Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		:	Reasim Oxnard Cit	y Cler	COVERPAGE ALIFORNIA 460 FORM
·	Statement covers period from01/01/2018	Date of election if applicable: (Month, Day, Year)	ZUI8 MAY 29 /	4M 11: 56 Pag	ge 1 of 14  For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through05/19/2018	06/05/2018			
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>State Candidate Election Committee</li> <li>Recall</li> <li>(Also Complete Part 5)</li> <li>✓ General Purpose Committee</li> <li>✓ Sponsored</li> <li>✓ Small Contributor Committee</li> </ul>	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 Te     Amendment (Explain be	-	Supplemen	statement d-Year Report tal Preelection - Attach Form 495
3. Committee information	D. NUMBER 1279696	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of CAUSE Action Fund		NAME OF TREASURER Arthur Valenzuela MAILING ADDRESS 2021 Sperry Avenue, Si	uite 9		
STREET ADDRESS (NO P.O. BOX) 2021 Sperry Avenue, Suite 9		CITY Ventura	STATE CA	ZIP CODE 93003	AREA CODE/PHONE (805) 658-0810
CITY STATE ZIP CO  Ventura CA 9300  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	03 (805) 658-0810	NAME OF ASSISTANT TREASUR	ER, IF ANY		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	СІТҮ	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS vicky@causenow.org 386100MM		OPTIONAL: FAX / E-MAIL ADDRI	ESS		
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California  Executed on	a that the foregoing is true and correct.  By	owledge the information contained here Signature of Treasurer or Assistant To ntrolling Officeholder, Candidate, State Measure Prop	reasurer onent or Responsible Office	<del> </del>	ue and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	te Measure Proponent		

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

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
CALIF FC	ORNIA ORM	460				
Pane	2	of	14			

•	Officeholder or Candidate Controlled Committee		٠.	6. Primarily Formed Ballot Measure Committee				
	NAME OF OFFICEHOLDER OR CANDIDATE	OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	* M4. 04		
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER	IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	I	SUPPORT OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	T) CITY	STATE Z	P	Identify the controlling of	iceholder, cand	lidate, or state measur	e proponent, if an
		·			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PRO	PONENT	
	Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of y	by you or are prim			OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
	COMMITTEE NAME	I.D. NUMI	BER	<del></del>				
	NAME OF TREASURER	CONTROI	LED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s			
	COMMITTEE ADDRESS STREET ADDRESS (NO			<del></del>	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	2
								SUPPORT OPPOSE
	CITY STATE	ZIP CODE	AREA CODE/PHO	DNE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	U SUPPORT OPPOSE
	COMMITTEE NAME	ZIP CODE		DNE	NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HELI	SUPPORT OPPOSE  SUPPORT OPPOSE
		I.D. NUME	BER	DNE -		CANDIDATE		OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  OPPOSE
	COMMITTEE NAME	I.D. NUME	BER	DNE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT OPPOSE  SUPPORT

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

					I.D. NUMBER
Friends of CAUSE Action Fund					1279696
Contributions Received	 Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		COLUMN B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	6,500.00	\$	6,500.00		
2. Loans Received Schedule B, Line 3	0.00		0.00	1/1 1	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 6,500.00	\$	6,500.00	20. Contributions  Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21. Expenditures	Ψ
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6,500.00	\$	6,500.00	Made \$	<b>\$</b>
Expenditures Made				Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$ 1,640.45	\$	1,640.45	Candidates	ouninary for otate
7. Loans Made Schedule H, Line 3	0.00		0.00		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,640.45	\$	1,640.45		/e Expenditures Made*  • Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	64.92		665.00	Date of Election	Total to Date
10. Nonmonetary Adjustment	0.00		0,00	(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 1,705.37	\$	2,305.45		_ \$
Current Cash Statement					_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 7.32	╻	calculate Column B, add		<del>,                                    </del>
13. Cash Receipts Column A, Line 3 above	6,500.00	an	nounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		rresponding amounts on Column B of your last	*Amounts in this section n	nay be different from amounts
15. Cash Payments	1,640.45	rep	oort. Some amounts in	reported in Column B.	
16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,866.87	figi	olumn A may be negative ures that should be	İ	,
If this is a termination statement, Line 16 must be zero.		pe	btracted from previous riod amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	e first report being filed this calendar year, only my over the amounts		
Cash Equivalents and Outstanding Debts			m Lines 2, 7, and 9 (If		
18. Cash Equivalents	\$ 0.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 665.00				
					EDDC 5 400 / 1 1004

Schedule Monetary	A Contributions Received		s may be rounded whole dollars.	Statement cove		SCHEDULE CALIFORNIA 460 FORM
				through <u>05/19/2</u> 0	018	Page4 of14
SEE INSTRUCTION	ONS ON REVERSE					I.D. NUMBER
	CANCEL Parking Florid					1279696
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 DO CALENDAR YEA (JAN. 1 - DEC. 3)	R TO DATE
04/10/2018	United Food & Commercial Workers (UFCW) Local 770 630 Shatto Place 2nd Floor Los Angeles, CA 90005	□IND □COM ⊠OTH □PTY □SCC	G Boundary	3,500.00	6,50	
05/10/2018	United Food & Commercial Workers (UFCW) Local 770 630 Shatto Place 2nd Floor Los Angeles, CA 90005	□IND □COM ☑OTH □PTY □SCC		3,000.00	6,50	0.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL	\$ 6,500.00		
0-11-1-	A.C.,	·			*Contri	butor Codes

**Schedule A Summary** 

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

(Include all Schedule A subtotals.) .....\$

2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$ \_\_\_\_

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

COM - Recipient Committee

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

SCC - Small Contributor Committee

IND - Individual

PTY - Political Party

6,500.00

0.00

Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers p	CAL	schedule
					from 01/01/20	18 F	ORM TO C
SEE INSTRUC	TIONS ON REVERSE				through 05/19/20	Page .	5 of <u>14</u>
NAME OF FILE	R					I.D. NU	MBER
Friends o	f CAUSE Action Fund				_	12796	596
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 SERVICE		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2018	CAUSE Action Fund 2021 Sperry Avenue, Suite 9 Ventura, CA 93003 Reported pursuant to 2 Cal. Code of Regu	□IND □COM ☑OTH □PTY	iong 19215/av/16\and 19	Administrative Expenses	50.00 Memo		75
01/31/2018	CAUSE Action Fund 2021 Sperry Avenue, Suite 9 Ventura, CA 93003	□IND □COM ⊠OTH		Accounting Services	60.20 Memo		75
02/28/2018	Reported pursuant to 2 Cal. Code of Regu CAUSE Action Fund 2021 Sperry Avenue, Suite 9 Ventura, CA 93003	la dons Sect SCC Sect □IND □COM	ion 18215(c)(16) and 184	19(c) Accounting Services	320.55 Memo		75
	Reported pursuant to 2 Cal. Code of Regu	⊠OTH □PTY lationsc Sect	ion 18215(c)(16) and 184	19(c)			
03/30/2018	2021 Sperry Avenue, Suite 9 Ventura, CA 93003	∏IND □COM ⊠OTH □PTY		Accounting Services	60.00 Memo	614.7	75
	Reported pursuant to 2 Cal. Code of Regu	Sect Sect	ion 18215(c)(16) and 184	19(c)			
Attach ad	ditional information on appropriately label	ed continuati	ion sheets.	SUBTOTA	AL\$ 0.00		
1. Amount	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)				\$0.0		al ent Committee
<ol> <li>Amount</li> <li>Total nor</li> </ol>	received this period – unitemized nonmonetan	ry contribution	ns of less than \$100		\$0.0	OTH - Other PTY - Politica SCC - Small C	than PTY or SCC) (e.g., business entity) Il Party Contributor Committee
(Add Lin	es 1 and 2. Enter here and on the Summary	Page, Colum⊦	n A, Lines 4 and 10.)	TOTAL	\$0.0	10	

## Schedule C (Continuation Sheet) Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SCHEDULE C (CONT.
State	ment covers period	CALIFORNIA 160
from	01/01/2018	FORM 460
through_	05/19/2018	Page6 of14
		I.D. NUMBER

NAME OF FILER 1279696 Friends of CAUSE Action Fund **CUMULATIVE TO** AMOUNT/ IF AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER **FAIR MARKET** TO DATE ZIP CODE OF CONTRIBUTOR GOODS OR SERVICES CODE \* CALENDAR YEAR (IF SELF-EMPLOYED, ENTER RECEIVED VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 614.75 04/30/2018 CAUSE Action Fund Accounting 64.00 MIND Services 2021 Sperry Avenue, Suite 9 Memo ☐ COM Ventura, CA 93003 **図OTH** □ PTY lations Section 18215(c)(16) and 18419(c) Reported pursuant to 2 Cal. Code of Regul 05/15/2018 CAUSE Action Fund 60.00 614.75 Accounting 2021 Sperry Avenue, Suite 9 Services Memo □COM Ventura, CA 93003 X OTH PTY a long Section 18215(c)(16) and 18419(c) Reported pursuant to 2 Cal. Code of Regul **□COM** □PTY □SCC **□СОМ** □ OTH □ PTY □ SCC  $\square$ IND □ COM □PTY □ SCC **SUBTOTAL \$** Attach additional information on appropriately labeled continuation sheets. 0.00

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		<u>.</u>	SCHEDULE I
State	ment covers period	CALIFORNIA	460
from	01/01/2018	FORM	400
through	05/19/2018	Page	of <u>14</u>
		I.D. NUMBER	

DATE	MEASURE NUMBER OR LE	FFICE, AND DISTRICT, OR					
		ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Cit	m Flynn ty Council Member ty of Oxnard  Support	X Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Opposing the Recall Election in Oxnard. Phone Call & Door to Door Canvassing	7.77	246.25	
Cit	m Flynn ty Council Member ty of Oxnard  Support	X Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Opposing the Recall Election in Oxnard. Standard Phone File with Voter Info	65.50	246.25	
City	m Flynn ty Council Member ty of Oxnard	☑ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Text Message Opposing the Oxnard May Recall Election	172.98	246.25	
				SUBTOTAL \$	246.25		

### **Schedule D Summary**

1.	. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	1,695.38
2.	. Unitemized contributions and independent expenditures made this period of under \$100	<b>.</b>	0.00
3.	. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$	1,695.38

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

Amounts may be rounded to whole dollars.

		SCHE	DULE D (CONT.		
Staten	nent covers period	CALIFORNI	<sup>A</sup> 460		
from	01/01/2018	FORM	400		
through_	05/19/2018	Page 8	of14		
		I.D. NUMBER			

 NAME OF FILER
 through
 05/19/2018
 Page
 8
 of
 14

 Friends of CAUSE Action Fund
 LD. NUMBER

DATE	MEASURE NUMBER OR LE	FFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/08/2018	Oscar Gutierrez City Council Member City of Santa Barbara	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Voter Information Lists for Canvassing Project	45.38	710.38	
05/19/2018	Oscar Gutierrez City Council Member City of Santa Barbara	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Ground Campaign supporting Oscar Gutierrez for Santa Barbara City Council District 3	665.00	710.38	
04/17/2018	Oscar Madrigal City Council Member City of Oxnard  Support			Opposing the Recall Election in Oxnard. Phone Call & Door to Door Canvassing	7.77	246,25	
04/19/2018	Oscar Madrigal City Council Member City of Oxnard  Support	∑ Oppose	Monetary Contribution	Opposing the Recall Election in Oxnard. Standard Phone File with Voter Info	65.50	246.25	
	<u></u>		1	SUBTOTAL \$	783.65		

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

Amounts may be rounded	
to whole dollars.	

State	ment covers period	CALIF	ORNI	A A	16	ገ
from	01/01/2018	FO	RM		10	7
through	05/19/2018	Poge	9	o.f	14	

SCHEDULE D (CONT.)

NAME OF FILER						I.D. Ni	JMBER
Friends of	CAUSE Action Fund					1279	696
DATE	NAME OF CANDIDATE, OF MEASURE NUMBER OR LE OR COM	TTER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
05/08/2018	Oscar Madrigal City Council Member City of Oxnard	X Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Text Message Opposing the Oxnard May Recall Election	172.98	246.2	5
04/17/2018	Bert Perello City Council Member City of Oxnard  Support	☑ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Opposing the Recall Election in Oxnard. Phone Call & Door to Door Canvassing	7,77	246.2	5
04/19/2018	Bert Perello City Council Member City of Oxnard		Monetary Contribution Nonmonetary Contribution Independent Expenditure	Opposing the Recall Election in Oxnard. Standard Phone File with Voter Info	65.50	246.2	5
05/08/2018	Bert Perello City Council Member City of Oxnard  Support	☑ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Text Message Opposing the Oxnard May Recall Election	172,98	246.2	5
The second secon				SUBTOTAL \$	419,23		

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

Amounts may be rounded	
to whole dollars.	

		SCHEDU	JLE D (CONT.
Stater	nent covers period	CALIFORNIA	460
from	01/01/2018	FORM	400
through_	05/19/2018	Page10	of <u>14</u>
		I.D. NUMBER	

	through 05/19/2018	Page10of14
NAME OF FILER		I.D. NUMBER
Friends of CAUSE Action Fund		1279696

Contract of the Contract of th	··· · · · · · · · · · · · · · · · · ·		······································				
DATE	NAME OF CANDIDATE, OFFI MEASURE NUMBER OR LETT OR COMM	ER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/17/2018	Carmen Ramirez City Council Member City of Oxnard  Support	☑ Oppose		Opposing the Recall Election in Oxnard. Phone Call & Door to Door Canvassing	7.77	246.25	
04/19/2018	Carmen Ramirez City Council Member City of Oxnard	X Oppose	Monetary	Opposing the Recall Election in Oxnard. Standard Phone File with Voter Info	65.50	246,25	
05/08/2018	Carmen Ramirez City Council Member City of Oxnard	☑ Oppose		Text Message Opposing the Oxnard May Recall Election	172.98	246.25	
	Support [	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
				SUBTOTAL \$	246.25		

CODES, if one of the following and a commetate describes to

### Amounts may be rounded to whole dollars

	SUHEDULE E
Statement covers period	CALIFORNIA 460
from01/01/2018	FORM 400
through05/19/2018	Page11 of14
	I.D. NUMBER

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SEE INSTRUCTIONS ON REVERSE		through05/19/2018	Page of
NAME OF FILER			I.D. NUMBER
Friends of CAUSE Action Fund			1279696

COL	DES: If one of the following codes accurately describes	the p	payment, you may enter the code. Otherwi	ise, c	lescribe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	civic donations	PET	petition circulating	TEL.	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		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
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT		WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CAUSE Action Fund 2021 Sperry Avenue, Suite 9 Ventura, CA 93003	IND	Paid Accrued.	600.08
Political Data Inc. 825 S. Victory Boulevard Burbank, CA 91502	IND	Opposing the Recall Election in Oxnard. Phone Call & Door to Door Canvassing	31.08
Political Data Inc. 825 S. Victory Boulevard Burbank, CA 91502	IND	Opposing the Recall Election in Oxnard. Standard Phone File with Voter Info	261.99

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 893,15 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 ...... 10.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 0.00

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mad	e

### Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from01/01/2018	FORM TOO
through05/19/2018	Page 12 of 14
	I.D. NUMBER
	1279696

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

legal defense

IND

LEG

-48

LIT

Friends of CAUSE Action Fund

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

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

print ads

PRT

MBR member communications CMP campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)\* petition circulating PET CVC civic donations phone banks PHO FIL candidate filing/ballot fees POL polling and survey research FND fundraising events

postage, delivery and messenger services POS professional services (legal, accounting) PRO

staff/spouse travel, lodging, and meals TRS TSF transfer between committees of the same candidate/sponsor VOT voter registration

RAD radio airtime and production costs

returned contributions

SAL campaign workers' salaries

RFD

TEL

TRC

WEB information technology costs (internet, e-mail)

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc. 825 S. Victory Bouleva Burbank, CA 91502	rd	IND	Voter Information Lists for Canvassing project Supporting Oscar Gutierrez for Santa Barbara City Council	45.3
Toskr, Inc. 1330 Broadway 3rd FLoo Oakland, CA 94612	r	IND	Text Message Opposing the Oxnard May Recall Election	691.92
<del></del>				
м •				

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

**SUBTOTAL \$** 

737.30

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	Statement cover from 01/01/	2018	CALIFORNIA 460 FORM of 14	
NAME OF FILER				I.D. N	JMBER	
Friends of CAUSE Action Fund			_	127	9696	
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 fundralising 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 PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime ar RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs butions kers' salaries time and production co il, lodging, and meals avel, lodging, and meal en committees of the s	s ame 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	
CAUSE Action Fund 2021 Sperry Avenue, Suite 9 Ventura, CA 93003	IND Paid Accrued.	600.08	0.00	600.0	0.00	
CAUSE Action Fund 2021 Sperry Avenue, Suite 9 Ventura, CA 93003	IND Ground Campaign Supporing Oscar Gutierrez City Council. See Schedule G.	0.00	665.00	0.0	0 665.00	
* Payments that are contributions or independent expenditures must also be						
summarized on Schedule D.	SUBTOTALS \$	600.08\$	665.00\$	600.08	665,00	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses peid this period. (Include all Sabra).	accrued expenses under \$	100.)		RRED TOTALS \$	665.00	
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>				PAID TOTALS \$	600.08	
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)				NET \$	64.92 May be a negative number	

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

Amounts may be rounded to whole dollars.

		SCHEDULE G
State	ment covers period	CALIFORNIA 460
from	01/01/2018	FORM 400
through.	05/19/2018	Page 14 of 14
		I.D. NUMBER
		1279696

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of CAUSE Action Fund

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CAUSE Action Fund

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs returned contributions
	campaign consultants		• • • • • • • • • • • • • • • • • • • •		campaign workers' salaries
	contribution (explain nonmonetary)*		office expenses	TEL	t.v. or cable airtime and production costs
	civic donations	PET	petition circulating		candidate travel, lodging, and meals
	candidate filing/ballot fees		phone banks polling and survey research		staff/spouse travel, lodging, and meals
	fundraising events				transfer between committees of the same candidate/sponsor
	independent expenditure supporting/opposing others (explain)*		professional services (legal, accounting)		voter registration
	legal defense campaign literature and mailings	PRT	print ads		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
Alejandra Melgoza 4930 Cloyne Street Oxnard, CA 93033	IND	Ground Campaign Opposing the Oxnard Recall Election.	665.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

665.00

<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.