1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
Complete Parts 1, 2, 3, and 4.	through10/18/08	Type or print in ink. Statement covers period D. 10/01/08
2. Type of Statement:	11/04/08	Date of election if applicable: (Month, Day, Yea) 001 23 P 2: 41
		COVER PAGE 1 of 18 For Official Use Only

SEE INSTRUCTIONS ON REVERSE	through 10/18/08	17/04/08			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
Officeholder, Candidate Controlled Committee State Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection Statement Semi-annual Statement		Quarterly Special C	Quarterly Statement Special Odd-Year Report
(Also Complete Part 5)	Controlled Sponsored (Ass Complete Part 6)	Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Supplem Statemer	Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Carell Control Committee	Primarily Formed Candidate/ Officeholder Committee				
Small Contributor Committee Political Party/Central Committee	(Also Complete Pert 7)				
3. Committee Information	1.D. NUMBER 1300173	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	EE)	NAME OF TREASURER Patricia Limon			
Friends of Steve Jones for Garden Grove City Commit	y Codition	MAILING ADDRESS			
		600 W. Santa Ana Blvd., #900			
STREET ADDRESS (NO P.O. BOX)		CITY Santa Ana	CA	92701	714/285-9838
CITY STATE ZII	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY			
den Grove CA	92841 714/537-9299				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	O. BOX	MAILING ADDRESS			
CITY STATE ZI	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			

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	Executed on	Executed on	Executed on.
Date	Date	10 - 23 - 08	Ó

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Signature of Controlling Officeholder, Candidate, State Measure Proponent

OY	; []	By —		and on the second
Cardidate State Measure Proposent or Responsible Officer of Spons	Confice	reasurer or Assistant Treasu	TOCKS FUNGS	

Signature of Controlling Officeholder, Candidate, State Measure Proponent pppc Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

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CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees I not included in this stateme contributions or make expe	11542 Monciair	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Council Member	Steve Jones	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Candi
STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)			STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX)		er e	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.	Garden Giove	RESS (NO. AND STREET) CITY	Council Member	OCCUPATION AND DISTRICT	CANDIDATE	Officeholder or Candidate Controlled Committee
ODE AREA CODE/PHONE	(XC	CONTROLLED COMMITTEE?	I.D. NUMBER	ODE AREA CODE/PHONE		CONTROLLED COMMITTEE?	I.D. NUMBER	ement: List any committee r are primarily formed to rece didacy.	G10A6 CV 25041			NI MAEG IC ADDI ICARI E)		tee
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						7.							1	<u>ი</u>
Attac		NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.		BALLOT NO, OR LETTER	NAME OF BALLOT MEASURE	Primarily Formed Ballot Measure Committee			
h contin		ANDIDATE	ANDIDATE	ANDIDATE	ANDIDATE	idate/O			IDATE, OR	eholder,		JURISDICTION		Measu
Attach continuation sheets if necessary		OFFICE SOUGHT OR HELD	Candidate/Officeholder Committee List names of date(s) for which this committee is primarily formed.		DIS	PROPONENT	candidate, or state		STION		re Committee			
essary		OR HELD	OR HELD	OR HELD	OR HELD	nittee L		DISTRICT NO. IF ANY		measure				
		SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	ist names of red.		IF ANY		proponent, if any.	OPPOSE	SUPPORT		

Summary Page Campaign Disclosure Statement

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Steve Jones

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SUBTOTAL CASH CONTRIBUTIONS

Add Lines 1 + 2

GF)

23,897.00

6/9

2,724.89

Schedule C, Line 3

60

26,621.89

Schedule B, Line 3 Schedule A, Line 3

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23,897.00

(A)

TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

Column A

Nonmonetary Contributions

TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

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Monetary Contributions

Loans Received

Contributions Received

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Payments Made

Loans Made.....

Expenditures Made

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

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SUMMARY PAGE

Column B
CALENDAR YEAR
TOTALTODATE 69,968.33 63,106.73 63,106.73 77,693.22 74,968.33 2,724.89 5,000.00 from through Statement covers period **General Elections** Running in Both the State Primary and Calendar Year Summary for Candidates Candidates **Expenditure Limit Summary for State** 21. Expenditures 20. Contributions 10/01/08 Received 10/18/08 Date of Election 22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 1300173 Page .. I.D. NUMBER w () Total to Date 7/1 to Date ₽, 460 ∽

10. Nonmonetary Adjustment Schedule C, Line 3 Accrued Expenses (Unpaid Bills)Schedule F. Line 3 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Schedule H, Line 3 Schedule E, Line 4 Ø S 26,237.55 26,237.55 28,962.44 2,724.89 69 4 65,831,62 2,724.89 (mm/dd/yy)

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11. TOTAL EXPENDITURES MADE

18. Cash Equivalents See instructions on reverse	Cash Equivalents and Outstanding Debts	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	If this is a termination statement, Line 16 must be zero.	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	15. Cash Payments Column A, Line 8 above	14. Miscellaneous Increases to Cash Schedule I, Line 4	13. Cash Receipts Column A, Line 3 above	12. Beginning Cash Balance Previous Summary Page, Line 76	Current Cash Statement
(A)		€9		မော				G	•
				00.100	20,237.33	26 227 55	00.180,02	00 700 66	14.202.15
	any).	for this calendar year carry over the amoun	period amounts. If thi	subtracted from previ	Column A may be neg	from Column B of you	corresponding amoun	To calculate Column B	

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

69

er, only unts d 9 (if evious this is g filed egative our last ints in B, add A to the ants

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

69

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

from Statement covers period 10/1/08

460

SCHEDULE A

10/18/08 1300173 Page __ I.D. NUMBER 4 ō, 00 ~~

through

Westminster, CA 92683		Tom Quach	Michael Kemp 10/01/08 2366 Roscmare Rd. Los Angeles, CA 90077	Garden Grove Police Association 10/01/08 Public Affairs Committee 111432 Kearney Way, Garden Grove, CA 92640	10/01/08 LMC Management Group LLC 131 Innovation, Suite 150 Irvine, CA 92817	10/01/08 Care Ambulance 1517 W. Braden Court Orange, CA 92868	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR RECEIVED	Friends of Steve Jones
The state of the s				ociation den Grove, CA 92640	LLC			
		SCC	ØIND □COM □PTY □SCC	DOTH SCC	□IND □COM ZOTH □PTY □SCC	SCC	CONTRIBUTOR CODE *	
¢ 23	SUBTOTAL \$	Management LQNN, Inc.	Architect Mak Architecture				IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	
3,450.00	2,850.00	500.00	100.00	1,000.00	250.00	1,000.00	AMOUNT RECEIVED THIS PERIOD	
*Contributor Codes IND – Individual COM – Recipient Co	and the second s		The state of the s				CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1000
*Contributor Codes IND – Individual COM – Recipient Committee						TOTAL CONTROL OF THE	PER ELECTION TO DATE (IF REQUIRED)	1000170

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D	 Amount received this period – itemized monetary contributions.
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(Include all Schedule A subtotals)	

2. Amount received this period - unitemized monetary contributions of less than \$100 ......\$ ....

3. Total monetary contributions received this period. 

OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

NAME OF FILER

Friends of Steve Jones

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

from through Statement covers period 10/1/08 10/18/08 CALIFORNIA Page .... 1300173 I.D. NUMBER SCHEDULE A (CONT.) Çħ. 9 8

	10/01/08	10/01/08	10/01/08	10/01/08	10/01/08	DATE RECEIVED
	David Prasifka 199 S. Robles Ave #530 Pasadena, CA 91101	Joe Hammer 6371 Doig Dr Garden Grove, CA 92841	S. A. Heri, Inc. 2125 E. Katella Ave., Ste 100 Anaheim, CA 92806	Tina Nguyen 8822 Orrey Westminster, CA 92683	Wayne Yan 8822 Orrey Westminster, CA 92683	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSOENTER LD. NUMBER)
	DOTH SCC	OSCC SCC	DIND SOOM PTY SCC	DOTH SCC	ZIND COM OTH SCC	CONTRIBUTOR CODE *
SUBTOTAL\$	Engineer Carollo Engineers	Owner California Relocation, Inc		Realtor R.E. Listings, Inc.	Realtor R.E. Listings, Inc.	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
\$ 1,100.00	250.00	200.00	250.00	200.00	200.00	AMOUNT RECEIVED THIS PERIOD
	Processing Control of Control					CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE ()F REQUIRED)

*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

Type or print in ink.

SCHEDULE A (CONT.)

in the statement of the	10/01/08 1	10/01/08 1	10/01/08 X	10/01/08 C	10/01/08 SI	DATE FUL RECEIVED	NAME OF FILER Friends of Steve Jones		Monetary Co
	Advanced Beauty College 10121 Westminster Garden Grove, CA 92843	James Boyce M.D. 12665 Garden Grove Blvd #401 Garden Grove, CA 92843	Katheryn Buchoz 11602 Town and Country Dr. Garden Grove, CA 92841	Chuck Fry 19800 MacArthur #1150 Irvine, CA 92612	Sheldon Singer 12672 Kona Lane Garden Grove, CA 92841	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	e Jones		Monetary Contributions Received
	IND   IND	SCC DOTH STY SCC SCC SCOM	SCC SCC	SCC	ZIND COM OTH PTY SCC	CONTRIBUTOR CODE *			Amounts may be rounded to whole dollars.
SUBTOTAL \$		physician	Property Manager Bridgecreek	Affordable Housing Vista Communities	Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)			ollars.
\$ 750.00	100.00	100.00	100.00	250.00	200.00	AMOUNT RECEIVED THIS PERIOD		through10/	from 10/1/08
			The state of the s			CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	13C	10/18/08 Page	
						E PER ELECTION TO DATE (IF REQUIRED)	1.D.NUMBER 1300173	ge6 of18	FORM 460

*Contributor Codes

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(other than PTY or SCC)
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Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period 10/1/08

from

CALIFORNIA Page _ Q. 8

SCHEDULE A (CONT.)

NAME OF FILER Friends of Steve Jones DATE RECEIVED 10/01/08 10/01/08 10/01/08 10/01/08 10/01/08 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE * Dale Apartments LLC Fountain Valley, CA 92708 Alwin Lee 43 Linhaven Chessen & Associates, Inc. 3420-3A Calle Azul 16509 Brookhurst Fountain Valley, CA 92708 Help-U-Sell Fountain Valley, CA 92708 16509 Brookhurst Q-Strategies Inc Irvine, CA 92602 Laguna Woods, CA 92637 16509 Brookhurst SCC ODZOO ODEN COS SCC PTY No Broker Help-U-Sell IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD through 1,800.00 500.00 500.00 500.00 200.00 100.00 10/18/08 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 1300173 I.D. NUMBER PER ELECTION TO DATE (IF REQUIRED)

*Contributor Codes

COM - Recipient Committee IND - Individual

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

Monetary (	Monetary Contributions Received	Amounts may be rounded to whole dollars.	e rounded blars.	Statement covers period 10/1/08 from 10/18/08		CALIFORNIA 460 FORM 18 Page 8 of 18
NAME OF FILER Friends of Steve Jones	iteve Jones	- i testiga karana ara sa mandan bersala	-		1.D, NUMBE 1300173	I.D. NUMBER 1300173
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSOENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/01/08	Heritage Grove Partners LLC 16509 Brookhurst Ste A Fountain Valley, CA 92708	□ IND □ COM □ PTY □ SCC		200.00		
10/01/08	Expertow, Inc. 8341 Monroe Ave Stanton, CA 90680	SCC		250.00		
10/01/08	Greenfield Sport Parks 2004 Yale St., Unit F Santa Ana, CA 92704	SCC SCC		100.00		
10/01/08	Robert Kim 940 S. Bucknell Cir Anaheim, CA 92807	ØiND □COM □PTY □SCC	Real Estate Dev Hanover Pacific	250.00		
10/01/08	Republic Waste Services 1131 N. Blue Gum St. Anaheim, CA 92815	DIND CCC		1,000.00		
WASHINGTON THE PARTY OF THE PAR			SUBTOTAL\$	1,800.00		

*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

## **Monetary Contributions Received** Schedule A (Continuation Sheet)

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

Statement covers period CALIFORNIA / CO SCHEDULE A (CONT.)

	.\$ 1,950.00	SUBTOTAL\$	Scc	A LI HEROT I CLE A COLOGO	
	250.00		MOD COMP	Medconsult Practice Mangment, Inc. 16024 La Lindura Dr. Whittier, CA 920603	10/02/08
	1,000.00		DIND COM DOTH SCC	Thaisan Financial Corp. 8361 Westminster Westminster, CA 92683	10/02/08
	100.00		DIND SCC DSCC	Kodash, Inc. 3625 Del Amo Blvd., Ste 130 Torrance, CA 90503	10/02/08
	500.00	Real Estate Dev United Inv. LLC	⊠IND □COM □OTH □SCC	Matthew Christenen 1130 Pescador Dr. Newport Beach, CA 92660	10/02/08
	100.00		□IND □COM DOTH □SCC	Encon Commercial 12145 Mora Dr. 7 Santa Fe Springs, CA 90670	10/02/08
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT C RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ()F COMMITTEE.ALSO ENTER I.D. NUMBER)	DATE RECEIVED
				ME OF FILER Friends of Steve Jones	NAME OF FILER Friends of S
/08	through 10/18/08				
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*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

Type or print in ink.

SCHEDULE A (CONT.)

Monetary (	Monetary Contributions Received	Amounts may be rounded to whole dollars.	e rounded lars.	Statement covers period		CALIFORNIA FORM	^ 460
				gh	10/18/08	Page 11	of 18
NAME OF FILER		***************************************	and the design of the second s		and the state of t	I.D. NUMBER	
DATE FULL NAME, S	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, SITER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
10/02/08	Caldwell's Auto Body & Towing 1519 N Fairview Street Santa Ana CA 92706	□ IND □ COM □ PTY □ SCC		100.00			Topological and Advances
10/03/08	Core Santa Ana, LLC 1800 Century Park East, Suite 600 Los Angeles, CA 90067	□ IND □ COM □ PTY □ SCC		1,000.00	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		TO THE ADDRESS OF THE
10/03/08	Widdicombe Enterprises, Inc. 10900 Katella Ave Anaheim, CA 92804	□ IND □ COM □ PTY □ SCC		100.00		*******	
10/03/08	Roderic Stoddard 4333 E. 2nd St. Long Beach, CA 90803	ØNIND □COM □PTY □SCC	Owner Christian Sound Services	100.00		- Andrews	
10/03/08	Anthony's Body Shop Inc 10242 Garden Grove Blvd Garden Grove, CA 92843	DIND OTH		250.00			

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

SUBTOTAL \$

1,550.00

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

NAME OF FILER Friends of Steve Jones DATE RECEIVED 10/03/08 10/03/08 10/03/08 10/03/08 10/03/08 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Tony Lam, 9741 Bolsa Ave. #201 Westminster, CA 92683 Kumar S. Raja, M.D. 17822 Beach Blvd. Suite 321 Garden Grove, CA 92844 9841 Garden Grove Blvd Grand Motors, Inc. Huntington Beach, CA 92647 Cleanstreet Inc. 1937 W. 139th St. 125 Baker St. East Suite 262 Orange County Auto Deales Assoc Pac Gardena, CA 90247 Costa Mesa, CA 92626 CONTRIBUTOR NS FEE ON S ODE OF OR OTHER ORDER OF OTHER ORDER OF OTHER OT DOSC PTO COM self-employed CPA IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) SUBTOTAL \$ from through AMOUNT RECEIVED THIS PERIOD Statement covers period 1,450.00 500.00 500.00 100.00 250.00 100.00 10/01/08 10/18/08 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) Page_ CALIFORNIA 1300173 I.D. NUMBER FORN SCHEDULE A (CONT.) 2 PER ELECTION TO DATE (IF REQUIRED) 9 460  $\frac{\infty}{2}$ 

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

Type or print in ink.

Amounts may be rounded

A (CONT.)	

	10/03/08	10/03/08	10/03/08	10/03/08	10/03/08	DATE F	NAME OF FILER Friends of Steve Jones		vionetary C
	Richard Kelton 2716 Ocean Park Blvd., Ste 3006 Santa Monica, CA 90405	Mark Kelton 2716 Ocean Park Blvd., Ste 3006 Santa Monica, CA 90405	Paulo Kluber 1111 11 St. N.W. No. 310 Washington, DC 20001	Peggy Hanshaw 9282 Royal Houshaw Garden Grove, CA 92841	Bizpac 2 Park Plaza #100 Irvine, CA 92614	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	e Jones		vionetary Contributions Received
	MIND COM OTH SCC	COM COM COM COTH SCC	⊠ND □COM □PTY SCC	MIND COM OTH SCC	□ IND □ COM IND □ PTY □ SCC	CONTRIBUTOR CODE *			to whole dollars.
\$ SUBTOTAL	Property Manager Cloverfield Mgmt, LLC	Vice Pres. Cloverfield Mgmt LLC	Salesman BRIC Business	Housewife		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAME OF BUSINESS)			ollars.
\$ 1,900.00	150.00	150.00	100.00	1,000.00	500.00	AMOUNT RECEIVED THIS PERIOD		through 10/	from 10/01/08
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1.D. NUMBE 1300173	10/18/08 Page	
						PER ELECTION TO DATE (IF REQUIRED)	I.D. NUMBER 1300173	13 of 18	CALIFORNIA 460

*Contributor Codes

IND -- Individual
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(other than PTY or SCC)
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PTY -- Political Party
SCC -- Small Contributor Committee

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

from. Statement covers period 10/01/08 CALIFORNIA FORM SCHEDULE A (CONT.)

				through10/1	0/18/08	Page 14	of la
NAME OF FILER			In the section of the	and an annual annual design of the second		I.D. NUMBER	2
Friends of Steve Jones	iteve Jones					1300173	ACCUSO ON THE WAS COMMON AND A STREET OF THE
DATE RECEIVED	FUIL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE.ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE JAR 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/08	David Kelton 2716 Ocean Park Blvd., Ste 3006 Santa Monica, CA 90405	ZIND COM DSCC	Property Manager Cloverfield Mgmt LLC	150.00	**************************************		The state of the s
10/15/08	Garden Grove Firefighters PAC 12866 Main St. Garden Grove, CA 92840	DSCC DIND		5,000.00			
10/15/08	Russell W. Graef 9411 Stanford Ave Garden Grove, CA 92841	SCC C PTO MAN	Doctor	250.00			
10/15/08	Shawn Boyd 4662 Katella Ave, Ste H Los Alamitos, CA 90720	DCOM DSCC	Real Estate Western Pacific Capital, Inc.	250.00			
10/15/08	Ronnie Lam 1095 Rosalind Rd San Marino, CA 91108	OSCC	Owner Kam Sang, Inc.	1,000.00			
****	is all a state of the state of	A PARTY OF A STATE OF THE STATE	SUBTOTAL	\$ 6,650.00			

*Contributor Codes

IND – Individual
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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

# Nonmonetary Contributions Received Schedule C

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 10/01/08 RECEIVED Friends of Steve Jones Attach additional information on appropriately labeled continuation sheets. DATE 1855 S. Harbor Bl., Sheraton Anaheim, CA 92804 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR
CODE * HION □co_M ALCOLLA Amounts may be rounded to whole dollars. IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) Fundraiser DESCRIPTION OF GOODS OR SERVICES SUBTOTAL \$ from through Statement covers period AMOUNT/ FAIR MARKET VALUE 2,724.89 2,724.89 10/01/08 10/18/08 CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) *Contributor Codes Page _ **CALIFORNIA** I.D. NUMBER 1300173 FORM CJ. PER ELECTION
TO DATE
(IF REQUIRED) o, SCHEDULE 460  $\ddot{\circ}$ 

# Schodillo C Silmany

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule E

Type or print in ink.

Statement covers period CANTONIA // CANTONIA

Payments Made Amounts may be rounded to whole dollars.	ollars.	from10/01/08	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 10/18/08 Page	16 of 18
NAME OF FILER		1.D. NUMB	I.D. NUMBER
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	น may enter the code. Other		
7 - 7 - 2 2 2 2	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	osts als same candidate/sponsor t, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DES	DESCRIPTION OF PAYMENT	AMOUNTPAID
Office Depot 10801 Garden Grove Blvd Garden Grove, CA 92843	OFS		126.20
Lena Vo 12622 8th St. Garden Grove, CA 92840-5308	SAL		375.00
Patricia Limon 600 W. Santa Ana Blvd., #900 Santa Ana, CA 92701	PRO		500.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule	narized on Schedule D.	SUBTOTAL\$	L\$ 1,001.20
Schedule E Summary		÷	26.237.55
Unitemized payments made this period of under \$100		69	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column (e).)	\$. Line 6.)	26,237.55
4. [OI3] DAVMENTS Made this beriod. (Add Lines 1, 4, and 5, ciner here and on		[id o.) :	

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Steve Jones

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

Statement covers period CA
from 10/01/08
through 10/18/08
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8 FORM 46

8 Page 17 of 18

1.D. NUMBER

1300173

FERRE CASS CODES: If one of the following 3309 S. Main St. * Payments that are contributions or independent expenditures must also be summarized on Schedule D. California Voter Guide Santa Ana, CA 92707 COGS Lawn Signs PO Box 11426 Torrance, CA 90501 Stanford Avenue Garden Grove Post Office Santa Ana, CA 92711-1426 DsSnoo & DeSnoo 1954 W. Carson St., Ste B Saigon West Garden Grove, CA 92842-9998 Garden Grove, CA 92841 12881 Knott St., Ste 105 campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)* campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) codes accurately describes the 종류응면동 office expenses petition circulating phone banks payment, you may enter member communications meetings and appearances polling and survey research postage, delivery and messenger services print ads professional services (legal, accounting) CODE CMP POS CNS 9 the code. Otherwise, DESCRIPTION OF PAYMENT ※ 하다 하다 하는 경우 describe the payment. transfer between committees of the same candidate/sponsor campaign workers' salaries radio airtime and production costs information technology costs (internet, e-mail) voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions SUBTOTAL \$ AMOUNT PAID 14,618.50 3,875.00 1,511.41 5,159.09 2,323.00 1,750.00

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

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Steve Jones from. through Statement covers period 10/01/08 10/18/08 1300173 Page___ I.D. NUMBER 증 9 <u>∽</u>

FPPC Form 460 (January/05) 66/ASK-FPPC (866/275-3772)	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	The second secon	
10,617.85	SUBTOTAL \$	n Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
9,314.25		Ş	DsSnoo & DeSnoo PO Box 11426 Santa Ana, CA 92711-1426
63.50		OFS	Home Depot 10801 Garden Grove Blvd Garden Grove, CA 92843
200.00		MTG	Shelly Castellano 7541 Danton Circle Huntington Beach, CA 92648
1,040.10		CMP	COGS Lawn Signs 3309 S. Main St Santa Ana, CA 92707
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
e candidate/sponsor	payment, you may enter the code. Otherwise, describe the payment.  member communications meetings and appearances office expenses petition circulating phone banks polling and survey research professional services (legal, accounting) print ads  print ads  RAD radio airtime and production costs returned contributions  RED returned contributions (a campaign workers' salaries aritime and production costs professional services (legal, accounting) TEL t.v. or cable airtime and production costs to returned contributions  RED returned contributions (campaign workers' salaries aritime and production costs production costs staff/spouse travel, lodging, and meals volter sequistration volter registration volter registration volter registration volter registration volters.	payment, you may enter the code member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you repaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings  TODES: If one of the following codes accurately describes the payment, you remained to member community of office expenses of the payment, you remained to member community of office expenses of the payment, you remained to member community of office expenses of the payment, you remained to payme