

COVER PAGE (SR)

SAN BUENA VENTURA  
CITY CLERK

Please type or print in ink.

14 APR -1 AM 8:52

NAME OF FILER (LAST) Carl (FIRST) Edward (MIDDLE) '14 FEB 14 A 7:50  
Morehouse

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of San Buenaventura (Ventura)

Division, Board, Department, District, if applicable

Your Position

City Council/Successor Agency

Council Member/Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached

Position:

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of San Buenaventura (Ventura)

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 23

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of

Date Signed 02/14/2014

(month, day, year)

**AGENCY**

**DIVISION, BOARD, DEPARTMENT, DISTRICT**

**POSITION**

City of Ventura

League of California Cities

Board & Policy Committee Member

City of Ventura

Southern California Association of Governments

Member

City of Ventura

Ventura Council of Governments

Member

City of Ventura

Ventura County Transportation Commission

Member

City of Ventura

Local Agency Formation Commission

Member

City of Ventura

Gold Coast Transit District

Member

City of Ventura

Regional Defense Partnership for the 21<sup>st</sup> Century

Alternate Member

City of Ventura

Point Mugu Regional Airport Authority

Alternate Member

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Morehouse, Carl E

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
League of California Cities

ADDRESS (Business Address Acceptable)  
1400 K Street

CITY AND STATE  
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for cities and their residents

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 2,141.26  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Travel, meals and lodging for volunteer services as a member of the League board of directors

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)  
League of California Cities

ADDRESS (Business Address Acceptable)  
1400 K Street

CITY AND STATE  
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Advocacy for cities and their residents

DATE(S): 01 / 01 / 13 - 12 / 31 / 13 AMT: \$ 88.15  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Meals provided to family members

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \_\_\_\_\_