

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <i>Council member Beard 2012</i>		Date of This Filing <i>10/30/12</i>		RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2012 OCT 30 P 2:01
I.D. NUMBER (if applicable) <i>1342747</i>		Report No. <i>2</i>		
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. <i>12</i> (explain below)		For Official Use Only
CITY STATE ZIP CODE		No. of Pages <i>1</i>		

## 1. Contribution(s) Received

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
<i>10/30/12</i>	<i>Kris Beard 5471 Cerulean Ave Garden Grove, CA 92845</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Public Administrator Orange County</i>	<i>\$5,000.00</i> <input checked="" type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

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

RECEIVED  
CITY OF GARDEN  
CITY CLERK'S OFFICE  
Date Stamp  
2012 OCT 31 P 1:08

NAME OF FILER <i>Council Member Beard 2012</i>		CALIFORNIA FORM <b>496</b>	
AREA CODE/PHONE NUMBER <i>714-336-4602</i>	I.D. NUMBER (if applicable) <i>1342747</i>	For Official Use Only	
STREET ADDRESS <i>5471 Cerulean Avenue</i>			
CITY <i>Garden Grove</i>	STATE <i>CA</i>		
	ZIP CODE <i>92845</i>		
Date of This Filing <i>10/31/12</i>			
Report No. <i>1</i>			
<input type="checkbox"/> Amendment to Report No. (explain below)			
No. of Pages <i>1</i>			

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<i>Kris Beard</i>					
<i>City Council Member</i>					

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>10/30/12</i>	<i>Political mailer - Shallman Communications 16060 Ventura Blvd, Suite 110 Encino, CA 91436</i>	<i>\$9,847.41</i>

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Jenny Nguyen for City Council 2012		Date of This Filing 10/31/12	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714-396-6199	I.D. NUMBER (if applicable) 1352052	Report No. 2	CITY CLERK'S OFFICE 2012 OCT 31 A 9:43
STREET ADDRESS 11382 Trask Ave		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Garden Grove	STATE Ca	ZIP CODE 92843	
No. of Pages <u>1</u>			

## Late Contribution(s) Received

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
10/30/12	Garden Grove Hyundai 9898 Trask Ave Garden Grove, Ca 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

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

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

LATE CONTRIBUTION REPORT

NAME OF FILER Jenny Nguyen for City Council 2012		Date of This Filing 10/31/12		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 714-396-6199	I.D. NUMBER (if applicable) 1352052	Report No. 2	Date Stamp 2012 OCT 31 A 9:43		
STREET ADDRESS 11382 Trask Ave		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Garden Grove	STATE Ca	No. of Pages 1			
	ZIP CODE 92843				

## Late Contribution(s) Received

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
10/30/12	Garden Grove Hyundai 9898 Trask Ave Garden Grove, Ca 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink. Amounts may be rounded to whole dollars.		Date Stamp <b>RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE</b> OCT 30 A 10:34	
Report covers period from <u>07/01/2012</u> through <u>10/20/2012</u>	CALIFORNIA 1994 FORM <b>465</b>	1 / 4 For Official Use Only	
<input type="checkbox"/> Amendment (Explain Below)		Date of election if applicable: (Month, Day, Year) <u>2012</u>	
Report No <u>30-20121020</u>		11/06/2012	

I.D. NUMBER (if recipient committee) 1302504

## 1. Committee/Filer Information

**NAME OF FILER**  
 California Homeowners Association PAC  
  
**STREET ADDRESS (NO P.O. BOX)**  
 976 Pacific  
  
**CITY** STATE ZIP CODE AREA CODE/PHONE  
 Willows CA 95988 (530)934-5823  
 OPTIONAL: FAX/E-MAIL ADDRESS  
 (530)934-5776

## Treasurer (if recipient committee)

**NAME OF TREASURER**  
 CA Kelly Lawler  
**MAILING ADDRESS**  
 976 Pacific  
  
**CITY** STATE ZIP CODE AREA CODE/PHONE  
 Willows CA 95988 (530)934-5823  
 OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

<b>NAME OF CANDIDATE</b> Steve Jones	<b>OFFICE SOUGHT OR HELD</b> City Council Member	<b>CHECK ONE</b> SUPPORT OPPOSE X	
<b>NAME OF BALLOT MEASURE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b> City of Garden Grove	

## 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE	
Report covers period from <u>7/1/12</u> through <u>10/20/12</u>	CALIFORNIA 1994 FORM <b>465</b>
I.D. NUMBER (If Recipient Com.) <u>2 / 4</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

California Homeowners Association PAC

## 4. Summary

- 1. Total independent expenditures made of \$100 or more this period. (Part 3) ..... \$ 6371.00
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0.00
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... TOTAL \$ 6371.00

## 5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.  
Please see attached pages

## 6. 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 <u>10/25/2012</u> DATE	By <u>Kelly Lawler</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE	By _____ 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

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE	
Report covers period	CALIFORNIA 1994 FORM <b>465</b>
from <u>7/1/12</u>	
through <u>10/20/12</u>	
	I.D. NUMBER (If Recipient Com.)
	3 / 4

## SEE INSTRUCTIONS ON REVERSE

### NAME OF FILER

California Homeowners Association PAC

## 5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

### 1) NAME OF FILING OFFICER

Secretary of State Political Reform Division

### ADDRESS

1500 11th Street Room 495

### CITY

Sacramento

(NO. AND STREET)

### STATE

CA

### ZIP CODE

95814

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

### 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Report covers period from <u>7/1/12</u> through <u>10/20/12</u>		Date Stamp
		CALIFORNIA 1994 FORM <b>465</b>
		4 / 4 For Official Use Only

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/20/2012	Gilliard Blanning & Associates Inc. 5701 Lonetree Blvd Ste 301 Rocklin CA 95765 Reference No:	Postage Data Printing and Mail- ing	6371.00	6371.00



# 497 Contribution Report

Type or print in ink.  
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497 CONTRIBUTION REPORT

NAME OF FILER Council Member Beard 2012		RECEIVED Date Stamp CITY OF GARDEN GROVE CITY CLERK'S OFFICE		CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER 714-336-4602	I.D. NUMBER (if applicable) 1342747	Date of This Filing 10/29/12	Report No. 1	2012 OCT 29 P 2:29	
STREET ADDRESS 5471 Cerulean Avenue		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Garden Grove	STATE CA	No. of Pages 1			
ZIP CODE 92845					

## 1. Contribution(s) Received

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
10/27/12	Ronnie Lam 1095 Rosalind Rd San Marino, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kam Sang Company Officer	\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/29/12	Kris Beard 5471 Cerulean Ave Garden Grove, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

### \*\*Contributor Codes

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- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# 497 Contribution Report

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

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2012 NOV -5 P 4:12

497 CONTRIBUTION REPORT  
CALIFORNIA FORM 497  
For Official Use Only

NAME OF FILER: Duc Bui for Garden Grove Council 2012  
 AREA CODE/PHONE NUMBER: 714-512-6300  
 I.D. NUMBER (if applicable): 1349574  
 STREET ADDRESS: 13441 Flower Street  
 CITY: Garden Grove, CA 92843  
 STATE: ZIP CODE: \_\_\_\_\_

Date of This Filing: 11/05/2012  
 Report No.: 1  
 Amendment to Report No. (explain below)  
 No. of Pages: 1

## 1. Contribution(s) Received

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
10/26/2012	Le Duc Bui 14656 Juniper St Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Engineer United Health	1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate: _____%
10/26/2012	Tu-Ai Pham 14112 Shirley Street Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	2,000.00 <input type="checkbox"/> Check if Loan Provide interest rate: _____%
10/26/2012	Softtech & Associates, Inc. 1570 Corporate Drive, Ste. B Costa Mesa, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan Provide interest rate: _____%

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 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (March 2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Late Contribution Report

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Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Jenny Nguyen For City Council		<b>Date of This Filing</b> 10/26/12
<b>AREA CODE/PHONE NUMBER</b> 714-396-6199	<b>I.D. NUMBER (if applicable)</b> 1352052	<b>Report No.</b> 1
<b>STREET ADDRESS</b> 11382 Trask Ave Garden Grove		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)
<b>CITY</b> Garden Grove	<b>STATE</b> Ca	<b>No. of Pages</b> 1
		<b>AMOUNT RECEIVED</b> 2000.00

RECEIVED  
 CITY OF GARDEN GROVE  
 CITY CLERK'S OFFICE  
 Date Stamp  
 2012 OCT 29 P 5:21  
 CALIFORNIA FORM 497  
 For Official Use Only

## Late Contribution(s) Received

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
10/25/12	Ronnie M Lam 1095 Rosalind Rd San Marino, Ca 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Officer Kamsang Company IMC 411 E. Huntington Dr Ste # 305 Arcadia, Ca 91006	2000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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 PTY - Political Party  
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Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink.  
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RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

DATE  
2012 OCT 29 P 5:20

LATE CONTRIBUTION REPORT

CALIFORNIA  
FORM  
497

For Official Use Only

NAME OF FILER Jenny Nguyen For City Council		Date of This Filing 10/26/12
AREA CODE/PHONE NUMBER 714-396-6199	I.D. NUMBER (if applicable) 1352052	Report No. 1
STREET ADDRESS 11382 Trask Ave		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Garden Grove	STATE Ca	No. of Pages 1
	ZIP CODE 92843	

## Late Contribution(s) Received

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
10/25/12	Ronnie M Lam 1095 Rosalind Rd San Marino, Ca 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Officer Kamsang Company IMC 411 E. Huntington Dr Ste # 305 Arcadia, Ca 91006	2000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

\*Contributor Codes  
 IND - Individual  
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 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

Type or print in ink.  
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2012 496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER <b>JOSH McINTOSH</b>		Date Stamp <b>10-29-12</b>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER <b>714-537-2205</b>	I.D. NUMBER (if applicable) <b>1352204</b>	Date of This Filing <b>10-29-12</b>	
STREET ADDRESS <b>10832 STANFORD AVE GARDEN GROVE</b>		Report No. <b>1</b>	
CITY <b>GARDEN GROVE</b>	STATE <b>CA</b>	<input type="checkbox"/> Amendment to Report No. (explain below)	
	ZIP CODE <b>92840</b>	No. of Pages <b>1</b>	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED

OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<b>CITY COUNCIL</b>							

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<b>10-26-12</b>	<b>Office Depot 11100 GARDEN GROVE BLVD GARDEN GROVE, CA 92843</b>	<b>\$ 29.90</b>
<b>10-27-12</b>	<b>ARCO 13331 ENCLID AVE GARDEN GROVE, CA 92843</b>	<b>\$ 72.70</b>

Reason for Amendment:

**Forgot To File By 10/25/12**

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <b>JOSH McINTOSH</b>		RECEIVED Stamp <b>OF GARDEN GROVE CITY CLERK'S OFFICE</b>	
AREA CODE/PHONE NUMBER <b>714-571-2205</b>	I.D. NUMBER (if applicable) <b>1352204</b>	Date of This Filing <b>10-24-12</b>	CITY <b>CITY</b>
STREET ADDRESS <b>10832 STANFORD AVE</b>		Report No. <b>1</b>	2012 <b>OCT 29 P 1:04</b>
CITY <b>GARDEN GROVE</b>	STATE <b>CA</b>	<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages <b>1</b>
ZIP CODE <b>92840</b>		For Official Use Only	

**CALIFORNIA 497 FORM**

## 1. Contribution(s) Received

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
10-16-12	DAVID NIVANS 703 E. SYCAMORE AVE EN SECONDO, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR, CAL STATE UNIVERSITY DOMINGUEZ HILLS	\$ 200.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10-20-12	LANDEW NIVANS 12701 CHAPARRAL DR. GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	QUALITY ASSURANCE GRAND COAST MEMORIAL HOSPITAL	\$ 200.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
10-24-12	DICK LOBIN 9972 BOLSA AVE WESTMINSTER, VA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REACTOR, CENTURY 21	\$ 50.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%

\*\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: **FORGET TO FILE BY 10/25/12**

# 497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER <i>Beverly Broadwater</i>		RECEIVED CITY OF GARDEN GROVE Date Stamp CLERK'S OFFICE 2012 OCT 29 P 3:58	
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) _____	Date of This Filing 10-29-12	CALIFORNIA 497 FORM For Official Use Only
STREET ADDRESS _____		Report No. _____	
CITY _____	STATE _____	ZIP CODE _____	
AMOUNT RECEIVED _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
No. of Pages _____			

## 1. Contribution(s) Received

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
10/27/12	Care Ambulance Service, Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/27/12	Garden Grove Super Store Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_