

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from 1-1-14 through 9/23/14

Date Stamp RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE 2014 OCT 15 P 12:02

Date of election if applicable: (Month, Day, Year) 11-4-14

Page \_\_\_\_\_ of \_\_\_\_\_ For Official Use Only

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)  
James T. Ybarra

I.D. NUMBER \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
13431 Galway Street

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE 714.376.6040

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
James T. Ybarra

MAILING ADDRESS  
13431 Galway Street

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE 714.376.6040

NAME OF ASSISTANT TREASURER, IF ANY  
N/A

MAILING ADDRESS  
N/A

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 8/6/14 Date  
 Executed on 8/6/14 Date  
 Executed on 10/6/14 Date  
 Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer  
 By [Signature] Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer or Sponsor  
 By [Signature] Signature of Controlling Officer, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officer, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
James T. Ybarra  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council - Garden Grove  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
13431 Galway Street, Garden Grove, CA 92844

**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?  YES  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?  YES  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 \_\_\_\_\_  
 SUPPORT  OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER \_\_\_\_\_

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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>James T. Ybarra</u>	<u>City Council</u>	<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