

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA 2001/02 FORM **460**

Page 1 of 7  
For Official Use Only

Date Stamp

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE  
2014 OCT 21 P 2:32

Type or print in ink.

Statement covers period  
from 10/1/2014  
through 10/16/2014

Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

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  
 Primarily Formed  
 Controlled  
 Sponsored  
(Also Complete Part 6)  
 Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

## 2. Type of Statement:

- Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)
- Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1341637

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Broadwater for Mayor 2012

## Treasurer(s)

NAME OF TREASURER  
Bruce A. Broadwater  
MAILING ADDRESS  
12162 Brookhaven Park

STREET ADDRESS (NO P.O. BOX)  
12162 Brookhaven Park  
CITY  
Garden Grove STATE  
CA ZIP CODE  
92840 AREA CODE/PHONE  
714/636-6810  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY  
Garden Grove STATE  
CA ZIP CODE  
92840 AREA CODE/PHONE  
714/636-6810  
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-21-14 Date  
 Executed on 10-21-14 Date  
 Executed on # Date  
 Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer  
 By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

**CALIFORNIA  
FORM 460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Bruce A. Broadwater**  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**12162 Brookhaven Park Garden Grove CA 92840**  
 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="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

CALIFORNIA  
FORM **460**

Statement covers period  
from 10/1/2014  
through 10/16/2014

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor 2012

I.D. NUMBER

1341631

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 6,500.00	\$ 60,200.07
2. Loans Received .....	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 6,500.00	\$ 60,200.07
4. Nonmonetary Contributions .....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 6,500.00	\$ 60,200.07

## 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 \$ \_\_\_\_\_

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 27,672.15	\$ 49,791.51
7. Loans Made .....	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 27,672.15	\$ 49,791.51
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	
10. Nonmonetary Adjustment .....	Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 27,672.15	\$ 49,791.51

## 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 \$ 49,972.66
13. Cash Receipts .....	Column A, Line 3 above \$ 6,500.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 27,672.15
15. Cash Payments .....	Column A, Line 8 above \$ 28,800.51
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____

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

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).

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2 \$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

See instructions on reverse \$ \_\_\_\_\_

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

\*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**

Statement covers period  
from 10/1/2014  
through 10/16/2014

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor 2012

I.D. NUMBER

1341631

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)
10/1/2014	Tayseer M. Abdo PO Box 2931 Garden Grove CA 92842	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner German Auto Repair	1,000.00		
10/1/2014	Raymond Choi 7039 Orangethorpe Ave Buena Park CA 90621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Howard Johnson	500.00		
10/7/2014	ABC Art Builder Construction, Inc 9567 E Garvey Ave, Ste 5 South El Monte CA 91733	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
10/6/2014	Leading Orange County PAC 3040 E. Meadow Grove Rd Orange CA 92867	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
10/3/2014	Republic Services, Inc 18500 N Allied Way Phoenix AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
				<b>SUBTOTAL \$</b>	<b>4,000.00</b>	

## Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 6,500.00
- 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 \$** 6,500.00

\*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.)

CALIFORNIA  
FORM **460**

Page 5 of 7

Statement covers period  
from 10/1/2014  
through 10/16/2014

NAME OF FILER  
Broadwater for Mayor 2012  
I.D. NUMBER  
1341631

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)
10/1/2014	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	Developer	2,500.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				2,500.00		

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

**Schedule E  
Payments Made**

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

Statement covers period from <u>10/1/2014</u>		CALIFORNIA <b>460</b> FORM	
through <u>10/16/2014</u>	Page <u>6</u> of <u>7</u>	I.D. NUMBER <u>1341631</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Broadwater for Mayor 2012

**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	MITG	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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DeSnoo & DeSnoo 9971 Briley Way Villa Park CA 92861	PRT			12,000.00
Pattie Limon 600 W. Santa Ana Blvd #814 Santa Ana CA 92701	PRO			240.00
Viet Bao Daily New Inc 14841 Moran St Westminster, CA 92683	PRT			720.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 12,960.00**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 27,575.21
2. Unitemized payments made this period of under \$100 ..... \$ 96.94
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 27,672.15**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period  
from 10/1/2014  
through 10/16/2014

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1341631

Broadwater for Mayor 2012

**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, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dennis desnoo 9971 Briley Way Villa Park CA 92861	PRT			8,000.00
Kiwanis Club 9340 Larson Avenue Garden Grove, CA 92844	CTB			200.00
Dennis 9971 Briley Way Villa Park CA 92861	PRT			5,600.00
Viet Bao Daily New Inc 14841 Moran St Westminster, CA 92683	PRT			460.00
Facebook 1 Network Cir, Menlo Park, CA 94025	TEL			355.21

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

SUBTOTAL \$ 14,615.21