

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2007/02
FORM

460

Page 1 of 8
For Official Use Only

Date Stamp

RECEIVED
CLERK'S OFFICE
CITY OF GARDEN GROVE

2014 OCT 23 P 3:46

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

November 4, 2014

Statement covers period
from October 1, 2014

through October 18, 2014

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
- Ballot Measure Committee
 Primarily Formed
 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
 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 2014

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

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 October 23, 2014

Date

Executed on October 23, 2014

Date

Executed on _____

Date

Executed on _____

Date

By



Signature of Treasurer or Assistant Treasurer

By



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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kris Beard

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 92846

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="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> 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 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="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> 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

Statement covers period
from October 1, 2014
through October 18, 2014

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council Member Beard 2014

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 <u>12,100</u>	<u>38,753</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 <u>12,100</u>	<u>38,753</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 <u>12,100</u>	<u>38,753</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	\$ _____
21. Expenditures Made	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>19,766</u>	<u>28,790.35</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 <u>19,766</u>	<u>28,790.35</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>19,766</u>	<u>28,790.35</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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 <u>16,776.35</u>
13. Cash Receipts	Column A, Line 3 above <u>12,100</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>19,776</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <u>9,110.35</u>

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).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse <u>5,900</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above <u>5,900</u>

*Since January 1, 2001, 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 F

CALIFORNIA
FORM **460**

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Statement covers period
from October 1, 2014
through October 18, 2014

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Council Member Beard 2014

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)
10/1/2014	George Brietigam 5841 Ludlow Avenue Garden Grove, CA 92845	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	100		
10/2/2014	West Cliff 3334 East Coast Highway Corona Del Mar, CA 92625	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Commercial Builder	1,000		
10/3/2014	Republic Services 18500 N. Allied Way Phoenix, AZ 85054	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Waste and Recycling Company	500		
10/7/2014	Orange County Auto Dealers Ass. Pac 3737 Birch Street, Set. 220 Newport Beach, CA 92660	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Automobile Association	1,000		
10/9/2014	Garden Grove Hyundai 9898 Trask Avenue Garden Grove, CA 92844	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Automobile Dealership	2,000		
SUBTOTAL \$				4,600		

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.)

\$ 12,100

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

\$ 0

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

\$ 12,100

TOTAL \$

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other
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 October 1, 2014
through October 18, 2014

NAME OF FILER
Council Member Beard 2014
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)
10/11/2014	Garden Grove Firefighters PAC 2933 Peria Newport Beach, CA 92660	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	PAC	2,500		
10/18/2014	Garden Grove Police Association 11301 Acacia Parkway Garden Grove, CA 92840	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	PAC	5,000		
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				7,500		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Council Member Beard 2014

I.D. NUMBER

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Statement covers period
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(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	PERELECTION**	
									CALENDAR YEAR	PERELECTION**
† <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC Kris Beard 5471 Cerulean Avenue Garden Grove, CA 92845	Administrative Manager County of Orange	\$ 5,900	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 5,900 DATE DUE _____	_____% RATE	\$ 700 10/17/2014 DATE INCURRED	\$ _____ PERELECTION**	\$ _____ PERELECTION**	
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	\$ _____ PERELECTION**	\$ _____ PERELECTION**	
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED	\$ _____ PERELECTION**	\$ _____ PERELECTION**	
SUBTOTALS \$								\$ 0	\$ 5,900	\$ 0

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans 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.

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

† Contributor Codes
 IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E Payments Made

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

Statement covers period
from October 1, 2014
through October 18, 2014

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Council Member Beard 2014

I.D. NUMBER
1342747

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | 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
Continuing the Republican Revolution 1300 Bristol Street North Newport Beach, CA 92660	LIT		Campaign Literature and mailings	250
SGX Print.com 13321 Garden Grove Blvd., Ste. A Garden Grove, CA 92843	LIT		Campaign Literature	216
Cal Sal Voter Guide 1954 W. Carson Street, Suite B Torrance, CA 90501	LIT		Campaign literature and mailing	500
			SUBTOTAL \$	966

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ **19,766**
2. Unitemized payments made this period of under \$100 \$ **0**
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ **0**
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 19,766**

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Council Member Beard 2014

Statement covers period
from October 1, 2014
through October 18, 2014

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

- | | | |
|---|---|--|
| <p>CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings</p> | <p>MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads</p> | <p>RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)</p> |
|---|---|--|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
West Coast Public Affairs 16060 Ventura Blvd., Ste. 110 Encino, CA 91436	LIT		Campaign Literature and mailings	18,500
Staples 6816 Katella Cypress, CA 90630	OFC		Office Expenses	300

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 18,800**