

**Recipient Committee  
Campaign Statement  
Cover Page**

SAN BUENA VENTURA  
CITY CLERK

CALIFORNIA  
FORM 460

COVER PAGE

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>Sept. 25, 2016</u> through <u>Oct. 22, 2016</u>	Date of election if applicable: (Month, Day, Year) <u>10</u> <u>27</u> <u>11</u> Nov. 8, 2016	<u>10</u> <u>27</u> <u>11</u> <u>30</u> OCT 27 P 1:00
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**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

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

**2. Type of Statement:**

- Pre-election Statement
  - Semi-annual Statement
  - Termination Statement
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
- Employer name for Non-monetary Contributor \_\_\_\_\_

**3. Committee Information**

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

ID. NUMBER  
1391042

**Treasurer(s)**

NAME OF TREASURER

Robert Alviani

MAILING ADDRESS

5262 Aurora Dr.

CITY

Ventura

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)  
5262 Aurora Dr.  
CITY STATE ZIP CODE AREA CODE/PHONE  
Ventura CA 93003 805-644-5776  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL 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 to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-27-16 Date  
By [Signature] Signature of Treasurer or Assistant Treasurer  
Executed on 10-27-16 Date  
By [Signature] Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent

# Schedule C Nonmonetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE C

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from Sept. 25, 2016  
through Oct. 22, 2016

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No on Measure O

I.D. NUMBER  
1391042

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 OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9-25-16	Randy Hinton 6332 Canary St Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RH Wealth Advisors, Inc. President	sign design	200.00	200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<b>SUBTOTAL \$</b>					<b>200.00</b>		

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 200.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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 \$** 200.00

\*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