

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
Page 7 of 7

Date Stamp
2010 OCT - 5 P 4: 28

CALIFORNIA
FORM
460

For Official Use Only

Statement covers period
from 7-1-10
through 9-30-10

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

I.D. NUMBER 1272407

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

Broadwater For Council 2010
STREET ADDRESS (NO P.O. BOX)
12162 Brookhaven Park
CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE 714 636-6810
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 STATE CA ZIP CODE 92840 AREA CODE/PHONE 714 636-6810
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 10-4-10 Date
By [Signature] Signature of Treasurer or Assistant Treasurer
Executed on 10-4-10 Date
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bruce A. Broadwater
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Garden Grove City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12102 Brookhaven Park, Garden Grove CA 92840

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
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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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater For Council 2010

Statement covers period

from *7-1-10*

through *9-30-10*

Page *3* of *7*

I.D. NUMBER

1272047

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <i>9,799.00</i>	\$ <i>26,148.00</i>
2. Loans Received Schedule B, Line 3	\$ <i>0</i>	\$ <i>0</i>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <i>9,799.00</i>	\$ <i>26,148.00</i>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <i>0</i>	\$ <i>0</i>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <i>9,799.00</i>	\$ <i>26,148.00</i>

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	\$ <i>0</i>	\$ <i>0</i>
21. Expenditures Made	\$ <i>0</i>	\$ <i>0</i>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <i>7,723.91</i>	\$ <i>9,107.48</i>
7. Loans Made Schedule H, Line 3	\$ <i>0</i>	\$ <i>0</i>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <i>7,723.91</i>	\$ <i>9,107.48</i>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <i>0</i>	\$ <i>0</i>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <i>0</i>	\$ <i>0</i>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <i>7,723.91</i>	\$ <i>9,107.48</i>

Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy)	Total to Date
<i>9/1/10</i>	\$ <i>0</i>
<i>9/1/10</i>	\$ <i>0</i>

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <i>34,334.13</i>
13. Cash Receipts Column A, Line 3 above	\$ <i>9,799.00</i>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <i>0</i>
15. Cash Payments Column A, Line 8 above	\$ <i>7,723.91</i>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <i>36,409.22</i>

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

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <i>0</i>
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Cash Equivalents and Outstanding Debts

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

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater For Council

Statement covers period
from *7-1-10*
through *9-30-10*

Page *4* of *7*

I.D. NUMBER

1272047

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)
<i>9/4/10</i>	<i>AHMAD TAQER RASHE ALAMI 8799 SUNBIRD AVENUE FOUNTAIN VALLEY CA 92708</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>owner of ARABIC NEWSPAPER</i>	<i>\$1,000.00</i>	<i>\$1,000.00</i>	
<i>9/3/10</i>	<i>George Trindall PE 610 MALAGAR DR. CORONA DEL MAR CA 92625</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Public Engineer</i>	<i>\$199.00</i>	<i>\$199.00</i>	
<i>9/17/10</i>	<i>N. ZAMIN FARUKHI 3135 E MANDEVILLE PL ORANGE, CA 92667</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Independent CPA</i>	<i>\$500.00</i>	<i>\$500.00</i>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ *1699.00*

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ *9799.00*
- 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 \$ *9799.00*

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period
from 7-1-10
through 9-30-10

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CALIFORNIA
FORM **460**

NAME OF FILER: Boardwater for Council 2010 I.D. NUMBER: 1272047

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)
7/16/10	RONNIE M. LAM 1095 ROSALIND RD. SAN MARINO, CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hotel Owner	\$2,000.00	\$2,000.00	
7/7/10	HAITHAM DANNY BUNDAKSI 16072 BURGESS CIRCLE WESTMINSTER, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gas Station Owner	\$250.00	\$250.00	
7/6/10	FRIENDS OF MARK ROSAN 11731 BLUEJAY LN. GARDEN GROVE, CA 92641	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A Attorney	\$900.00	\$1,400.00	
7/19/10	JIM L. BAZISIC 3152 HOLLY DAINE LAGUNA BEACH CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Home Developer	\$500.00	\$500.00	
7/4/10	ALAN GORDON 14 VIA TENECALETA COTO DE CAZA, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gordon TRACS	\$100.00	\$100.00	

SUBTOTAL \$ 3750.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

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

NAME OF FILER
Boardwater for Council 2010

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)
7/14/10	Chris Townsend. Townsend & Associates 2699 White Rd Suite 251 Nunata	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chris Townsend Lobbyist	\$1,000.00	\$1,000.00	
7/22/10	R.C. GILL 13201 Gilbert St Garden Grove	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.00	\$500.00	
8/9/10	David J Tim Stohr Fed 5742 Tuscany Ln Wauwatsee, WI 53577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney AT LAW	\$2,500.00	\$2,500.00	
8/29/10	Irwin & Hsuan LLP	<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	
8/19/10	Leslie M. Jones 21591 St. John Ln 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	\$100.00	\$100.00	

SUBTOTAL \$ 4350.00

*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 D

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater For Council 2010

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

SCHEDULED

Statement covers period

CALIFORNIA FORM 460

from *7-1-10*

through *9-30-10*

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I.D. NUMBER

1272047

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1- DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<i>8/11/10</i>	<i>CITY OF GARDEN</i> <i>GALE STAMANT</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		<i>\$2,700⁰⁰</i>	<i>\$2,700</i>	
<i>9/10/10</i>	<i>Dennis Desnoo</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>Political Advisor</i>	<i>\$500⁰⁰</i>	<i>\$500⁰⁰</i>	
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ *17,700⁰⁰*
- Unitemized contributions and independent expenditures made this period of under \$100 \$ *2391*
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ *17,2391*