

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED

CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

CALIFORNIA  
200506  
460

1/30 A:1/5  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year) 2009  
N/A

Statement covers period  
from 01/01/2009  
through 06/30/2009

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - (Also Complete Part 5.)
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Ballot Measure Committee
  - Primary Formed
  - Controlled
  - Sponsored
  - (Also Complete Part 6.)
  - Primary Formed Candidate/Officeholder Committee
  - (Also Complete Part 7.)

**2. Type of Statement:**

- Pre-election Statement
  - Semi-annual Statement
  - Termination Statement
  - Amendment (Explain below)
- Amend schedule A to include employer & occupations received

- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

*date stamped*

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends Of Andrew Do

I.D. NUMBER  
1308501

STREET ADDRESS (NO P.O. BOX)  
12866 Main Street  
Suite 202

CITY: Garden Grove STATE: CA ZIP CODE: 92840-5158 AREA CODE/PHONE: (714) 783-7229

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAXE-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Kelly Lawler

MAILING ADDRESS  
976 Pacific Avenue

CITY: Willows STATE: CA ZIP CODE: 95988-9788 AREA CODE/PHONE: (530) 934-5823

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAXE-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: 1/30/09 By: [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on: 1/24/10 By: [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR  
 Executed on: \_\_\_\_\_ By: \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent  
 Executed on: \_\_\_\_\_ By: \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROponent

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

CALIFORNIA FORM <b>460</b>
2 / 30 <span style="float: right;">A/L/S</span>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Andrew Do

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Sought: City Council Member  
City: Garden Grove n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
12866 Main Street Garden Grove CA 92840-5158  
Suite 202

**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 to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input type="checkbox"/> NO
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="checkbox"/> SUPPORT <input type="checkbox"/> 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

**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="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 from <u>1/1/09</u> through <u>6/30/09</u>	CALIFORNIA FORM <b>460</b>
	3/30 <u>A3/5</u>
I.D. NUMBER 1308501	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends Of Andrew Do

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 13973.00	\$ 13973.00
2. Loans Received .....	Schedule B, Line 7 1000.00	31152.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 14973.00	\$ 45125.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 14973.00	\$ 45125.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 16097.43	\$ 16097.43
7. Loans Made .....	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 16097.43	\$ 16097.43
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 -6980.59	29240.79
10. Nonmonetary Adjustment .....	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 9116.84	\$ 45338.22

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 4901.71
13. Cash Receipts .....	Column A, Line 3 above 14973.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0.00
Cash Payments .....	Column A, Line 8 above 16097.43
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3777.28

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 60392.79

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

20. Contribution Received	\$ <u>n/a</u>	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ <u>n/a</u>		

## 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
<u>n/a</u>	\$ <u>n/a</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA  
FORM **460**

5 / 30

A/4/5

Statement covers period

from 1/1/09

through 4/30/09

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. Number

1308501

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/18/2009	Leslie S Malo 18011 Athens Avenue Villa Park CA 92861-4534 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dr. of Veterinary Medicine Garden Grove Dog & Cat Hospital	100.00	100.00	
Rcpt Dt: 05/07/2009	Phat V Ho 10121 Northampton Avenue Westminster CA 92683-7536 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor B/C Construction	250.00	250.00	
Rcpt Dt: 05/07/2009	Alin Hamade 7822 13th Street Westminster CA 92683-4430 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Star One Auto Sales	100.00	100.00	
Rcpt Dt: 06/15/2009	Apartment Association of Orange County PAC 12822 Garden Grove Boulevard Suite D Garden Grove CA 92843-2010 ID: 980470	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
Rcpt Dt: 05/07/2009	Lorena Nguyen 1509 Eastside Avenue Santa Ana CA 92701-2739 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staff St. Joseph Hospital	100.00	100.00	

**SUBTOTAL \$ 750.00**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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



# Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

Statement covers period

from 11/1/09

through 11/30/09

11/30

*A:5/5*

I.D. Number

1308501

DATE RECEIVED	FULL NAME, MAILING 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)
Rcpt Dt: 05/18/2009	Rainbow Disposal Co., Inc. 17121 Nichols Street Huntington Beach CA 92647-5719 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
Rcpt Dt: 05/07/2009	Steven Sarkis 8137 Cardiff Drive Stanton CA 90680-3911 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design Engineer  Alcon	100.00	100.00	
Rcpt Dt: 06/16/2009	James L Barisic 16580 Aston Irvine CA 92606-4805 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder  Brandywine Homes	250.00	250.00	
Rcpt Dt: 05/07/2009	Anne Do 12 Star Thistle Irvine CA 92604-2828 ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>TREASURER</i> <i>Vietnam</i> <i>California Radio</i>	100.00	100.00	
Rcpt Dt: 06/01/2009	Wood Public Affairs 325 23rd Street Newport Beach CA 92660-3608 ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	

**SUBTOTAL \$ 800.00**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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