

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2008
through 09/30/2008

Date of election if applicable:
(Month, Day, Year)
11/04/2008

Date Stamp RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2008 OCT 23 A 8:34	CALIFORNIA FORM 460
Page <u>1</u> of <u>8</u> For Official Use Only	

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
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495
- To Amend Sch F and Summary Page _____

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER
1298293

Friends Of Paul Lucas 08

Treasurer(s)

NAME OF TREASURER

Kinde Durkee

MAILING ADDRESS

1212 S Victory Blvd

Burbank

CA

91502

(818) 260-0669

STREET ADDRESS (NO P.O. BOX)
1212 S Victory Blvd

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 10/21/2008
Date

Executed on 10/21/2008
Date

Executed on _____
Date

Executed on _____
Date

By Kinde Durkee

Signature of Treasurer or Assistant Treasurer

By Paul Lucas

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Paul Lucas

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
PO Box 4036 Garden Grove CA 92842

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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPOSE

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	SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period from 07/01/2008 through 09/30/2008

CALIFORNIA FORM 460
Page 3 of 8
I.D. NUMBER 1298293

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Paul Lucas O8

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions	Schedule A, Line 3 2849.00	5408.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 2849.00	5408.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 2849.00	5408.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 4329.81	4639.37
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 4329.81	4639.37
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 3437.23	3437.23
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 7767.04	8076.60

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 2653.38	
13. Cash Receipts	Column A, Line 3 above 2849.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	
15. Cash Payments	Column A, Line 8 above 4329.81	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 1172.57	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

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 \$ 3437.23

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).

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	\$ _____	\$ _____

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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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

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

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

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>8</u>	I.D. NUMBER 1298293

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	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	tv. or cable airtime and production costs
FL	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 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
Nationwide Printing Services 15421 Red Hill Av #B Tustin CA 92780	LIT	0.00	3437.23	0.00	3437.23
SUBTOTALS \$		0.00 \$	3437.23 \$	0.00 \$	3437.23

* 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 \$** 3437.23
- 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
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 3437.23

May be a negative number