

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2005/06
FORM **460**

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2011 AUG -4 A 10:25

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For Official Use Only

Type or print in ink.

Date of election if applicable (Month, Day, Year) 2011 AUG -4 A 10:25

Statement covers period from 01/01/2011 through 06/30/2011

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

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)
558 S Harbor Boulevard

CITY STATE ZIP CODE AREA CODE/PHONE
Anaheim CA 92805-4524 (714) 783-7229

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kelly Lawler

MAILING ADDRESS
976 Pacific Avenue

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

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 7/31/11 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/31/11 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 7/31/11 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on 7/31/11 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER

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

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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 SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

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>20110101</u> through <u>20110630</u>	CALIFORNIA FORM 460
	I.D. NUMBER <u>1308501</u>
	<u>3 / 10</u>

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 \$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received	Schedule B, Line 7 \$ <u>0.00</u>	\$ <u>18152.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>18152.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>18152.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>552.15</u>	\$ <u>552.15</u>
7. Loans Made	Schedule H, Line 7 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>552.15</u>	\$ <u>552.15</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0.00</u>	\$ <u>14095.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>552.15</u>	\$ <u>14647.15</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>1125.01</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>
Cash Payments	Column A, Line 8 above \$ <u>552.15</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>572.86</u>

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ <u>0.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>32247.00</u>

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

20. Contribution Received \$ _____	1/1 through 6/30	7/1 to Date
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
_____	\$ _____
_____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

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).

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 20110101
through 20110630

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

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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
	\$	\$	\$	\$	% RATE	\$	\$ PER ELECTION**
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	152.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	152.00	0.00	152.00	0.00
County of Orange Chief of Staff						12/05/2008	
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	5000.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	5000.00	0.00	5000.00	0.00
County of Orange Chief of Staff						04/07/2009	
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	2000.00	0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	2000.00	0.00	2000.00	0.00
County of Orange Chief of Staff						04/30/2010	
SUBTOTALS				\$ <u>7152.00</u>	\$ <u>0.00</u>		

Schedule B Summary

- Loans received this period. (Total Column (b) plus unitemized loans less than \$100.)
\$ 0.00
- Loans paid or forgiven this period. (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
\$ 0.00
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.
Net \$ 0.00 (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

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

** If required.

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1
**CALIFORNIA 460
FORM**

Statement covers period
from 20110101
through 20110630

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

I.D. NUMBER

1308501

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
Andrew H Do 12866 Main Street Suite 202 Garden Grove CA 92840-5158 ID: Ref: L2_m <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Orange Chief of Staff	\$ 11000.00	\$ 0.00	\$ <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 11000.00	0.00 % RATE	\$ 20000.00	0.00
							10/24/2008	
							DATE DUE	
							DATE INCURRED	

SUBTOTALS \$ 0.00 \$ 0.00 \$ 11,000.00 \$ 0.00

Schedule B Summary

- Loans received this period. _____ \$ _____
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period. _____ \$ _____
(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 \$** _____
Enter the net here and on the Summary Page, Column A, Line 2.
(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* 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

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

SCHEDULE B1

Notes

Form/Schedule	Reference No	TEXT
B1	L3_m	Due Date: On Demand
B1	L4_m	Due Date: On Demand
B1	L5_m	Due Date: On Demand

SCHEDULE B1 Notes

Form/Schedule	Reference No	TEXT
B1	L2_m	Due Date: On Demand

Schedule E Payments Made

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

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Statement covers period
from 20110101
through 20110630

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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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	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	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The KAL Group 976 Pacific Avenue Willows CA 95988-9788	PRO			252.15
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772	WEB			210.00

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	462.15
2. Unitemized payments made this period of under \$100.	\$	90.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	552.15

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>20110101</u>	CALIFORNIA FORM 460
through <u>20110630</u>	I.D. NUMBER <u>1308501</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Andrew Do

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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
FND	fundraising events	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	VOT	voter registration
LEG	legal defense	PRT	print ads	WEB	information technology costs (internet, email)
LIT	campaign literature and mailings				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID:	PHO	4272.00	0.00	0.00	4272.00
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID:	CNS	7500.00	0.00	0.00	7500.00
Gilliard Blanning Wysocki & Associates, Inc. 5701 Lonetree Boulevard Suite 301 Rocklin CA 95765-3772 ID:	LIT	2150.00	0.00	0.00	2150.00
SUBTOTALS \$ 13922.00 \$		0.00 \$	0.00 \$	0.00 \$	13922.00

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9. **NET \$ 0.00**

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period from <u>20110101</u>	CALIFORNIA FORM 460
through <u>20110630</u>	
I.D. NUMBER <u>1308501</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Andrew Do

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 production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS 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 | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CompleteCampaigns.com 205 Pennsylvania Avenue SE Washington DC 20003-1164		OFC	173.00	0.00	0.00	173.00
ID:						

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

SUBTOTALS \$ 173.00 **0.00 \$** **0.00 \$** **173.00**

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
- Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____

May be a negative number.