Recipient Committee Campaign Statement Cover Page					Date Kamp		LIFORNIA 460
		fron	Statement covers period 07/01/2018 12/31/2018	Date of election if applicable: (Month, Day, Year)	JAN 09 2 CITY OF ALA	MEDA	For Official Use Only
SEE INSTRUCTIONS ON REVERSE		thro	ugh	04/09/2019	CITY CLERK'S	OFFICE	
1. Type of Recipient Committee: All	Committees	- Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:			
 ☐ Officeholder, Candidate Controlled Com ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	mittee	Commit Commit Cor Cor Cor (Also Comp. Cor	ntrolled unsored lete Part 6) ly Formed Candidate/ older Committee	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 1) ☐ Amendment (Explain b	nt [ermination]	☐ Quarterly St☐ Special Odd	tatement d-Year Report
3. Committee Information		I.D. NUME 14056		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO	COMMITTE		009	NAME OF TREASURER			
Friends of Crab Cove				Angela Fawcett			
				MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		····		CITY	STATE	ZIP CODE	AREA CODE/PHONE
				Alameda	CA	94501	415-730-4993
CITY		IP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURI	ER, IF ANY		- Variation - Vari
Alameda		4501	415-730-4993	N/A			
MAILING ADDRESS (IF DIFFERENT) NO. AND STRI	ET OR P.O. E	OX		MAILING ADDRESS			
CITY	STATE Z	IP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda		4501	415-730-4993	5111	on ac	2 0002	/ ME/ CODET FIGHE
OPTIONAL: FAX / E-MAIL ADDRESS			110 700 1000	OPTIONAL: FAX / E-MAIL ADDRE	SS		
PreserveCrabCove@gmail.com				PreserveCrabCove@g	mail.com		
4. Verification							
I have used all reasonable diligence in prepare certify under penalty of perjury under the law Executed on	s of the Sta	viewing this te of Califor	mia that the foregoing is true and	knowledge the information contained correct. Signature of Treasurer or Assistan		ched schedules	is true and complete. I
Executed on		_	Ву				
Date		=	Signature of Con	trolling Officeholder, Candidate, State Measure F	roponent or Responsible Office	r of Sponsor	
Executed onDate			Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		
Executed on			Bv				

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALI F	FORNIA ORM	460			
Page .	2.	of 14			

Officeholder or Candidate Contr	rolled Committee	6. Primarily Formed Ballo	ot Measure Committee)			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
N/A		Friends of Crab Cove Support Measure					
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	7	SUPPORT		
N/A		N/A	Alameda		OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AN N/A	D STREET) CITY STATE ZIP	Identify the controlling offic	eholder, candidate, or state	measure prop	onent, if any.		
		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROPONENT		<u> </u>		
Related Committees Not Include	ed in this Statement: List any committees	N/A					
not included in this statement that are con	trolled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD	<u></u>	DISTRICT NO. I	FANY		
contributions or make expenditures on be	nair or your candidacy.	N/A N/A					
COMMITTEE NAME	I.D. NUMBER	**		L			
N/A	N/A						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can- officeholder(s) or candidate(s	didate/Officeholder Co i) for which this committee is	ommittee List primarily formed	st names of d.		
N/A	☐ YES ☐ NO		·				
	PRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOL	JGHT OR HELD	☐ SUPPORT		
N/A		N/A	N/A		☐ OPPOSE		
	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOL	JGHT OR HELD	SUPPORT		
N/A		N/A	N/A		OPPOSE		
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOL	JGHT OR HELD			
N/A	N/A	N/A	l _{N/A}		SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR O		JGHT OR HELD			
N/A	☐ YES ☐ NO				SUPPORT OPPOSE		
	PRESS (NO P.O, BOX)	N/A	N/A	· · · · · · · · · · · · · · · · · · ·			
N/A							
	STATE ZIP CODE AREA CODE/PHONE	Att	ach continuation sheets if r	necessary			
N/A							

Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page EE INSTRUCTIONS ON REVERSE	to whole dollars.	from	07/01/2018 12/31/2018	CALIFORNIA 460 FORM of 14
AME OF FILER Friends of Crab Cove				I.D. NUMBER 1405609
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR		mary for Candidates

1 1101100 01 0100 0010					1405609
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	\$	10.824.00	s.	25,944.00	General Elections
2. Loans Received	_	0.00	Ψ	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	10,824.00	\$	25,944.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	•	0.00	•	1,229.06	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	10,824.00	\$	27,173.06	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	24,885.96	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	20 Completing Formatilities No. 1st
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	24,885.96	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	16,945.47	\$	24,885.96	/ \$
Current Cash Statement		·· • • • • • • • • • • • • • • • • • •			/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	7,179.51	To	calculate Column B,	
13. Cash Receipts Column A, Line 3 above		10,824.00	ado	l amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	o the corresponding ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		16,945.47		our last report. Some ounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	1,058.04	be	negative figures that	
If this is a termination statement, Line 16 must be zero.			pre	ould be subtracted from vious period amounts. If is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	0.00	l any	· /·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	Ì		FPPC Form 460 (Jan/2016
			ŀ		FPPC Advice: advice@fppc.ca.gov (866/275-3772
					www.fppc.ca.go

www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	ers period /2018		SCHEDULE FORNIA 460 ORM
SEE INSTRUCTIO	INS ON REVERSE			through12/3	31/2018	Page	of[]
NAME OF FILER	Crab Cove					1.D. NU 14056	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/1/18	Cardoza Properties, Trustee Pleasant Hill, CA 94523	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC	Neptune Properties/ Owner	5,000.00	5,000.00 10,000.00 100.00 100.00		n/a
7/1/18	Linda Robertson Alameda, CA 94501	☑ IND □ COM □ OTH □ PTY □ SCC	Retired/Retired	100.00			n/a
7/11/18	Crown Harbor HOA Newark, CA 94501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Neptune Properties/ Owner	4,500.00	4,500.	00	n/a
9/25/18	Robert Frank Alameda, CA 94501	IND COM OTH PTY	Retired/Retired	1,000.00	1,200.	00	n/a
12/20/18	Karen Miller Alameda, CA 94501	IND COM OTH PTY SCC	Retired/Retired	200.00	200.	00	n/a
			SUBTOTAL S	\$ 10,800.00			
Schedule	A Summary	<u> </u>			<u></u>		

1. Amount received this period – itemized monetary contributions. 10,800.00 (Include all Schedule A subtotals.)\$ __ 24.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 10,824.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$__

*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

Colondula D. Davit 4	Am	າounts may be roເ	unded				SCHEDULE B - PART 1			
Schedule B – Part 1		to whole dollars	s.		Statement cov	-	CALIFORN	1460		
Loans Received					from07/01	1/2018	FORM	- 1 00		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2018	Page5_	of_]'		
NAME OF FILER							I.D. NUMBER			
Friends of Crab Cove							1405609			
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 FORGIVED THIS PERIOD	L CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
N/A	N/A			☐ PAID				CALENDAR YEAR		
				s	\$	RATE	\$	s		
				FORGIVEN		RAIE		PER ELECTION**		
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s		
N/A	N/A			☐ PAID				CALENDAR YEAR		
				\$	\$	% RATE	\$	\$		
				FORGIVEN				PER ELECTION**		
TO IND COM OTH PTY SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	\$		
N/A	N/A			☐ PAID	1			CALENDAR YEAR		
		:		\$	s	RATE	s	\$ PER ELECTION**		
† IND COM OTH PTY SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	s		
		SUBTOTALS \$	5	\$	\$	\$				
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)			
Loans received this period (Total Column (b) plus unitemized loar	ns of less than \$100.)		***************************************	\$	0.00	C				
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	0.00	1	OTH - Other (e.g., I	ommittee PTY or SCC) business entity)		
3. Net change this period. (Subtract Lin	e 2 from Line 1.)	***************************************		. NET \$	0.00	F	PTY – Political Part SCC – Small Contri	y butor Committee		
Enter the net here and on the Summa					fay be a negative number)	_				

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

** If required.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Loan Guarantors FORM** 07/01/2018 from. 12/31/2018 through Page. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Crab Cove 1405609 IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND **AMOUNT** BALANCE CONTRIBUTOR CUMULATIVE OCCUPATION AND EMPLOYER ZIP CODE OF GUARANTOR LOAN GUARANTEED OUTSTANDING CODE (IF SELF-EMPLOYED, ENTER TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD TO DATE NAME OF BUSINESS) CALENDAR YEAR LENDER N/A N/A COM PER ELECTION □отн DATE (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER N/A N/A ☐ COM PER ELECTION OTH DATE (IF REQUIRED) ☐ PTY □ scc CALENDAR YEAR LENDER N/A N/A Псом PER ELECTION □ OTH DATE (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER N/A N/A Псом

DATE

SUBTOTAL \$

□ OTH

□ PTY
□ SCC

PER ELECTION

(IF REQUIRED)

Enter on

Summary Page, Line 17 only.

0.00

Schedul Nonmor	le C netary Contributions Received		Amounts may be rounded to whole dollars.		Statement from07	covers po 7/01/201		CALIF FO	
SEE INSTRUCT	TIONS ON REVERSE		mar as a rolling		through1	2/31/20)18	Page	******
Friends o	f Crab Cove							1.D. NUME	
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 SERVIC		RKET	CUMULAT DAT CALENDA (JAN 1 - I	re R year	PER ELECTION TO DATE (IF REQUIRED)
	n/a	□IND □COM □OTH □PTY □SCC							
	n/a	□IND □COM □OTH □PTY □SCC							
	n/a	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
	n/a	IND COM OTH PTY							
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTOT	AL\$	0.00			
Schedule	e C Summary						(10		
1. Amount	received this period – itemized nonmonetar all Schedule C subtotals.)				.\$	0.00	IND -		
3. Total nor	received this period – unitemized nonmone nmonetary contributions received this period es 1 and 2. Enter here and on the Summan	i,				0.00	PTY	– Other (e – Political I	.g., business entity)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be r to whole dolla		Statement covers	018	CALIFORNIA 460		
	IONS ON REVERSE			through 12/31/2018		Page	of	
Friends of	f Crab Cove					1.D. NUMB 140560		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent						
	N/A Support	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 0.00	-			
1. Itemized	e D Summary contributions and independent expenditures mad red contributions and independent expenditures m						0.00	
3. Total con	tributions and independent expenditures made th	is period. (Add Lines 1	1 and 2. Do not enter on t	he Summary Page.) TO	ΓAL \$	0.00	

Schedule E Payments Made	e rounded ollars.		Statement covers period from07/01/2018		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through12	2/31/2018	Page	of 14
NAME OF FILER Friends of Crab Cove						1.D. NUMBI 1405609	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey researd very and mes	s h	RAD radio airtim RFD returned co SAL campaign v TEL t.v. or cable TRC candidate t TRS staff/spous TSF transfer be VOT voter regist	e and production contributions workers' salaries airtime and produravel, lodging, and e travel, lodging, artween committees	ction costs meals nd meals of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	CRIPTION OF PAYMEN	NT		AMOUNT PAID
AAP Holdings Company, Inc. Westlake Village, CA 91361		PET	Petition Circulating	g			14,376.40
Island Printz Alameda, AA 94501		PET	Printing of Petition	ı Books			1,085.67
County of Alameda Registrars Office Oakland, CA 94612		VOT	Voter File - Update	ed with new reg	istrations		195.00
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		<u> </u>	SUB	STOTAL \$	15,657.07
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	16,907.87
2. Unitemized payments made this period of under \$100						\$	37.60
3 Total interest paid this period on loans. (Enter amount from						•	0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

FPPC Form 460 (Jan/2016)

16,945.47

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Schedule E	Amounts may be rounded
(Continuation Sheet)	to whole dollars.
Payments Made	

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Crab Cove	Amounts may be to whole do	llars.		from07/01/2018 through12/31/2018	Page Of Of 1405609	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circult PHO phone banks POL polling and su POS postage, deliv	munications appearance es ating urvey researe very and me	es	Otherwise, describe the payment. RAD radio airtime and production or returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product candidate travel, lodging, and staff/spouse travel, lodging, and staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	ction costs meals id meals of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Barbara Thomas, Esq. Alameda, CA 94501		PRO	Legal		1,250.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,250.00

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from07/01/2018	FORM TOU
through12/31/2018	Page
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Crab Cove 1405609

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and member communication meetings and appearant postage, delivery and member communication metings and appearant member communication metings and appearant metings and appearan	ns nces earch nessenger services	RAD radio airtime airt	nd production costs butions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the san	
LEG legal defense LIT campaign literature and mailings	PRO professional services (I PRT print ads	egai, accounting)	VOT voter registration voter registration technique.	on hnology costs (internet, e	e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
n/a					
n/a					
n/a					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0.00	\$ 0.00	0.00	\$ 0.00

Schedule F Summary

. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0.00
Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	0.00
. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	0.00 May be a negative number

Schedule G	
Payments Made by an Agent or Independer	nt
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2018 from

CALIFORNIA FORM

SCHEDULE G

12/31/2018 through.

I.D. NUMBER 1405609

WEB information technology costs (internet, e-mail)

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Friends of Crab Cove

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS IND independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings

PRT print ads

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE OR	CODE OR DESCRIPTION OF PAYMENT

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE H
Schedule H Loans Made to Others*			nay be rounded ble dollars.		Ctate manufacture and a six d			1IA 460
SEE INSTRUCTIONS ON REVERSE		-			through12/3	31/2018	Page 13	of
Friends of Crab Cove							1.D. NUMBER 1405609	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
n/a				PAID FORGIVEN	\$	% RATE	s	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
n/a		s	s	PAID S FORGIVEN \$	\$DATE DUE	% RATE	\$DATE INCURRED	\$ PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
	s of less than \$100.)			••••••	\$	0.00	- [**If Required
Payments received on loans (Total Column (c) plus unitemized payn	nents of less than \$100.)	••••••	•••••••	***************************************	\$	0.00	<u> </u>	<u> </u>
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa	2 from Line 1.)ry Page, Column A, Line 7.))	•••••			0.00 y be a negative number)	-	

Schedule I discellaneous Increases to Cash		Amounts may be rounded		SCHEDULE				
		to whole dollars.	Statement covers period	CALIFORNIA 460				
			from07/01/2018	1 OINW				
SEE INSTRUCTIO	NS ON REVERSE		through 12/31/2018	Page 14 of 14				
IAME OF FILER	NO ON NEVEROL			I.D. NUMBER				
Friends of C	rab Cove			1405609				
DATE RECEIVED	FULL NAME AND ADDRESS OF SOU (IF COMMITTEE, ALSO ENTER I.D. NUMBE	RCE (R)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH				
	n/a							
	n/a							
	n/a							
	n/a							
	n/a							
Attach add	itional information on appropriately labeled continuation	sheets.	SUBTOTA	L\$				
Schedule	l Summary		<u>"</u>					
1. Itemized ir	ncreases to cash this period							
2. Unitemize	d increases to cash of under \$100 this period							
3. Total of all	interest received this period on loans made to other	ers. (Schedule H, Column (e).)	\$\$	<u>00</u>				
	ellaneous increases to cash this period. (Add Lines Page. Line 14.)		TOTAL \$ 0.0	10				