COVER PAGE

Recipient Committee Campaign Statement Cover Page

Statement covers period: from 07/01/2021 through 12/31/2021

Date of Election if applicable: 5/4/2021 (Month, Day, Year)

Date Stamp RECEIVED FEB 01 2022 TOWN OF WINDSOR

CALIFORNIA FORM 460

For Official Use Only

1. Type of Recipient Committee

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement

- [ ] Pre-election Statement
- [x] Semi-Annual Statement
- [ ] Termination Statement
- [ ] Amendment
- [ ] Quarterly Statement
- [ ] Special Odd-Year Statement
- [ ] Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1436463

COMMITTTEE NAME
Oscar Chavez for Windsor Town Council 2021

STREET ADDRESS (NO PO BOX)
[redacted]

CITY: Windsor | STATE: CA | ZIP CODE: 95492 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT)

CITY | STATE | ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS / [redacted]

Treasurer(s)

NAME OF TREASURER
Christine Chavez

STREET ADDRESS
[redacted]

CITY: Windsor | STATE: CA | ZIP CODE: 95492 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS / [redacted]

4. Verification

I have used all reasonable diligence in prepa[redacted]ent and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury [redacted]California that the foregoing is true and correct.

Executed on 1/31/22 — SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/31/2022 — [redacted]OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2021
through 12/31/2021

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Oscar Chavez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Town Council - Town of Windsor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP
[redacted] | Windsor | CA | 95492

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE ? ☐ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE ? ☐ YES ☐ NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s)or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE

Campaign Disclosure Statement
Summary Page

Statement covers period
from 07/01/2021
through 12/31/2021

CALIFORNIA FORM 460

NAME OF FILER Oscar Chavez for Windsor Town Council 2021

I.D. NUMBER 1436463

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1.	Monetary Contributions ... *Schedule A, Line 3*	$ 0.00	$ 29,190.00
2.	Loans Received ... *Schedule B, Line 3*	0.00	0.00
3.	SUBTOTAL CASH CONTRIBUTIONS ... *Add Lines 1+ 2*	$ 0.00	$ 29,190.00
4.	Nonmonetary Contributions ... *Schedule C, Line 3*	0.00	0.00
5.	TOTAL CONTRIBUTIONS RECEIVED ... *Add Lines 3 + 4*	$ 0.00	$ 29,190.00

Expenditures Made

6.	Payments Made ... *Schedule E, Line 4*	$ 337.80	$ 28,852.19
7.	Loans Made ... *Schedule H, Line 3*	0.00	0.00
8.	SUBTOTAL CASH PAYMENTS ... *Add Lines 6 + 7*	$ 337.80	$ 28,852.19
9.	Accrued Expenses (Unpaid Bills) ... *Schedule F, Line 3*	0.00	0.00
10.	Nonmonetary Adjustment ... *Schedule C, Line 3*	0.00	0.00
11.	TOTAL EXPENDITURES MADE ... *Add Lines 8 + 9 + 10*	$ 337.80	$ 28,852.19

Current Cash Statement

12.	Beginning Cash Balance ... *Previous Summary Page, Line 16*	$ 675.61
13.	Cash Receipts ... *Column A, Line 3 above*	0.00
14.	Miscellaneous Increases to Cash ... *Schedule I, Line 4*	0.00
15.	Cash Payments ... *Column A, Line 8 above*	337.80
16.	**ENDING CASH BALANCE** *Add Lines 12 + 13 + 14, then subtract Line 15*	$ 337.81
17.	LOAN GUARANTEES RECEIVED ... *Schedule B, Part 2*	$ 0.00

Cash Equivalents and Outstanding Debts

18.	Cash Equivalents ...	$ 0.00
19.	Outstanding Debts ... *Add Lines 2 + Line 9 in Column B above*	$ 0.00

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

		1/1 through 6/30	7/1 to Date
20.	Contributions Received	$	$
21.	Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

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

_____ $_____

_____ $_____

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

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from 07/01/2021	
through 12/31/2021	Page 4 of 4

NAME OF FILER Oscar Chavez for Windsor Town Council 2021

I.D. NUMBER 1436463

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

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

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNTPAID
Peggy Bimbi [redacted] Santa Rosa, CA 95404	PRO	150.00
Rosetti Consulting [redacted] Sebastopol, CA 95472	WEB	187.80

SUBTOTAL $ 337.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 337.80
2. Unitemized payments made this period of under $100 ..... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....**TOTAL $** 337.80