on Schedule E, Line 3)			
Schedule B Summary				¢					
1. Loans received this period	o of loss than \$100 \			—		۔			
(Total Column (b) plus unitemized loan	is or less triair \$ 100.)					'	Contributor Codes	3	
2. Loans paid or forgiven this period				\$ _			ID – Individual OM – Recipient C	Committee	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)					İ	(other than	PTY or SCC)	
(Include loans paid by a third party tha	t are also itemized on Sche	edule A.)				0	TH – Other (e.g., TY – Political Part	business entity) tv	
3. Net change this period. (Subtract Lin	e 2 from l ine 1 )			.NET \$				ibutor Committee	
Enter the net here and on the Summar	y Page, Column A, Line 2.		••••••		(May be a negative number)	_			

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

\*\* If required.

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		A				SCHEDULE B - F					
Schedule B – Part 2		Amounts may be rounded to whole dollars.			nent covers period	CALIFOR	NIA 460				
Loan Guarantors				from	07-01-2018	FORM	400				
				through _	09-22-2018	Page 7	of				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMBER					
Catalina Olvera						1406619					
Catalina Olvera		IS AN INCOME THE	· · · · · · · · · · · · · · · · · · ·	·		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE				
	□IND		LENDER			CALENDAR YEAR					
	COM					\$					
	ОТН		DATE			PER ELECTION (IF REQUIRED)					
	□PTY					(IF REQUIRED)					
	scc					\$					
			LENDER			CALENDAR YEAR					
			LENDER			\$					
	СОМ					PER ELECTION					
·	□ OTH		DATE			(IF REQUIRED)					
	□PTY □SCC					•					
						\$					
			LENDER			CALENDAR YEAR					
	□сом					\$					
	□отн		DATE			PER ELECTION (IF REQUIRED)					
•	□PTY										
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			LENDER			CALENDAR YEAR					
			LENDER								
	□сом			<del></del>		\$ PER ELECTION					
	□отн		DATE			(IF REQUIRED)					
	□PTY										
	□scc					\$					
			SUE	STOTAL S	<del></del>	Enter on Summary Page,					
					·	Line 17 only.					

Schedule C		Amounts may be rounded						SCHEDULE (		
Nonmonetary Contributions Received		to whole dollars.			Statement covers period			CALIFORNIA 460		
	•				fron	n 07-01-20	18	FO		
SEE INSTRUCTIO	NS ON REVERSE				thro	ough09-22-2	018	Page	8 of 17	
NAME OF FILER								I.D. NUME	BER	
Catalina Ol	vera							140661	9	
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 SER\		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF 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	OTAL S	\$				
1. Amount re	C Summary ceived this period – itemized nonmonetar	y contribution	s.		\$ _		IND			
2. Amount re	ceived this period – unitemized nonmone	tary contributi	ions of less than \$100		\$_				.g., business entity)	
3. Total nonn (Add Lines	nonetary contributions received this periods 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	ТОТА	\L \$ _				ontributor Committee	

FPPC Form 460 (Jan/2016)

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees  SEE INSTRUCTIONS ON REVERSE		Amounts may be to whole do				CALIFO FO	9 of17
NAME OF FILER						14066	
Catalina C	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	E TO DATE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution  Nonmonetary Contribution  Independent Expenditure  Monetary Contribution  Nonmonetary Contribution  Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			

**Schedule D Summary** 

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	,
2. Unitemized contributions and independent expenditures made this period of under \$100	ò
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	<b>;</b>

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

				through	2010	Page	of
NAME OF FILER		- · · · · · · · · · · · · · · · · · · ·				I.D. NUME	BER
Catalina O	lvera					140661	9
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 CALENDAF (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			

							S	CHEDULE (
Schedule E Payments Made	Amounts may b to whole do			Staten	nent covers period 07-01-2018	CALIFO FOR		460
				through_	09-22-2018	Page1	1 of	17
EE INSTRUCTIONS ON REVERSE				unough		I.D. NUMBI		
AME OF FILER Catalina Olvera						1406619		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	s the payment, you make member commote meetings and office expense petition circul phone banks polling and sepos postage, deliproprofessional professional profes	nmunications d appearances ses lating urvey researd very and mes	s n senger services	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	ribe the payment.  airtime and production ned contributions baign workers' salaries r cable airtime and prod idate travel, lodging, an spouse travel, lodging, a fer between committees registration mation technology costs	uction costs d meals and meals s of the same		e/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DES	SCRIPTION OF P	AYMENT		AMOL	JNT PAID
Mitchell Publishing 127 S Anderson St Los Angeles, CA 90033		cmp	T-shirts for volunte	ers				329.87
Firefighter's Print and Design 1780 Creekside Oaks Drive Sacramento, CA 95833		cmp	banner and cards					240
Payments that are contributions or independent expenditures must also be	e summarized on Sche	edule D.			SU	BTOTAL\$		569.87
Schedule E Summary								
Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$		69.87
i, itorrizod paymonto mado ano pomesa (migrado an elementa								00

2. Unitemized payments made this period of under \$100......\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

FPPC Form 460 (Jan/2016)

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

668.87

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

	001125022 2 (001111)
Statement covers period	CALIFORNIA 460
from07-01-2018	FORM 400
through 09-22-2018	Page of
	I.D. NUMBER
	1406619

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		_		
		+		
•				
			•	
	<u> </u>			<u> </u>

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Trom	ers period -2018 2-2018	CALIFORNIA <b>460</b> FORM of 17
NAME OF FILER  Catalina Olvera					I.D. NUMBER 1406619
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey reserved PRO professional services (IPRT print ads	herwise, describe the payment.  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/spons VOT voter registration 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 P THIS PERI (ALSO REPORT	OD BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	,	\$	\$	\$
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a</li> </ol>	schedule F, Column (b) sub accrued expenses under \$	ototals for 6100.)	incl	JRRED TOTA	ALS \$
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>	edule F, Column (c) subtot payments on accrued expe	als for payments on enses under \$100.).		PAID TOTA	ALS \$
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and			N	JET \$

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from07-01-2018	schedule f (cont.) CALIFORNIA 460 FORM		
Acorded Experiesco (empara Eme)		through09-22-2018	Page 14 of 17		
NAME OF FILER Catalina Olvera			I.D. NUMBER 1406619		
CODES: If one of the following codes accurately desc CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	cribes the payment, you may enter the code  MBR member communications  MTG meetings and appearances  OFC office expenses	e. Otherwise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries	costs		
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and produ			

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

PRT print ads

independent expenditure supporting/opposing others (explain)\*

FND fundraising events

campaign literature and mailings

LEG legal defense

IND

LIT

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
	SUBTOTALS	<b>\$</b>	\$	\$	\$

staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

VOT voter registration

transfer between committees of the same candidate/sponsor

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Amounts	may	be	rounded
to w	nole	llob	ars.

	SCHEDULE G
Statement covers period 07-01-2018	CALIFORNIA 460 FORM
through 09-22-2018	Page15 of17
	I.D. NUMBER
	1406619

SCHEDITIE C

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Catalina Olvera

NAME OF FILER

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

returned contributions

CTB contribution (explain nonmonetary)\*

MBR member communications

MTG meetings and appearances

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

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)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

			SCHEDULE H					
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement coverage of the statement of the statement coverage of the s	vers period 1-2018	CALIFORNIA 460 FORM	
					through	22-2018	Page16	_ of
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER							I.D. NUMBER	
							1406619	
Catalina Olvera								<del></del>
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	.   \$	RATE	\$	PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	.   \$	RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
				<u> </u>	<del>'</del>	(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					¢	-		
1. Loans made this period\$\$ (Total Column (b) plus unitemized loans of less than \$100.)								**If Required
Payments received on loans  (Total Column (c) plus unitemized payers)	ments of less than \$100.)				\$	<del></del>	_	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ary Page, Column A, Line 7.	)			NET \$	ay be a negative number	<del>_</del> )	

Schedule I Miscellaneous Ind	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers peri 07-01-2018	california 460
SEE INSTRUCTIONS ON REVER	RSE .		through09-22-2018	Page of
NAME OF FILER				I.D. NUMBER
Catalina Olvera				1406619
DATE RECEIVED	FULL NAME AND ADDRESS OF SO (IF COMMITTEE, ALSO ENTER I.D. NUM	DURCE (BER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional inforn	nation on appropriately labeled continuation	n sheets.	SUE	STOTAL \$
Schedule I Summa	nry			
	cash this period			
	s to cash of under \$100 this period			
	ceived this period on loans made to ot			
<ol> <li>Total miscellaneous in Summary Page, Line</li> </ol>	ncreases to cash this period. (Add Line 14.)	es 1, 2, and 3. Enter here and on the	e TOTAL \$	

				COVER FAGE
Recipient Committee Campaign Statement Cover Page				IFORNIA 460
Cover Page		· · · · · · · · · · · · · · · · · · ·	CITY CLERK'S OF FHAGE	: 17
	Statement covers period 1/1/2018	Date of election if applicable: (Month, Day, Year)	2010 AUG 30 AM 11: 01	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	6/30/2018	11/06/2018	CITY OF TRACY	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall (Also Complete Part 5)  General Purpose Committee  Sponsored  Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	
	D. NUMBER 1406619	Treasurer(s)		<u>.</u>
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Catalina4Council		Giovanni Olvera	_	
		MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	<u> </u>
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
		Tracy	CA 95376	
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURE	ER, IF ANY	
Tracy CA 9537  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	6	MAILING ADDRESS		
				AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	-
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ing this statement and to the best of my	y knowledge the information contained d correct.	d herein and in the attached schedules	is true and complete. I
Executed on	Ву	Afficiature of Treasurer or Assistan	nt Treasurer	
Date  08/29/2018  Date  Date	BySignature of Cor	ntrolling Officenoider, Candidate, State Measure P		
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

Executed on \_

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Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	ot Measure Com	nmittee 	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Catalina Olvera OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAD BOSINESS (NOT WILL THE TAX	CITY STATE ZIP		Identify the controlling offic			onent, if any.
Tracy,	OA 90010		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROPON	NENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your care	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER			<del></del>		
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	. Primarily Formed Can officeholder(s) or candidate(s	s) for which this com	Ider Committee Limittee is primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FIGE 3000H OKTIEED	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		At	tach continuation s	heets if necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2018 CALIFORNIA FORM 460 through 6/30/2018 Page 3 of 17

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SEE INSTRUCTIONS ON REVERSE		through _		rage 01		
NAME OF FILER Catalina Olvera				1.D. NUMBER 1406619		
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			
<ol> <li>Monetary Contributions</li> <li>Loans Received</li> <li>Schedule A, Line 3</li> <li>SUBTOTAL CASH CONTRIBUTIONS</li> <li>Add Lines 1 + 2</li> <li>Nonmonetary Contributions</li> <li>Schedule C, Line 3</li> <li>TOTAL CONTRIBUTIONS RECEIVED</li> <li>Add Lines 3 + 4</li> </ol>	\$0	\$	20. Contributions Received \$	\$		
Expenditures Made  6. Payments Made	\$ 0 0 0	\$ \$ \$	Expenditure Limit S Candidates  22. Cumulati (If Subject to Date of Election (mm/dd/yy)	Summary for State  ve Expenditures Made*  voluntary Expenditure Limit)  Total to Date  \$\$		
Current Cash Statement  12. Beginning Cash Balance	\$ 0 0 0 0	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	*Amounts in this section reported in Column B.	\$may be different from amounts		
18. Cash Equivalents and Outstanding Debts  18. Cash Equivalents	Δ.	any).	FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772)		

## Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary (	Contributions Received	to	whole dollars.	from	2018	CALIFORNIA FORM	700
NOTE 107101	ON REVERSE			through6/3	0/2018	Page 4 c	of <u>17</u>
SEE INSTRUCTION NAME OF FILER	S ON REVERSE				1	I.D. NUMBER	
Catalina Olv	vera				1	406619	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO	LECTION DATE QUIRED)
May 25, 2018	Robin Cole 1 Tracy, CA 95377	IND COM OTH PTY	Software Consultant MIPRO Consulting	474.00	474	4	474
June 4, 2018	Rachel Tolmachoff  Pleasonthill, CA 94523	☑IND □COM □OTH □PTY □SCC	Retired	500	500	0	500
June 27, 201	Alvce and Bob Eversole	IND COM OTH PTY	Retired	150	15	0	150
		□IND □COM □OTH □PTY □SCC		ſ			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	1124			
1 Amount red	A Summary ceived this period – itemized monetary contributions I Schedule A subtotals.)		\$	1124	IND - I COM -	ibutor Codes Individual - Recipient Comm (other than PTY	or SCC)
	ceived this period – unitemized monetary contributio			210.88	PTY -	Other (e.g., busing Political Party	
3 Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co			1334.88	scc-	Small Contributor	Committee

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## **Schedule A (Continuation Sheet)** SCHEDULE A (CONT.) Amounts may be rounded to whole dollars. Statement covers period **Monetary Contributions Received CALIFORNIA FORM** 1/1/2018 from . 6/30/2018 through I.D. NUMBER NAME OF FILER 1406619 Catalina Olvera CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER **AMOUNT** CONTRIBUTOR TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CALENDAR YEAR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CODE \* (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME RECEIVED PERIOD (JAN, 1 - DEC, 31) OF BUSINESS) ☐ COM □ OTH □ PTY □scc □сом □ OTH □ PTY □ scc □ COM □ OTH PTY □ scc □сом □отн □ PTY □ scc

**SUBTOTAL \$** 

☐IND ☐COM ☐OTH ☐PTY ☐SCC

\*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	Am	Statement cov	ers period 2018	california 460 form				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through6/3	0/2018	Page 6	of 17
Catalina Olvera							1406619	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				☐ PAID				CALENDAR YEAR
				\$	_   \$	RATE	\$	\$PER ELECTION'
t		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
T IND COM OTH PTY SCC				PAID  \$			\$	\$PER ELECTION
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  \$ FORGIVEN	_   \$	% RATE	\$	\$PER ELECTION
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary  1. Loans received this period				\$		(Enter (e) on Schedule E, Line 3	)	
(Total Column (b) plus unitemized load	ns of less than \$100.)					(†	Contributor Codes	S
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the</li> </ol>	00 paid or forgiven.)			\$		-   6	ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Par	PTY or SCC) business entity)
Net change this period. (Subtract Lir Enter the net here and on the Summa	ie 2 from Line 1.) ry Page, Column A, Line 2.	***************************************		NET \$ _	(May be a negative number)	_ (s	SCC – Small Conti	ributor Committe

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

\*\* If required.

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Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.			ent covers period 1/1/2018	CALIFOR FORM	NIA 460
				through _	6/30/2018	Page	_ of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		<del></del>				I.D. NUMBER	
Catalina Olvera						1406619	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND □ COM		LENDER			\$	
	□ OTH		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	☐ IND		LENDER			CALENDAR YEAR	
	□ ОТН □ РТҮ	į	DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	☐ COM ☐ OTH ☐ PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc	_				\$	ļ
	□IND □ COM □ OTH		LENDER			\$PER ELECTION (IF REQUIRED)	
	□ PTY						

□scc

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

<b>Schedule</b>	C		Amounts may be rounded						SCHEDULE C
	etary Contributions Received		to whole dollars.			Statement covers p		CALIFO	
	•				fron	1/1/201	8	FOI	RIVI -
					thro	ough 6/30/20	)18	Page	8 of 17
NAME OF FILER	NS ON REVERSE				L . — —			I.D. NUME	BER
Catalina Ol	vera		Λ.					140661	9
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 SER		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC				·			
		□IND □COM □OTH □PTY □SCC						<u> </u>	
Attach addi	tional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$		<u></u>	
							(***	ntributor Co	ndan
	C Summary		••					ntributor CC ) — Individua	
1. Amount re	eceived this period – itemized nonmoneta	ry contribution			\$			M – Recipie	ent Committee han PTY or SCC)
	eceived this period – unitemized nonmone							H – Òther (e	e.g., business entity)
								Y – Political C – Small C	Party Contributor Committee
3. Total non (Add Line	monetary contributions received this perions 1 and 2. Enter here and on the Summan	ry Page, Colu	mn A, Lines 4 and 10.)	тот	AL\$				

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar	Statement covers	•	california 460		
	INS ON REVERSE			through6/30/	2018	Page	of <u>17</u>
Catalina Olv	vera					140661	9
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	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	<b>\$</b>			·
1. Itemized o	D Summary contributions and independent expenditures made						

Summary	ation Sheet) of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole dol		Statement covers  from 1/1/20  through 6/30/2	2018	FOR Page	10 of 17
Catalina Ol	vera					140661	9
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 T CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose						
	Support Doppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Doppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
======		<del>-                                    </del>	SUBTOTA	AL \$			

Schedule E Payments Made	Amounts may be rounded to whole dollars.	
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SCHEDULE F overs period CALIFORNIA **FORM** 1/2018 6/30/2018 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1406619 Catalina Olvera

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AN	MOUNT PAID
Firefighters Print and Design 1780 Creekside Oaks Drive Sacramento, CA 95833	СМР	Banner and cards		421.09
* Payments that are contributions or independent expenditures must also be summarized of	on Schedule D.	SUB	TOTAL \$	421.09

Schedule E Summary 421.09 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 27.59 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).).....\$ 448.68 

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Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Catalina Olvera	Amounts may be to whole do			Statement cover	ts period CALIFO	2 of 17
CODES: If one of the following codes accurately descri  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	munications appearance es ating urvey researd very and mes	s h senger services	RAD radio air lifte a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr TSF transfer betwee	ind production costs ibutions kers' salaries rtime and production cost tel, lodging, and meals ravel, lodging, and meals ten committees of the sar	ne candidate/spons
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID

Payments that are contributions or independent expenditures must also be summarized on Sched	dulo D	S	UBTOTAL \$
		·	
		· · · · · · · · · · · · · · · · · · ·	

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cover 1/1/2	-	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Catalina Olvera			through		Page 13 of 11 I.D. NUMBER 1406619	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio altime at RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	etion costs meals d meals of the same candidate/sponsor nternet, 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 F THIS PER (ALSO REPORT	IOD BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 	<u> </u>	\$ 	<u> </u>	
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.)						
2. Total accrued expenses paid this period. (Include all Schedule 1, Coldmin (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)						

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2018	CALIFORNIA 460
through 6/30/2018	Page 14 of 17
<u> </u>	I.D. NUMBER

NAME OF FILER

Catalina Olvera

Catalina Olvera

1406619

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

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

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
					·
	SUBTOTALS	\$	\$	\$	\$

6/30/2018

SCHEDULE G

	10		17
Page _	L\	of _	1 1

I.D. NUMBER

1406619

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Catalina Olvera

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses
PET petition circulating

PHO phone banks

OL 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

through

WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		<u> </u>		
		<del> </del>		

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE F
Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cov	ers period 2018	CALIFORN FORM	
					through6/3	0/2018	Page 10	of 17
SEE INSTRUCTIONS ON REVERSE						<del></del>	I.D. NUMBER	
NAME OF FILER  Catalina Olvera							1406619	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		PERIOD		☐ PAID				CALENDAR YEAR
				\$	. \$	RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$	PER ELECTION*
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$		
		<del></del>	<u> </u>	<u> </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					¢.		_	·
Loans made this period  (Total Column (b) plus unitemized loan	s of less than \$100.)	••••••		,	Φ		_ [	**If Required

2. Payments received on loans .......\$

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

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(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded	Statement covers period	SCHEDULE			
		to whole dollars.	1/1/2018	california 460			
			trom	Page 17 of 17			
	2005		through6/30/2018	Page 1 of 17			
SEE INSTRUCTIONS ON REVERNAME OF FILER	(SE			I.D. NUMBER			
Catalina Olvera				1406619			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
Attach additional infon	mation on appropriately labeled continuation shee	ets.	SUBTO	OTAL \$			
Schedule I Summa	ary						
1. Itemized increases to	o cash this period		\$				
2. Unitemized increase	es to cash of under \$100 this period		\$	<del></del>			
3. Total of all interest re	eceived this period on loans made to others.	(Schedule H, Column (e).)	\$	_ <del></del>			
4 Total miscellaneous	increases to cash this period. (Add Lines 1, 2	2, and 3. Enter here and on the					
Summary Page, Line	e 14.)	•••••••••••••••••••••••••••••••••••••••		FPPC Form 460 (Jan/2016)			
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