

Recipient Committee Campaign Statement CoverPage

(Government Code Sections 84200-84216.5)

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COVERPAGE

CALIFORNIA 460
2001102 FORM

Date Stamp
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Page 1 of 4
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
November 6, 2007

Statement covers period
from January, 2007
through September 22, 2007

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall (Also Complete Part 5)
 General Purpose Committee
 Sponsored Small Contributor Committee
 Political Party/Central Committee
- Ballot Measure Committee
 Primarily Formed Controlled
 Sponsored (Also Complete Part 6)
 Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)
 Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

Summary page and Non monetary contributions Received

3. Committee Information

I.D. NUMBER
1299787

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

Morehouse for Council Committee

STREET ADDRESS (NO P.O. BOX)

272 Day Rd.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura, CA 93003 (805)644-2925

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

Octavio Sifuentes

MAILING ADDRESS

6427 Ralston St.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura, CA 93003 (805) 644-3550

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

oasifuentes@sbcglobal.net

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 10/10/07 Date

By Octavio Sifuentes Signature of Treasurer or Assistant Treasurer

Executed on 10/15/07 Date

By Octavio Sifuentes Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer or SpwW

Executed on _____ Date

By _____ Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer or SpwW

Executed on _____ Date

By _____ Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer or SpwW

Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer or SpwW

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

State of California

Recipient Committee
Campaign Statement
Cover Page - Part 2

Type or print in Ink.

COVER PAGE - PART 2

CALIFORNIA
 FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Carl Morehouse

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Council Member City of Ventura

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET/CITY STATE ZIP
 272 Day Rd. Ventura, CA 93003 (805)644-2925

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEENAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMIT-TEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEENAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets N necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM 460

Statement covers period
from Jan 1, 2007
through September 22, 2007

Page 2 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Morehouse for Council Committee

I.D. NUMBER

1299787

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL/DATE
1. Monetary Contributions	<u>3430.00</u>	<u>3430.00</u>
2. Loans Received	<u>1000.00</u>	<u>1000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>4430.00</u>	<u>4430.00</u>
4. Nonmonetary Contributions	<u>100.00</u>	<u>100.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>4530.00</u>	<u>4530.00</u>

Expenditures Made

6. Payments Made	<u>1261.25</u>	<u>1261.25</u>
7. Loans Made		
8. SUBTOTAL CASH PAYMENTS	<u>1261.25</u>	<u>1261.25</u>
9. Accrued Expenses (Unpaid Bills)	<u>100.00</u>	<u>100.00</u>
10. Nonmonetary Adjustment	<u>1361.25</u>	<u>1361.25</u>
11. TOTAL EXPENDITURES MADE		

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$	
13. Cash Receipts	Column A, Line 3 above	<u>4430.00</u>
14. Miscellaneous Increases to Cash	Schedule 1, Line 4	<u>1261.25</u>
15. Cash Payments	Column A, Line 8 above	<u>3168.75</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$	
ff this is a termination statement Line 16 must be zero.		

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$	<u>1000.00</u>

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	\$	<u>4530.00</u>
21. Expenditures Made	\$	<u>1261.25</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
(If Subject to Voluntary Expenditure Limit)		
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

* Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from January 1, 2007
through September 22, 2007

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I.D. NUMBER
1299787

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Morehouse for Council Committee

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 CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
August 13, 2007	Morehouse foods Inc. 760 Epperson Dr. City of Industry, CA 91748	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 case 24/ 8 oz Mustard bottles	100.00		
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Subtotal					\$ 100.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 100.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$** 100.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee