

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Type or print in ink.

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

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

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee - 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

Revised Schedule E and Summary Sheet

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
COMMITTEE TO ELECT Charles Mitchell

I.D. NUMBER 130 8878

STREET ADDRESS (NO P.O. BOX)  
8701 Lomay Ave

CITY Garden Grove, CA STATE CA ZIP CODE 92844 AREA CODE/PHONE 714-844-0754

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) Dianne Mitchell

NAME OF TREASURER

MAILING ADDRESS 8701 Lomay Ave

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE 714-844-0754

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10-19-08 Date

Executed on 10-19-08 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By Dianne Mitchell Signature of Treasurer or Assistant Treasurer

By 8701 Lomay Ave Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officeholder/Sponsor

By Garden Grove CA 92844 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, 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  
from 07-01-08  
through 09-30-08

Page 2 of 8

I.D. NUMBER  
1308878

CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_

1. Monetary Contributions ..... Schedule A, Line 3 \$ 1121.00

2. Loans Received ..... Schedule B, Line 3 \$ 3357.00

3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 \$ 4478.00

4. Nonmonetary Contributions ..... Schedule C, Line 3 \$ 0

5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 \$ 4478.00

6. Payments Made ..... Schedule E, Line 4 \$ 520.00

7. Loans Made ..... Schedule H, Line 3 \$ 2257.00

8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 \$ 2777.00

9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 \$ 0

10. Nonmonetary Adjustment ..... Schedule C, Line 3 \$ 0

11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10 \$ 2777.00

12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ 0

13. Cash Receipts ..... Column A, Line 3 above \$ 4478.00

14. Miscellaneous Increases to Cash ..... Schedule I, Line 4 \$ 2777.00

15. Cash Payments ..... Column A, Line 8 above \$ 1701.00

16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3357.00

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

18. Cash Equivalents ..... See instructions on reverse \$ 0

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 0

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

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

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).

12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ 0

13. Cash Receipts ..... Column A, Line 3 above \$ 4478.00

14. Miscellaneous Increases to Cash ..... Schedule I, Line 4 \$ 2777.00

15. Cash Payments ..... Column A, Line 8 above \$ 1701.00

16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3357.00

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

18. Cash Equivalents ..... See instructions on reverse \$ 0

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 0

12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ 0

13. Cash Receipts ..... Column A, Line 3 above \$ 4478.00

14. Miscellaneous Increases to Cash ..... Schedule I, Line 4 \$ 2777.00

15. Cash Payments ..... Column A, Line 8 above \$ 1701.00

16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3357.00

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

18. Cash Equivalents ..... See instructions on reverse \$ 0

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 0

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

**Schedule E  
Payments Made**

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

CALIFORNIA  
FORM

Statement covers period

from 07-01-08

through 09-30-08

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1308878

Committee to Elect Charles Mitchell

**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               | TSF | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | VOT | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | WEB | information technology costs (internet, e-mail)           |
| LT  | campaign literature and mailings                              | PRT | print ads                                 |     |   |

NAME AND ADDRESS OF PAYEE  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Doug's Downtown Grill  
12400 Main St  
Garden Grove, 92840

CODE OR

FND

DESCRIPTION OF PAYMENT

Fundraising  
Restaurant

AMOUNT PAID

250.00

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

SUBTOTAL \$

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2,777.00
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 2,777.00