

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF GARDEN GROVE
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Date Stamp
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CALIFORNIA 2001/02 FORM 460

Statement covers period from 07/01/2014 through 09/30/2014

Date of election if applicable: 2014 11/04/2014

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee

Ballot Measure Committee

State Candidate Election Committee

Recall

General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Central Committee

Primarily Formed Candidate/Officeholder Committee

Primarily Formed

Controlled

Sponsored

Officeholder Committee

Amendment (Explain below)

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER _____

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Garden Grove Citizens for Safe Access

Treasurer(s)

NAME OF TREASURER
VAN Ton

MAILING ADDRESS
23365 Calvert Street

CITY
Woodland hills

STATE
CA

ZIP CODE
91367

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

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 10-13-14 Date

By _____ Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
Medical Marijuana Initiative

BALLOT NO. OR LETTER _____ JURISDICTION
Orange County

SUPPORT OPPOSE

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 _____

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

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
07/01/2014
from
09/30/2014
through

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ID NUMBER
1358988

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Garden Grove Citizens for Safe Access

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 22,500.00
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	0	22,500.00
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	22,500.00

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 0	\$ 17,500.00
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	0	17,500.00
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	17,500.00

Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 57,250.00	\$
13. Cash Receipts Column A, Line 3 above	0	0
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	0
15. Cash Payments Column A, Line 8 above	57,500.00	57,500.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15		
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	0	0

Cash Equivalents and Outstanding Debts		
18. Cash Equivalents See instructions on reverse	\$ 0	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0	0

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	\$	\$
21. 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
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$
	/ /	\$

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.