Recipient Committee
Campaign Statement
Cover Page

Type or print in ink.

Statement covers period
from July 2012
through 31 Dec 2017

Date of election if applicable
(Month, Day, Year)

N/A

Office of the City Clerk

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COVER PAGE

CALIFORNIA
FORM

460

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 6)
   □ 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)

   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Supplemental Preelection
     Statement - Attach Form 495

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   CAUSE FOR COUNCIL
   1211 N. FLORENCE CT # 9

   STREET ADDRESS (NO P.O. BOX)
   1211 N. FLORENCE
   90061

   CITY STATE ZIP CODE
   CA 90061

   Mailing Address:
   CITY STATE ZIP CODE AREA CODE/PHONE
   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 20 Jan 2013

By

Signature of Treasurer or Assistant Treasurer

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>George V. Chavez</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
<td>N/A</td>
</tr>
<tr>
<td>(INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS</td>
<td>1211 N. FLORENTIA CT. #9</td>
</tr>
<tr>
<td>(NO. AND STREET)</td>
<td>IN. HOLLYWOOD</td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>CA.</td>
</tr>
<tr>
<td>ZIP</td>
<td>90040</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
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<table>
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<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

<table>
<thead>
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<th>OPPOSE</th>
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<tr>
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Attach continuation sheets if necessary.
### Contributions Received

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

### Expenditures Made

6. Payments Made ...................................................... Schedule E, Line 4 $  
7. Loans Made .......................................................... Schedule H, Line 3 $  
8. SUBTOTAL CASH PAYMENTS ....................................... Add Lines 6 + 7 $  
9. Accrued Expenses (Unpaid Bills) ................................. Schedule F, Line 3 $  
10. Nonmonetary Adjustment ........................................... Schedule C, Line 3 $  
11. TOTAL EXPENDITURES MADE ...................................... Add Lines 8 + 9 + 10 $  

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- Contributions Received $  
- Expenditures Made $  

### 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  
1/1/2012 $  
1/1/2012 $  

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

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).