

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 2001/02 FORM **460**

Date Stamp  
**RECEIVED**  
 CITY OF GARDEN GROVE  
 CITY CLERK'S OFFICE  
 11-4-14 2014 OCT 23 P 4: 12

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

Statement covers period  
 from 10-1-14 through 10-18-14

SEE INSTRUCTIONS ON REVERSE

**2. Type of Statement:**

Prelection Statement  
 Quarterly Statement  
 Semi-annual Statement  
 Special Odd-Year Report  
 Termination Statement  
 Supplemental Prelection Statement - Attach Form 495  
 Amendment (Explain below)

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee  
 Ballot Measure Committee  
 State Candidate Election Committee  
 Primarily Formed  
 Recall  
(Also Complete Part 5)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee  
 Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 6)  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee  
(Also Complete Part 7)

**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 STATE ZIP CODE AREA CODE/PHONE  
 Garden Grove CA 92844 7143766040

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

MAILING ADDRESS \_\_\_\_\_

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 STATE ZIP CODE AREA CODE/PHONE  
 Garden Grove CA 92844 7143766040

NAME OF ASSISTANT TREASURER, IF ANY  
 N/A

MAILING ADDRESS \_\_\_\_\_

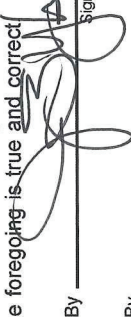
CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

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 10/22/14 Date

By  Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ 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

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

# CALIFORNIA FORM 460

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### 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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
13431 Galway Street G.G. 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 <u>N/A</u>	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  
N/A

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 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 <u>N/A</u>	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 4

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James T. Ybarra

Statement covers period

from 10/1/14

through 10/5/14

## 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>500-</u>	\$ <u>500-</u>
2. Loans Received .....	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>500-</u>	\$ <u>500-</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>500-</u>	\$ <u>500-</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>100-</u>	\$ <u>1335-</u>
7. Loans Made .....	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>100-</u>	\$ <u>1335-</u>
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 \$ <u>100-</u>	\$ <u>1335-</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>0</u>
13. Cash Receipts .....	Column A, Line 3 above \$ <u>500-</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments .....	Column A, Line 8 above \$ <u>(1335-</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>(-835)</u>

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).

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0</u>
18. Cash Equivalents .....	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

## Cash Equivalents and Outstanding Debts

\*Amounts in this section may be different from amounts reported in Column B.



Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER \_\_\_\_\_

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

**Schedule E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
*James T. Ybarra*

**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
<i>State Printing 2501 Euclid Ave., G.B.</i>	<i>LIT</i>			<i>100--</i>
<b>SUBTOTAL \$</b>				<i>100--</i>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
- Unitemized payments made this period of under \$100 ..... \$ \_\_\_\_\_
- 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 \$** \_\_\_\_\_