

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM 460

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CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

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For Official Use Only

2008 OCT 27 P 2: b

Type or print in ink.

Date of election if applicable:

(Month, Day, Year)

November 4, 2008

Statement covers period

from 7-1-08

through 9-30-08

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
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

### 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

Listed loan to campaign as two contributions.

### 3. Committee Information

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

Committee to Elect Charles Mitchell

I.D. NUMBER

1308878

### Treasurer(s)

NAME OF TREASURER

Dianne M. Mitchell

MAILING ADDRESS

8701 Lomay Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

8701 Lomay Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Garden Grove, CA 92844

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

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

10-24-08

Date

Executed on

10-24-08

Date

Executed on

Date

Executed on

Date

By *Dianne Mitchell*

Signature of Treasurer or Assistant Treasurer

By *[Signature]*

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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

7-1-08

from

9-30-08

through

CALIFORNIA  
FORM

460

Page 2 of 8

I.D. NUMBER

1308878

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Charles Mitchell

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

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	1121.00	1121.00
2. Loans Received	3357.00	3357.00
3. SUBTOTAL CASH CONTRIBUTIONS	4478.00	4478.00
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	4478.00	4478.00

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	1121.00	1121.00
2. Loans Received	3357.00	3357.00
3. SUBTOTAL CASH CONTRIBUTIONS	4478.00	4478.00
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	4478.00	4478.00

## Expenditures Made

6. Payments Made	2527.00	2527.00
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	2527.00	2527.00
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	2527.00	2527.00

## 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	0	Previous Summary Page, Line 16
13. Cash Receipts	4478.00	Column A, Line 3 above
14. Miscellaneous Increases to Cash	0	Schedule I, Line 4
15. Cash Payments	2527.00	Column A, Line 8 above
16. ENDING CASH BALANCE	1951.00	Add Lines 12 + 13 + 14, then subtract Line 15

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

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

\$ \_\_\_\_\_

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).

\*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.

Statement covers period  
from 7-1-08  
through 9-30-08

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I.D. NUMBER  
1308878

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Charles Mitchell

CALIFORNIA **460**  
FORM

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)
9/2/08	Gene Kirkham 11301 Euclid Street 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	Laundry Matchline Auditor	\$100.00	\$100.00	
9/2/08	Rick Morimoto 12665 Garden Grove Blvd #208 Garden Grove, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist	\$25.00	\$25.00	
9/2/08	Carol Boire 11088 Trask Avenue Garden Grove, CA 92843	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
				<b>SUBTOTAL \$</b>	<b>225.00</b>	

\*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

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 965.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 156.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1121.00