

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

*Original*

Date Stamp  <i>Received 8-1-11 City Clerk</i>	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>2</u>  For Official Use Only

Statement covers period from <u>January 1, 2011</u>  through <u>June 30, 2011</u>	Date of election if applicable: (Month, Day, Year)  _____
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 3)</small> | <input type="checkbox"/> Primary Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primary Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
**1246364**

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

Friends of Alex Escobell

STREET ADDRESS (NO P.O. BOX)

2020 Hazeltine Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93036</u>	<u>805 981-1109</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Alex Escobell

MAILING ADDRESS

2020 Hazeltine Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93036</u>	<u>8059811109</u>

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 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 7/28/2011  
Date

Executed on 7/28/2011  
Date

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

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

By *Alex Escobell*  
Signature of Treasurer or Assistant Treasurer

By *Alex Escobell*  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>January 1, 2011</u> through <u>June 30, 2011</u>	CALIFORNIA FORM <b>460</b> Page <u>2</u> of <u>2</u> I.D. NUMBER 1248364
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**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	\$ 863.31
2. Loans Received ..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	0	863.31
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	0	863.31

**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	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

**Expenditures Made**

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

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 863.31
13. Cash Receipts ..... Column A, Line 3 above	0
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	0
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 863.31

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).

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0

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