

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA	460
RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2014 JAN 31 P 12:49	2001/02 FORM	
	Page <u>1</u> of <u>8</u>	
	For Official Use Only	

Statement covers period
from 07/01/2013
through 12/31/2013

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1342747

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Council Member Beard 2014

STREET ADDRESS (NO P.O. BOX)
5471 Cerulean Avenue

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Garden Grove</u>	<u>CA</u>	<u>92845</u>	<u>714-336-4602</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Oscar Garza

MAILING ADDRESS
1916 Greenleaf Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92706</u>	<u>714-349-6089</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 01/30/2014
Date

By Oscar Garza
Signature of Treasurer or Assistant Treasurer

Executed on 01/30/2014
Date

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

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Kris Beard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Garden Grove City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

5471 Cerulean Avenue Garden Grove, CA 92845

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.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
-----------------------------------	-----------------------	---

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from 07/01/2013 through 12/31/2013	CALIFORNIA FORM 460
Page 3 of 8	I.D. NUMBER 1342747

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council Member Beard 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 4,780	\$ 4,780
2. Loans Received Schedule B, Line 3	\$ -3,800	\$ -4,800
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 980	\$ 20
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 980	\$ 20

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ -1,000	\$ 4,780
21. Expenditures Made	\$ 80	\$ 0

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 0	\$ 80
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0	\$ 80

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 168
13. Cash Receipts Column A, Line 3 above	\$ 980
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,148

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 5,900

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 07/01/2013
through 12/31/2013

CALIFORNIA FORM 460

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council Member Beard 2014

I.D. NUMBER
1342747

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/13	The Hoagy Company PO Box 25053 Anaheim, CA 92825	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Contractor	1,000		
8/15/2013	Jared Hardin 9898 Trask Avenue Garden Grove, CA 92844	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Car Dealership	500		
8/20/2013	Care Ambulance Service 1517 W. Braden Court Orange, CA 92868	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Ambulance Service	500		
8/28/2013	NN Architects Inc 12650 Westminster Avenue Santa Ana, CA 92706	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Architect	350		
8/28/2013	AKM Consulting Engineers 553 Wald Irvine, CA 92816	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Engineering Firm	250		
SUBTOTAL \$				2,600		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>4,780</u>
2. Amount received this period – unitemized contributions of less than \$100	\$ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ <u>4,780</u>

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2013</u>	CALIFORNIA FORM 460
through <u>12/31/2013</u>	
Page <u>5</u> of <u>8</u>	I.D. NUMBER <u>1342747</u>

NAME OF FILER
Council Member Beard 2014

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2013	Robert Whitecotton 8882 Gallant Drive Huntington Beach, CA 92646	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Self employed	250		
8/28/2013	PD Transport, Inc 1643 Placentia Avenue Costa Mesa, CA 92627	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Towing Service	250		
8/26/2013	VISTA Communities Inc 14 Corporate Plaza, Suite 100 Irvine, CA 92660	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Affordable Housing	250		
8/25/2013	Caldwell's Towing & Auto Body 1519 N. Fairview Street Santa Ana, CA 92706	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Towing Service	250		
8/28/2013	Harry Krebs 10880 Woodward Lane Garden Grove, CA 92840	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Consultant	180		
SUBTOTAL \$				<u>1180</u> 680		

*Contributor Codes
IND – Individual
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(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>07/01/2013</u>	CALIFORNIA FORM 460
through <u>12/31/2013</u>	
Page <u>6</u> of <u>8</u>	

NAME OF FILER Council Member Beard 2014	I.D. NUMBER 1342747
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2013	George Brietigam 5841 Ludlow Avenue Garden Grove, CA 92845	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Police Officer	100		
8/28/2013	Jeri and Don Goldbrough 5711 David Webster Circle Garden Grove, CA 92845	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	50		
8/28/2013	Linda Zamora 13274 Taft Street Garden Grove, CA 92843	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Interpreter	50		
8/25/2013	Chris Phan 10121 McMichael Drive Garden Grove, CA 92840	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Attorney	50		
09/24/2013	Griffin Structures 385 Second Street Laguna Beach, CA 92651	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Archetict	250		
SUBTOTAL \$				500		

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 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
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NAME OF FILER
Council Member Beard 2014

I.D. NUMBER
1342747

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/8/2013	KTGY Group 1799 Fitch Irvine, CA 92614	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Architecture	250		
9/8/2013	Chad McWhinney 2725 Rocky Mountain Avenue, Suite 200 Loveland, CO 80538	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Developer	200		
9/9/2013	Troy and Lori McWhinney 2725 Rocky Mountain Avenue, Suite 200 Loveland, CO 80538	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Developer	50		
		<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				500		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>8</u>
	I.D. NUMBER 1342747

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Council Member Beard 2014

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 FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Kris Beard 5471 Cerulean Avenue Garden Grove, CA 92845 † <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Administrative Manager County of Orange	\$ 9,700	\$ 0	<input checked="" type="checkbox"/> PAID \$ 3,800 <input type="checkbox"/> FORGIVEN	\$ 5,900 DATE DUE	_____% RATE	\$ 700 10/17/2011 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$			0 \$	3,800 \$	5,900 \$	0		

Schedule B Summary

- (Enter (e) on Schedule E, Line 3)
- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
 - Loans paid or forgiven this period \$ 3,800
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
 - Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** -3,800
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee