

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

COVER PAGE

CALIFORNIA
FORM
460

Page 1 of 1
For Official Use Only

2016 OCT 27 AM 10:35

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

11-8-16

Statement covers period

from Sept 25, 2016

through Oct 22, 2016

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

3. Committee Information

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

Clay Bock For Dist 3 GG City Council

I.D. NUMBER

1389959

Treasurer(s)

NAME OF TREASURER

Clay Bock

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Garden Grove CA 92841

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

same

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 Oct 27, 16

By Clay Bock

Signature of Treasurer or Assistant Treasurer

Executed on Oct 27, 16

By Clay Bock

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

Executed on _____

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____

By _____

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

CALIFORNIA FORM 460

from Sept 25, 16

through Oct 22, 16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Clay Bock

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I.D. NUMBER

1389959

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions.....	Schedule A, Line 3	\$ 899		
2. Loans Received.....	Schedule B, Line 3	-500		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 399		
4. Nonmonetary Contributions.....	Schedule C, Line 3			
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 399		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 600		
7. Loans Made.....	Schedule H, Line 3			
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 600		
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	\$ 600		

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1012
13. Cash Receipts	Column A, Line 3 above	399
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	8600
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 811

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 \$

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**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Clay Back

Statement covers period

from Sept 25, 16
through Oct 22, 16

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I.D. NUMBER

1389959

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)
10-3-16	Millesh Meta 55 Hill st #1051 Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Emperor Diamonds	\$500 ⁰⁰		
10-4	Chan Tsung st 402 N Handy st Orange CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$200 ⁰⁰		
10-15	Michael Shaw st 12452 hosalen st Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$100 ⁰⁰		
		<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 \$		

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 800⁰⁰
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 99⁰⁰
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 899⁰⁰

*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 B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA 460
FORM**

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Rock For City Council 2016

Statement covers period
from Sept 25, 16
through Oct 22, 16

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FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR	
									PER ELECTION**	PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <u>Elroy Beck</u> <u>9912 Catherine Ave</u> <u>Golden Brwy, CA</u>	<u>Self employed</u>	<u>1192</u>	\$	<input checked="" type="checkbox"/> PAID <u>500</u> <input type="checkbox"/> FORGIVEN	<u>692.00</u>	<u>8</u> % RATE	<u>1192</u>	\$	<u>8</u>	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	DATE INCURRED	DATE INCURRED	\$	DATE INCURRED	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	DATE INCURRED	DATE INCURRED	\$	DATE INCURRED	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	DATE INCURRED	DATE INCURRED	\$	DATE INCURRED	\$
SUBTOTALS								\$	\$	\$

Schedule B Summary

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

- Loans received this period \$ 8
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 500
(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 \$ -500
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND - Individual
COM - Recipient Committee
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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
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Statement covers period

from See 25/16

through Oct 22, 16

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

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

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

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Clay Bock			Facebook Roasting	\$150.00
Andy Phong			flyers on doors	\$50
Emily Phong			flyers on doors	\$50

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

SUBTOTAL \$ 250.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 350.00
- Unitemized payments made this period of under \$100 \$ 50.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 400.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA 460
FORM**

Statement covers period
from Sept 25, 16
through Oct 22, 16

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1389959

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
Derrick			Flyers on Doors	\$100
SUBTOTAL \$				100

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