Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		CITY 646 SIAM ARE DITY 61 10 JUL 27 AINO: 26		COVERPAGE CALIFORNIA 460 FORM 2
SEE INSTRUCTIONS ON REVERSE	Statement covers period from January 1,2010 through June 30,2010	Date of election if applicable: (Month, Day, Year)	0 30E 27 MI		For Official Use Only
1. Type of Recipient Committee: All Committees - Co	mulete Book 4.2.2 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	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ ifficeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	·		-Year Report
	NUMBER 246364	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Alex Escobell		NAME OF TREASURER Alex Escobell MAILING ADDRESS 2020 Hazeltine Drive			
STREET ADDRESS (NO P.O. BOX) 2020 Hazeltine Drive		CITY Oxnard	STATE CA	ZIP CODE 93036	AREA CODE/PHONE 8059811109
CITY STATE ZIP CO Oxnard CA 93036		NAME OF ASSISTANT TREASUR	·		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	ox	MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	·	OPTIONAL: FAX / E-MAIL ADDR	ESS		
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By Signature of Cont	Signature of Treasurpr or Assistant	Tressurer ponent or Responsible Officer of		ue and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate St	nte Meneure Donnarent		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Jan 1, 2010

through June 30 2010

LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LD. NUMBER

1246364

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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** 863.31 1/1 through 6/30 7/1 to Date 0 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 863.31 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures <u>0</u> s____ 863.31 Made Expenditures Made **Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 0 0 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (# Subject to Voluntary Expenditure Limit) 0 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election **Total to Date** 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ **Current Cash Statement** 863.31 To calculate Column B. add U smounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative 863.31 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15 \$ flaures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ___ 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 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)