

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM

460

Page _____ of _____

For Official Use Only

Date Stamp

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2012 OCT -5 A 9:02

Type or print in ink.

Date of election if applicable:

(Month, Day, Year)

November 6, 2012

Statement covers period

from July 1, 2012

through September 30, 2012

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

1342747

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

Council Member Beard 2012

Treasurer(s)

NAME OF TREASURER

Oscar Garza

MAILING ADDRESS

1916 Greenleaf Street

CITY

Santa Ana

STATE

CA

ZIP CODE

92706

AREA CODE/PHONE

714-349-6089

STREET ADDRESS (NO P.O. BOX)

5471 Cerulean Avenue

CITY

Garden Grove

STATE

CA

ZIP CODE

92845

AREA CODE/PHONE

714-336-4602

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

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 October 4, 2012

Date

By



Signature of Treasurer or Assistant Treasurer

Executed on October 4, 2012

Date

By



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

Executed on _____

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Council Member Beard 2012

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
5471 Cerulean Avenue Garden Grove, CA 92845

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
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

Council Member Beard 2012

Statement covers period
from July 1, 2012
through September 30, 2012

Page of

I.D. NUMBER

1342747

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 3,599	\$ 12,187
2. Loans Received	Schedule B, Line 3 0	700
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 3,599	\$ 12,887
4. Nonmonetary Contributions	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3,599	\$ 12,887

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 8,933	\$ 10,056.12
7. Loans Made	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 8,933	\$ 10,056.12
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	
10. Nonmonetary Adjustment	Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 8,933	\$ 10,056.12

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 8,164.88
13. Cash Receipts	Column A, Line 3 above 3,599
14. Miscellaneous Increases to Cash	Schedule I, Line 4 8,933
15. Cash Payments	Column A, Line 8 above 2,830.88
16. ENDING CASH BALANCE	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 \$

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 \$	10,188	\$ 3,599
21. Expenditures Made \$	1,123.12	\$ 10,056.12

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).

*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**

Statement covers period

from July 1, 2012

through September 30, 2012

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council Member Beard 2012

I.D. NUMBER

1342747

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)
9-1-12	Caldwell's Autobody & Towing 1519 N. Fairview Santa Ana, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	150		
9/5/12	Valley View 76 12001 Valley View Street Garden Grove, CA 92845	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	350		
9/5/12	Flag Financial/Realty 512 S. Brookhurst St, Ste. 4 Anaheim, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed	1,000		
9/5/12	Broadwater for Mayor 2012 12162 Brookheaven Park Garden Grove, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Member	1,000		
9/5/12	Martin & Dorothy Mikkelsen 5331 Cerulean Avenue Garden Grove, CA 92548	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
SUBTOTAL \$				2,600		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3450

3450

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 149

149

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from July 1, 2012
through September 30, 2012

Page _____ of _____

NAME OF FILER

Council Member Beard 2012

I.D. NUMBER
1342747

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)
9/15/12	Lauren Jeffers 5372 Stanford Avenue Garden Grove, CA 92845	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/15/12	AKM Consulting Engineers 553 Wald Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	250		
9/15/12	Electra Media, Inc 4737 W. 156th Street Lawndale, CA 90260	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500		
		<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 \$				850		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from July 1, 2012
through September 30, 2012

Page of

Council Member Beard 2012

I.D. NUMBER
1342747

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	IF COMMITTEE, ALSO ENTER I.D. NUMBER)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Administrative Manager County of Orange		Kris Beard 5471 Cerulean Avenue Garden Grove, CA 92846	\$ 700	\$ 0	<input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN	\$ 700 DATE DUE <u>11/7/12</u>	% RATE	\$ 100 DATE INCURRED <u>10/17/11</u>	\$ 700 CALENDAR YEAR PER ELECTION**
			\$	\$	<input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	\$ CALENDAR YEAR PER ELECTION**
			\$	\$	<input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN	\$ DATE DUE	% RATE	\$ DATE INCURRED	\$ CALENDAR YEAR PER ELECTION**
SUBTOTALS \$			\$	\$	\$	\$	\$	\$	\$

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

1 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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Council Member Beard 2012

Statement covers period
from July 1, 2012
through September 30, 2012

Page of

I.D. NUMBER
1342747

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| AMP | 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
City of Garden Grove	FLN		Candidate Filing/Ballot Fee	2,475
Impact Placement	CMP		Signs	900
COGS South	CMP		Signs	5,094
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				8,739

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 8,933
- 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).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 8,933

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

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

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from July 1, 2012
through September 30, 2012

Page of
I.D. NUMBER
1342747

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Council Member Beard 2012

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

- | | | | |
|-----|---|-----|---|
| MBR | member communications | RAD | radio airtime and production costs |
| MTG | meetings and appearances | RFD | returned contributions |
| OFC | office expenses | SAL | campaign workers' salaries |
| PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| PHO | phone banks | TRC | candidate travel, lodging, and meals |
| POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| PRO | professional services (legal, accounting) | VOT | voter registration |
| 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
Select Printing	CMP		Campaign Literature	464

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 464**