

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Page 1 of 7

2010 OCT 21 P 5:07 For Official Use Only

CALIFORNIA
FORM 460

Statement covers period
from 10-1-10
through 10-16-10

Date of election if applicable:
(Month, Day, Year)
11-2-10

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
- Primarily Formed Ballot Measure Committee
- 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 (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BROADWATER FOR COUNCIL 2010

I.D. NUMBER
1272407

STREET ADDRESS (NO P.O. BOX)
12162 BROOKHAVEN PARK

CITY
GARDEN GROVE CA 92846 STATE
CA ZIP CODE
92846 AREA CODE/PHONE
7146366810

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

Treasurer(s)

NAME OF TREASURER
Bruce A. Broadwater

MAILING ADDRESS
12162 Brookhaven Park

CITY
GARDEN GROVE CA STATE
CA ZIP CODE
92846 AREA CODE/PHONE
7146366810

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL 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 10-20-10 Date
Executed on 10-20-10 Date
Executed on _____ Date
Executed on _____ Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

CALIFORNIA FORM 460

Page 2 of 7

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bruce A Braatenstad

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Garden Grove City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12162 Brookhaven Park, Garden Grove CA 92640

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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 Candidate/Officeholder 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**

Page 3 of 17

I.D. NUMBER 1272407

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brandwater For Council 2010

Statement covers period
from 10-1-10
through 10-16-10

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 <u>4,700.00</u>	<u>30,848.00</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 <u>4,700.00</u>	<u>30,848.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 <u>4,700.00</u>	<u>30,848.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>1,531.98</u>	<u>10,639.46</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 <u>1,531.98</u>	<u>10,639.46</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 <u>1,531.98</u>	<u>10,639.46</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 <u>36,409.22</u>	<u>36,409.22</u>
13. Cash Receipts	Column A, Line 3 above <u>4,700.00</u>	<u>4,700.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>	<u>0</u>
15. Cash Payments	Column A, Line 8 above <u>1,531.98</u>	<u>1,531.98</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <u>40,957.24</u>	<u>40,957.24</u>

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 <u>0</u>	<u>0</u>
------------------------------------	--------------------------------	----------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse <u>0</u>	<u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above <u>0</u>	<u>0</u>

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	\$ <u>30,848.00</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>10,639.46</u>	\$ <u>0</u>

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
	<u>10/16/10</u>	\$ <u>10,639.46</u>
		\$ <u>0</u>

*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**

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Boardwater For Council 2010

I.D. NUMBER

1272407

Statement covers period

from 10-1-10
through 10-6-10

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)
10/6/10	EMANUEL GOZIEL 19005 CEDAR VILLAGE VILLA PARK	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner of Garden Grove RV STORAGE LLC	\$100.00	\$100.00	
10/4/10	Balden Grove RV STORAGE #2	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
10/9/10	ZIP POST 9353 Balsa Ave Westminster CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
10-5-10	ULENT CONSTRUCTION 15931 AURORA CREST INC. Whittier CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
10/6/10	Kim Pharmacy 14536 B Beechcroft Westminster CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$					1800.00	

Schedule A Summary

- Amount received this period — itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4700.00
- Amount received this period — unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4700.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
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.

Statement covers period
from 10-1-10
through 10-16-10

Page 5 of 7

NAME OF FILER

Boardwater for Council 2010

I.D. NUMBER

1272407

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)
10/3/10	Nguyen H Lee Tree & Linn T Ly Tree 1400 PACIFIC COAST HWY HUNTINGTON BEACH CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$4,000.00	\$1,000.00	
10/4/10	MANUFACTURED HOUSING TRUST INC / MHEB PAC 3051 THOMAS ST, SANTA MARITA, CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
10/8/10	CLEAR CHANNEL OUTDOOR PO Box 695152 SAN ANTONIO TX 78265	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/8/10	Hung Schw Nguyen VAN THANH NGUYEN 10861 Sidney PLANE CANTON OHIO 42840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COCONS REAL ESTATE	\$400.00	\$400.00	

SUBTOTAL \$ 2,900.00

*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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater For Council 2010

Statement covers period
from 10-1-10

through 10-16-10

Page 6 of 7

I.D. NUMBER

1272407

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
M. Z MIN FARUKHI, 3125 E MANDEVILLE PL OAKLAND CA 94618	CMP		MIS-TAKEN IN REPORT REPORTED \$500.00 SHOULD HAVE REPORTED \$200.00	\$300.00
SCOTT ELLIS NEWPORT BEACH	LIT		SLATE MARKER	\$200.00
CAMERON MANUELS 12568 CHAMPAIN AVE #2401 GARDEN GROVE CA 92840	MEQ		Web Site	\$300.00

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

SUBTOTAL \$ 800.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 449.00
- Unitemized payments made this period of under \$100 \$ 92.98
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1,531.98

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

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

SCHEDULE E (CONT.)

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Broadwater For Council 2010

Statement covers period
from 10-1-10
through 10-16-10

Page 7 of 7
I.D. NUMBER
1272407

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	PEI	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
OFFICE DEPOT GARDEN GROVE BLVD GARDEN GROVE, CA 92843	CMP		PAPER + USE OF COPY MACHINE	\$ 112.50
GARDEN GROVE JEWEL 12866 MAIN STREET #203 GARDEN GROVE, CA 92840	PRT		DISPLAY AD	\$ 567.00
SUBTOTAL \$				679.50

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