

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

Date Stamp
SAN BUENA VENTURA
CITY CLERK

CALIFORNIA
2001/02
FORM **460**

Statement covers period
from 9/25/2011
through 10/22/2011

Date of election if applicable:
(Month, Day, Year)
11/8/2011

11 OCT 31 P 3:43

Page 1 of 4
For Official Use Only

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 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - 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
(Also file a Form 410 Termination)
 - Amendment (Explain below)
To include Schedule B showing loan activity during report period.
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER #1340570

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Morehouse for Council Committee 2011

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Charles Thomas

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
chucktemail-morehouse2011

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 10/31/11 Date
Executed on 10/31/11 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] 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

**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 E. Morehouse | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| Member City Council | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP | |
| [REDACTED] | | | | |

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.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| None | |
| 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 |
| COMMITTEE NAME | 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. Primarily Formed Ballot Measure Committee

| | | |
|---|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. | | |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT | | |
| None | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY | |

7. Primarily Formed Candidate/Officeholder 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 |
| Not applicable | | |
| 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 if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|-------------------------------|
| Statement covers period from <u>9/25/2011</u> through <u>10/22/2011</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>4</u> |
| | I.D. NUMBER #1340570 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Morehouse for Council Committee 2011

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>5,320</u> | \$ <u>11,275</u> |
| 2. Loans Received Schedule B, Line 3 | <u>0</u> | <u>3,000</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>5,320</u> | \$ <u>14,275</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | <u>0</u> | <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>5,320</u> | \$ <u>14,275</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 \$ _____ | \$ _____ | \$ _____ |
| 21. Expenditures Made \$ _____ | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>9,020.00</u> | \$ <u>10,626.00</u> |
| 7. Loans Made Schedule H, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>9,020.00</u> | \$ <u>10,626.00</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | <u>0.00</u> | <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>9,020.00</u> | \$ <u>10,626.00</u> |

**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 | \$ <u>7,349.00</u> |
| 13. Cash Receipts Column A, Line 3 above | <u>5,320</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | <u>0.00</u> |
| 15. Cash Payments Column A, Line 8 above | <u>9,020.00</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3,649.00</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|-----------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>3,000</u> |

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).

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

**Schedule B – Part 1
Loans Received**

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

| | |
|---|--------------------------------|
| Statement covers period from <u>9/25/11</u> through <u>10/22/11</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER #1340570 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Morehouse for Council Committee 2011

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|--------------------------------------|--|
| Carl Morehouse [REDACTED] | Retired | \$ 500 | \$ 0 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 500 DATE DUE | 0 % RATE | \$ 500 8/8/11 DATE INCURRED | CALENDAR YEAR \$ 500 PER ELECTION** |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | |
| Carl Morehouse [REDACTED] | Retired | \$ 2,500 | \$ 0 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 2,500 DATE DUE | 0 % RATE | \$ 2,500 8/19/11 DATE INCURRED | CALENDAR YEAR \$ 3,000 PER ELECTION** |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | |
| | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | |
| SUBTOTALS \$ | | 3,000 \$ | 0 \$ | 0 \$ | 3,000 \$ | 0 | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.