Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84218.5)

Type or print in ink. [Signature]

Statement covers period from July 1, 2011 through Dec 31, 2011

Date or election if applicable:
(Month, Day, Year) 2012 Jan 31

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   ○ Offshore/Off-Campaign Committee
   ○ State Candidate Election Committee
   ○ Recalled
   ○ Also Complete Part 5
   ○ 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
   ○ Also file a Form 410 Termination
   ○ 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 Oxnard
   STATE CA
   ZIP CODE 93036
   AREA CODE/PHONE 805-951-1109

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY Oxnard
   STATE CA
   ZIP CODE 93036
   AREA CODE/PHONE 805-951-1109

   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 January 30, 2012
   Executed on January 30, 2012
   Executed on January 30, 2012

   By Signature of Treasurer or Assistant Treasurer
   By Signature of Consulting Candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By Signature of Controlling Officerholder, Candidate, State Measure Proponent

   FPPC Form 460 (January 05)
   FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
   State of California
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Loans Received</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td></td>
<td>$863.31</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td></td>
<td>$863.31</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Loans Made</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td></td>
<td>$863.31</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td></td>
<td>$863.31</td>
</tr>
</tbody>
</table>

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).

## Expenditure Limit Summary for State Candidates

- **22. Cumulative Expenditures Made**
  - **Date of Election (mm/dd/yy):**
  - **Total to Date:**

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

**CALIFORNIA FORM 460
SUMMARY PAGE**

**NAME OF FILER**

**Statement covers period from July 1, 2011 through Dec. 31, 2011**

**FPPC Form 480 (January/65)**

**FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)**
Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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 8)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officerholder Committee
     (Also Complete Part 7)
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 8)

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
     - [ ] Supplemental Pre-election Statement - Attach Form 465

3. Committee Information
   - I.D. NUMBER
     1245364
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
     Friends of Alex Escobell
   - STREET ADDRESS (NO P.O. BOX)
     2020 Hazeltine Drive
   - CITY
     Oxnard
   - STATE
     CA
   - ZIP CODE
     93036
   - AREA CODE/PHONE
     805 981-1109

   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
     2020 Hazeltine Drive
   - CITY
     Oxnard
   - STATE
     CA
   - ZIP CODE
     93036
   - AREA CODE/PHONE
     805 981-1109

   - NAME OF TREASURER
     Alex Escobell
   - MAILING ADDRESS
     2020 Hazeltine Drive
   - CITY
     Oxnard
   - STATE
     CA
   - ZIP CODE
     93036
   - AREA CODE/PHONE
     805 981-1109

   - NAME OF ASSISTANT TREASURER, IF ANY
   - MAILING ADDRESS
     2020 Hazeltine Drive
     Oxnard
     CA
     93036
     805 981-1109

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 January 30, 2017
   By
   Signature of Treasurer or Assistant Treasurer
   By
   Name of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on January 30, 2017
   By
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent

FPPC Form 465 (January 06)
FPPC Toll-Free Help line: 858/ASK-FPPC (858/276-3772)
State of California
### Contributions Received

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<tr>
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<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
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<tr>
<td>Nonmonetary Contributions</td>
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<td>$0</td>
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<td>TOTAL CONTRIBUTIONS RECEIVED</td>
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### Expenditure Limit Summary for State Candidates

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
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</thead>
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<td>$</td>
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