P	ecipient Committee				COVER PAGE		
	ampaign Statement	Type or print in i	nk.	Date Stamp	CALIFORNIA 460		
	over Page			RECEIVED	FURIVI		
	overnment Code Sections 84200-84216.5)		•	CITY OF GARDEN GROW	r / . 0		
		Statement covers period	Date of election if applicable:	CITY OF GARDEN GROVE CITY CLERK'S OFFICE	alge of		
		from 7/1/2013	(Month, Day, Year)				
		10/01/0	11/1/12	2014 JAN 31 P 3: 08	3		
SE	E INSTRUCTIONS ON REVERSE	through 12/31/2013	-11/6/12		,		
1.	Type of Recipient Committee: All Committees - Col	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:				
		Primarily Formed Ballot Measure	☐ Preelection Statement	☐ Quarterly	Statement		
		Committee Controlled	Semi-annual Statement				
	9) Sponsored	Termination Statement (Also file a Form 410 Te		ental Preelection t - Attach Form 495		
	General Purpose Committee	Also Complete Part 6)	☐ Amendment (Explain b	, otatomioni	I - Allach Form 495		
	○ Sponsored □ P	rimarily Formed Candidate/		,			
	Cirial Contributor Continued	Officeholder Committee Also Complete Part 7)					
	Political Party/Central Committee	and complete, all ry	-				
3.	Committee Information I.D	NUMBER 1300173	Treasurer(s)	•			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	st. T			
	Friends of Steve Jones for Garden Grove City Council 2012			steve Jones			
			MAILING ADDRESS	1 / / D:	9		
		incil 2012	CITY 0 0	Montclair Drive) 		
	11542 Montclair Driv	and the second of the second o		en Gove CA 9284	AREA CODE/PHONE 4/ (7/4)8/3-0752		
	CITY STATE ZIP COL	DE AREA CODE/PHONE 284/ (114)813-0752	NAME OF ASSISTANT TREASUR				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS				
	CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE		
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS			
1.	Verification						
	I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my know	ledge the information contained her	ein 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.	Stuy Jone				
	Executed on	Ву) wolf of				
	1/31/301H		Signature of Treasurer or Assistant T	reasurer			
	Executed onDate	BySignature of Control	olling Officeholder, Candidate, State Measure Prop	onent or Responsible Officer of Sponsor			
	Executed onDate	BySi	gnature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	c		
	Executed on	Ву					
	Date	Si	gnature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	EDDC Form 460 / January(05)		

5.	Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballo	t Measure (Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE Steve Jones			NAME OF BALLOT MEASURE				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N]	SUPPORT OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			Identify the controlling officeholder, candidate, or state measure proponent, if any.				
	Related Committees Not Included in this Star			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
	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.			OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
	COMMITTEE NAME	I.D. NUMBER				300		
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.				
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CC	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	GHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO.	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO			Attach	continuation	sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7 1/13 Page 3 of 8

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Fiches of Steve Dires for Garden 30017 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 Candidates 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C. Line 3 756.56 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period CALIFORNIA 460

				from	11/2		ORM TO
SEE INSTRUCTIO	DNS ON REVERSE			through 12	131/13	Page	4 of 8
NAME OF FILER	Friends of Steve Jones for	Gurda	Grove City Con	weil 201	2	A	300/73
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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC					
,		☐IND ☐COM ☐OTH ☐PTY ☐SCC			-		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC			u =		
		□IND □COM □OTH □PTY □SCC		-	-		
,			SUBTOTAL\$	e .			
Amount red (Include all Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions tary contributions received this period.			<u>Ø</u>	IND – I COM – OTH – PTY –	(other - Other Politica	ent Committee than PTY or SCC) (e.g., business entity)
	1 and 2. Enter here and on the Summary Page, Colur	nn A line 1)	TOTAL \$	()	(330		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E **Payments Made**

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

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

MBR member communications

petition circulating

OFC office expenses

PHO phone banks

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period from 7/1/13	CALIFORNIA 460
through 12/31/13	Page <u>5</u> of <u>8</u>
	I.D. NUMBER
	1 7 1 1 1

RAD radio airtime and production costs

TRC candidate travel, lodging, and meals

TEL t.v. or cable airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Stere Jores for Garda Grove City Council 2012 1300173

IND independent expenditure supporting/opposing others (explain)* POS postage, del	survey research TRS staff/spouse travel, lodging, and meals very and messenger services services (legal, accounting) VOT Voter registration WEB information technology costs (internet, or	me candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
Brodard Chadean 9WOTMSK GG, CA 92840	MTG Cinch	3500		
The Island Hotel 690 Neuport Center Dr Neuport Beach, CA 92660	More Lunch	3300		
Party Pentuls Studio. com 420 N. McKinley St Curana, Ca 92879	WEB Website	1000		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$				
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 756.56				

Schedule E (Continuation Sheet) Payments Made

campaign paraphernalia/misc.

Type or print in ink.

Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

SCHEDULE E (CONT.)

Statement covers period from 7/1/13
through 12/3/1/3

LD. NUMBER

radio airtime and production costs

RAD

NAME OF FILER

Finals of Steve Jones for Garden Grove City Corneil 2012

1300173

member communications

campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* office expenses campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense **PRO** professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID Nossaman LLP 7775 Figueroa St 34th Floor Returned Contribution RFD A, CA 90017 Go Daddy com Jonain Name WEB 1517 grodud Chateau INTG 34.39 10.00 420 N. McKinley WEB Corona, CA 92879 Lunch 36,00 mto

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

SUBTOTAL \$ 445

Schedule E (Continuation Sheet) **Payments Made**

candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

FND fundraising events

LEG legal defense

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

PHO phone banks

PRO

POL polling and survey research

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA FORM

transfer between committees of the same candidate/sponsor

candidate travel, lodging, and meals

TSF

VOT voter registration

staff/spouse travel, lodging, and meals

SEE INSTRUCTIONS ON REVERSE	through 2/31113	Page of			
Friends of Stere Jures for Garda Grove City Co	[: 9:5]-	I.D. NUMBER			
		1300173			
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 PET petition circulating	TEL t.v. or cable airtime and prod				

postage, delivery and messenger services

professional services (legal, accounting)

LIT	campaign literature and mailings	PRO professional services (leg PRT print ads	ar, accounting) VOT voter registration WEB information technology.c	osts (internet, e-mail)
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
	Party Studio entus. wm 420 N. mckinley Conorac A 92.879	WEB	Website	1000
3	Bridard Charkan 91005msk Thre Gorden Grory CA 92840	MTG	Gunch	7000
	The Red Pot 1219 Broohust St Gardon Grou, CA 92841	TIITZ	Dinner	53 °°
	Pady Studio Rentals. com 420 IV. Mckinley Corona, CA 92879		Website	1000
	Pa(ty Rental Studio. com 420 N. Mikinley Carona, CA 9 2879	WED	Website	10.00

Schedule E (Continuation Sheet) **Payments Made**

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

SCHEDULE E (CONT.)

CALIFORNIA

FORM

Statement covers period

Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Steve Jores for Garden CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) st Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$