

**Recipient Committee  
Campaign Statement  
Cover Page**

GE24-2

Date Stamp

**CALIFORNIA FORM 460**

Page 1 of 5

For Official Use Only

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SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 11-24  
through 10-19-24

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

2024 OCT 10 AM 8:49

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
 (Also Complete Part 7)

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
Not Recomb.

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Marteo Olivares Antelope Valley 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Palm bck CA 93550

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Marteo Olivares @ Sbc global.net

**Treasurer(s)**

NAME OF TREASURER

Marteo Olivares

CITY STATE ZIP CODE AREA CODE/PHONE

Palm bck CA 93550

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the foregoing information is true and complete.

attached schedules is true and complete. I

Executed on 11-18-24 Date

By

Executed on 11-18-24 Date

By

Executed on \_\_\_\_\_ Date

By

Executed on \_\_\_\_\_ Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Officer of Sponsor

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Mateo Olivares

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Antelope Valley Hospital - 2024

(CITY) STATE ZIP  
Palm Springs CA 93550

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

  

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>11-29</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10-19-24</u>                      |                                |
| Page <u>3</u> of <u>5</u>                    | I.D. NUMBER                    |

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NAME OF FILER

Mateo Olivarez Antelope Valley Board of Directors 2024

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>0</u>  | \$ <u>0</u>                                |
| 2. Loans Received..... Schedule B, Line 3            | \$ <u>871 0</u>  | \$ <u>871 0</u>                            |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>871 0</u>  | \$ <u>871 0</u>                            |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>871 0</u>  | \$ <u>871 0</u>                            |

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

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

## Expenditures Made

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>8770</u>   | \$ <u>8770</u>                             |
| 7. Loans Made..... Schedule H, Line 3                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>8770</u>   | \$ <u>8770</u>                             |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ <u>0</u>  | \$ <u>0</u>                                |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>8770</u>   | \$ <u>8770</u>                             |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|  |                |
|--|----------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>0</u>    |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ <u>8710</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ <u>0</u>    |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ <u>8770</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>-60</u>  |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

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

## Cash Equivalents and Outstanding Debts

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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>H-24</u><br>through <u>10-19-24</u> | <b>CALIFORNIA FORM 460</b> |
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| I.D. NUMBER  |                            |

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Mates Olivares Antelope Valley Board of Directors - 2024

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---|---|--|------------------------------------|--|--|----------------------------------|---------------------------------|---|
| <u>Palmdale CA 93550</u><br><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>RN</u><br><u>Antelope Valley Gtts of Ldr</u>   |  | <u>\$ 8710</u>                     | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>PER ELECTION** _____<br>\$ _____ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>PER ELECTION** _____<br>\$ _____ |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>PER ELECTION** _____<br>\$ _____ |
| <b>SUBTOTALS</b>  |   |  | <u>\$ 8710</u>                     | \$ _____   | \$ _____   | \$ _____                         |                                 |   |

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

**Schedule B Summary**

- Loans received this period ..... \$ 8710  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 8710  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 4-24  
through 10-19-24

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NAME OF FILER

Mateo Olivares AU Board of Directors - 2024

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Bob FM<br>Quartz Hill CA 97536                                      | 21428   | Advertisement          | \$4590      |
| Vertava Graphics  |         | Advertisement          | \$180       |
| Register Recorder<br>NHWalk CA 90650                                |         | Contribution Statement | \$4000      |

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

**SUBTOTAL \$ 8770**

**Schedule E Summary**

|  |                      |
|--|----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 8770              |
| 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).)                   | \$ 0                 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 8770</b> |