

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation TIDES ADVOCACY		3. FEC Identification Number C C90011750
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1012 TORNEY AVE		
(c) City, State and ZIP Code SAN FRANCISCO CA 94129		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 25000.00

7. TOTAL INDEPENDENT EXPENDITURES 4376.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Keton, Amanda, , ,	<i>Keton, Amanda, , ,</i>	10/15/2018
	<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N
Transaction ID :

Earhart, Anne gift is a contribution for independent expenditures

Form/Schedule:
Transaction ID:

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
TIDES ADVOCACY

A. Full Name (Last, First, Middle Initial) Earhart, Anne, , ,			Date of Receipt 09 / 28 / 2018		
Mailing Address 3334 E. Coast Highway			Transaction ID : F56.4316		
City Corona del Mar	State CA	Zip Code 92625	Amount of Each Receipt this Period 25000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer N/A			Occupation Retired		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	25000.00
TOTAL This Period (last page carry total to Line 6)	25000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
TIDES ADVOCACY

Full Name (Last, First, Middle Initial) of Payee Black to the Future Action Fund, a project of Tides Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2018	
Mailing Address 436 14th St. Ste. 723		Amount 256.98	
City	State	Zip Code	Transaction ID : F57.4321
Oakland	CA	94612	
Purpose of Expenditure Staff Time (7/3-7/31/18)	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: OMAR, ILHAN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	
		556.98	

Full Name (Last, First, Middle Initial) of Payee Craddolph, Aaron, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 1048 Irvine Ave Apt 704		Amount 416.68	
City	State	Zip Code	Transaction ID : F57.4308
Newport Beach	CA	92660	
Purpose of Expenditure Organizing Consulting 8/1-8/31/18	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 48 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROUDA, HARLEY E JR, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	
		416.68	

Full Name (Last, First, Middle Initial) of Payee Craddolph, Aaron, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2018	
Mailing Address 1048 Irvine Ave Apt 704		Amount 416.68	
City	State	Zip Code	Transaction ID : F57.4309
Newport Beach	CA	92660	
Purpose of Expenditure Organizing Consulting 9/1-9/30/18	Category/ Type	001	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 48 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROUDA, HARLEY E JR, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify)	
		833.36	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1090.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
TIDES ADVOCACY

Full Name (Last, First, Middle Initial) of Payee Mitchell Printing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2018	
Mailing Address 127 South Anderson St		Amount 2986.61 Transaction ID : F57.4305	
City Los Angeles	State CA	Zip Code 90033	
Purpose of Expenditure Printing - T-Shirts & Signs	Category/ Type 007	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 48
Name of Federal Candidate Supported or Opposed by Expenditure: ROUDA, HARLEY E JR, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3819.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Shanthy Art & Design		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2018	
Mailing Address 188 Hart St		Amount 300.00 Transaction ID : F57.4313	
City Brooklyn	State NY	Zip Code 11206	
Purpose of Expenditure Design Services	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: OMAR, ILHAN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3286.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	4376.95