

Amendment to Campaign Disclosure Statement

Type or print in ink

RECEIVED

CITY OF GARDEN Date Stamp
CITY CLERK'S OFFICE

6 5 11 PM '96

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

I Name of Filer (see important information on reverse.)

NAME OF FILER
BROADWATER FOR MAYOR I.D. NUMBER (IF APPLICABLE)
942074

MAILING ADDRESS OF FILER (NO. AND STREET)
12522 BROOKHURST ST #12

CITY
GARDEN GROVE CA STATE
CA ZIP CODE
92640

AREA CODE/DAYTIME PHONE NUMBER
714-636-7665

NAME OF TREASURER IF RECIPIENT COMMITTEE

THOMAS L PETROSINIS

PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)
10501 STANLEY CN

CITY
GARDEN GROVE CA STATE
CA ZIP CODE
92640

AREA CODE/DAYTIME PHONE NUMBER
714-636-7665

III Verification (see important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 3-5-96 At GARDEN GROVE CA
DATE CITY AND STATE

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 3-5-96 At GARDEN GROVE CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

AMENDMENT

CALIFORNIA
SUBFORM 405

For Official Use Only

II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 490

executed on 1-30-96 for the period 7-1-95 through 12-31-95
(MO, DAY, YR.) (MO, DAY, YR.) (MO, DAY, YR.)

B. The amended information affects items on the:

Cover Page Allocation Page Summary Page
 Schedule(s) A CONTINUATION SHEET Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification. Include additional information on appropriately labeled continuation sheets. (Number of sheets attached _____.)

ADDING Allocation Page PART 2 - PAGE MISSING
CHANGE OF NAMES ON SCHEDULE A PAGE

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

By Thomas J. Petrosinis
SIGNATURE OF TREASURER OR FILER

By [Signature]
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

By _____
SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Allocation Page - Part 2

Contributions and Independent Expenditures Made From Personal Funds

Bruce Allen Broadwater Broadwater for Mayor

List each contribution and independent expenditure of \$100 or more made from officeholder or candidate's personal funds to support or oppose

UPDATE 2/29/96 from 7/1/95 through 12/31/95

CAL. FORM 490

PAGE- OF

I.D. NUMBER 942078

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1- DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
12/29/95	Mark Leyes for Supervisor	X		Yes	\$612.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					SUBTOTAL \$	\$612.00	

* See reverse regarding independent expenditures.

ALLOCATION - PART 2 SUMMARY

- Contributions and independent expenditures of \$100 or more made this period from personal funds. (include all Allocation Page- Part 1 subtotals.) \$612.00
- Contributions and independent expenditures under \$ 100 made this period from personal funds. (do not itemize) \$0.00
- Total contributions and independent expenditures made this period from personal funds. TOTAL \$612.00

Attach additional information on appropriately labeled continuation sheets.

(Do not carry this total to the Summary Page)

Schedule A [Continuation Sheet]

Monetary Contributions Received

Bruce Allen Broadwater

Last update

2/29/96

Page 5

Statement covers period

7/1/95

from through

12/31/95

I.D. NUMBER

942078

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PAGE- OF

942078

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE ENTER I. D. NUMBER OR ENTER TREASURER'S NAME AND ADDRESS	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME AND ADDRESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/24/95	Marvin and Tom Smotrich 310 Hilgard Ave Los Angeles, Ca 90024	Luck Investment Co.	\$125.00	\$0.00	\$0.00
8/24/95	Garden Grove Firefighters P A C P. O. Box 114 Garden Grove, CA 92642	Garden Grove Firefighters	\$500.00	\$0.00	\$0.00
8/24/95	Tams Beauty College 10121 Westminter Ave Garden Grove, CA92643	Beauty Collage	\$100.00	\$0.00	\$0.00
8/24/95	Joe Volteral 10511 garden Grove Blvd. Garden Grove, CA 92640	Nicholas Chevrolet	\$125.00	\$0.00	\$0.00
8/24/95	Wendy Vu 14241 Euclid Ave # c-101 Garden Grove Ca 92643	Can Restaurant	\$300.00	\$0.00	\$0.00
8/24/95	Anthony & Josephine Puzzo 11602 Bata Ave Garden Grove, CA 92640	Retired	\$100.00	\$0.00	\$0.00
8/24/95	Mark & Sandy Rosen 2107 N. Broadway # 202 Santa Ana, Ca 92706	Attorney At Law	\$150.00	\$0.00	\$0.00
SUBTOTAL \$			\$1,400.00		

Type or print in ink.

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form
 (Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE ALLAN BROADWATER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
12162 BROOKHAVEN PARK

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 714-636-6410

COMMITTEE NAME I.D. NUMBER
BROADWATER FOR MAYOR 492078

COMMITTEE ADDRESS (NO. AND STREET)
12162 BROOKHAVEN PARK

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
G.L.V. CA 92640 714-636-6410

NAME OF TREASURER
THOMAS L PETROSINIS

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
10501 STANLEY CN

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 714-636-7645

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 1-25-96 At GARDEN GROVE CA
 DATE CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed 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 1-28-96 At GARDEN GROVE, CALIFORNIA
 DATE CITY AND STATE

Executed on _____ At _____
 DATE CITY AND STATE

Executed on _____ At _____
 DATE CITY AND STATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

COVER PAGE - LONG FORM

Statement covers period from 7-1-95 through 12-31-95

Date Stamp: JUN 31 1 41 PM '96

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For Official Use Only

RELAY CALIFORNIA 490

CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any or to make expenditures on behalf of your candidacy.

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

By [Signature] SIGNATURE OF TREASURER

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

#80

Campaign Disclosure Statement
Summary Page

Last update
1/6/96

Statement covers
period
from
through

490

7/1/95
12/31/95

PAGE 2 of 2

NAME OF OFFICE HOLDER
Bruce Allan Broadwater
Broadwater for Mayor
Contributions Received

I. D. Number
492078

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	\$10,855.00	\$6,300.00	\$17,155.00
2. Loan Received	\$0.00	\$11,139.57	\$11,139.57
3. Subtotal Cash Contributions	\$10,855.00	\$17,439.57	\$28,294.57
4. Non-monetary Contributions	\$500.00	\$0.00	\$500.00
5. Subtotal Contributions	\$11,355.00	\$17,439.57	\$28,794.57
6. Enforceable Promises Exclude loan guarantees, line 18	\$0.00	\$0.00	\$0.00
7. TOTAL CONTRIBUTIONS RECEIVED	\$11,355.00	\$17,439.57	\$28,794.57

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
Expenditures Made			
8. Cash Payments	\$2,455.78	\$315.73	\$2,771.51
9. Loans Made	\$0.00	\$0.00	\$0.00
10. Subtotal Cash Payments	\$2,455.78	\$315.73	\$2,771.51
11. Accrued Expenses Unpaid Bills	\$0.00	\$0.00	\$0.00
12. TOTAL EXPENDITURES MADE	\$2,455.78	\$315.73	\$2,771.51

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
Current Cash Statement			
13. Beginning Cash Balance	\$6,643.37		
14. Cash Receipts	\$10,855.00		
15. Miscellaneous Increases to Cash	\$0.00		
16. Cash Payments	\$2,455.78		
17. ENDING CASH BALANCE	\$15,042.59		

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
18. LOAN GUARANTEES RECEIVED	\$0.00		
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	\$0.00		
20. Outstanding Debts	\$11,139.57		

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$6,300.00	\$10,855.00
22. Expenditures Made	\$315.73	\$2,455.78

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (line 11).

Schedule A [Continuation Sheet]
Monetary Contributions Received

Last update
 1/6/96

Statement covers
 period

7/1/95

from

through

Page 1

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I.D. NUMBER

12/31/95

7/1/95

from

through

Page 1

I.D. NUMBER

12/31/95

7/1/95

through

Page 1

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR [if committees I.D. # or name]	OCCUPATION [or name of business]	AMOUNT RECEIVED		CUMULATIVE TO DATE [IF APPLICABLE]
			THIS PERIOD	CUMULATIVE TO DATE [JAN.1-DEC.31]	
8/24/95	Wylie A. Aitken 3 Imperial Promenade # 800 Santa Ana CA	Attorney	\$125.00	\$0.00	\$0.00
8/24/95	Nolan Alejandro 9355 Chapman Ave Suite 200 Garden Grove CA 92641	Real Estate	\$100.00	\$0.00	\$0.00
8/24/95	Kevin Allen 1200 Main St. # H Costa Mesa CA 92714 I. D. # 870777	O.C. Automobile Dealers Assoc.	\$250.00	\$0.00	\$0.00
8/24/95	Philip L. Anthony 2157 Pacific Ave B-203 Costa Mesa CA 92628	Financial Management	\$125.00	\$0.00	\$0.00
8/24/95	Cgang Ho Bou 8762 Garden Grove Blvd. # 204 Garden Grove CA 92644	C P A	\$125.00	\$0.00	\$0.00
8/24/95	George Boukather 13132 Magnolia Ave Garden Grove CA 92644	Hi-Teck Collision & Painting	\$125.00	\$0.00	\$0.00
8/24/95	Boo K Cho 9580 Garden grove Blvd. Garden Grove CA 92644 Garden Grove CA 92640 I.D. 890106	Garden Square Bowling Center	\$200.00	\$0.00	\$0.00
SUBTOTAL \$			\$1,050.00		

Schedule A [Continuation Sheet]

Monetary Contributions Received

Bruce Allen Broadwater

Last update

1/6/96

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Statement covers period

7/1/95

12/31/95

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DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE ENTER I.D. NUMBER OR ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME AND ADDRESS [or name of business])	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) [JAN. 1-DEC. 31]	CUMULATIVE TO DATE (IF OTHER APPLICABLE) [IF APPLICABLE]
8/24/95	Raymond Choi 1501 La Plama Ave Anaheim CA 92805	Coin Laundry	\$125.00	\$0.00	\$0.00
8/24/95	Stan Choi 10170 Baywood Ct Los Angeles ca 90077	Paradise Spa	\$500.00	\$0.00	\$0.00
8/24/95	Nick Clayton 3700 Campus Dr. Ste 106 New Port Beach CA 92660	Garden Grove Secured Storage	\$500.00	\$0.00	\$0.00
8/24/95	Allen & Trea Gordon 7031 Garden Grove Blvd. Garden Grove CA 92645	Gordon Tire Co.	\$250.00	\$0.00	\$0.00
8/24/95	ED Heskett 520 S. Virgil Ave Los Angeles CA 90020	Carpenters/Cooperation	\$250.00	\$0.00	\$0.00
8/24/95	Garden Grove Village 310 Washington Blvd. #P214 Marina Del Ray CA 90292	Real Estate Developer	\$250.00	\$0.00	\$0.00
8/24/95	Mark Kelton 2716 Ocean Park Blvd. #3006 Santa Monica CA 90425	B & K Inc., Real Estate	\$250.00	\$0.00	\$0.00
SUBTOTAL \$			\$2,125.00		

**Schedule A [Continuation Sheet]
Monetary Contributions Received**

Bruce Allen Broadwater

update

1/6/96

Page 3

Statement covers period

7/1/95

from

to

12/31/95

I.D. NUMBER

942078

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DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE ENTER I.D. NUMBER OR ENTER TREASURER'S NAME AND ADDRESS	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME AND ADDRESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE (IF OTHER APPLICABLE)
			CALENDAR YEAR	OTHER	
8/24/95	Bok Won Kim 12188 Brookhurst St. Garden Grove CA 92640	Korea House Restaurant	\$125.00	\$0.00	\$0.00
8/24/95	Jin Ho Kim 13371 Donegal Dr. Garden Grove CA 92644	New Mode Silk Screen	\$125.00	\$0.00	\$0.00
8/24/95	Edward Kim 12622 Chapman Ave Garden Grove CA 92640	Harbor Management Inc.	\$500.00	\$0.00	\$0.00
8/24/95	Tony Lombardi 15971 Plumwood St. Westminster CA 92683	Grove Body Shop	\$250.00	\$0.00	\$0.00
8/24/95	Blake Mac Pherson 1890 Belmor Ln Anaheim CA 92805	Carelina Co. Ambulance	\$250.00	\$0.00	\$0.00
8/24/95	Stan & Mitzi Magill 13181 Lampson Ave Garden Grove CA 92640	Glenhaven Mobilodge	\$300.00	\$0.00	\$0.00
8/24/95	Gary Mahler P. O. Box 1379 Beverly Hills CA 90213	Mahler & Co. Real Estate	\$125.00	\$0.00	\$0.00
			SUBTOTAL \$	\$1,675.00	

Schedule A [Continuation Sheet]

Monetary Contributions Received

Bruce Allen Broadwater

Last update

1/13/96

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Statement covers period

12/1/95

12/31/95

from

through

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DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE ENTER I. D. NUMBER OR ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME AND ADDRESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	I. D. NUMBER
8/24/95	New Seoul Restaurant 9902 Garden Grove Blvd. Garden Grove CA 92644	Restaurant Owner	\$125.00	\$0.00	\$0.00	
8/24/95	Dr. Koo Oh 2210 W Commonwealth Ave Fullerton CA 92633	Dentist	\$250.00	\$0.00	\$0.00	
8/24/95	Kee W. Ohm 8942 Garden Grove Blvd. # 206 Garden Grove CA 92644	Hanmi Law Attorney	\$250.00	\$0.00	\$0.00	
8/24/95	Ann Marie Piring P. O. Box 26708 Santa Ana CA 92799	Democratic Foundation Of Orange County	\$125.00	\$0.00	\$0.00	
8/24/95	George Psara 7181 Garden Grove Blvd. Garden Grove CA 92645	Harry's Place Restaurant	\$250.00	\$0.00	\$0.00	
8/24/95	Bob Roth 1503 Park Lawn Rd. Hacienda Heights CA 91745	Insurance Agent	\$125.00	\$0.00	\$0.00	
8/24/95	Shigeru Shirasaka 526 Stamford Ave Los Angeles CA 90013	House Foods Corp.	\$500.00	\$0.00	\$0.00	
			SUBTOTAL \$	\$1,625.00		

Schedule A [Continuation Sheet]
Monetary Contributions Received

Last update

1/13/96 from through

Statement covers period

7/1/95

12/31/95

I.D. NUMBER

942078

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Bruce Allen Broadwater

Page 5

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE ENTER I. D. NUMBER OR ENTER TREASURER'S NAME AND ADDRESS	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED ENTER NAME AND ADDRESS	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE (IF OTHER APPLICABLE)
8/24/95	Marvin and Tom Smotrich 310 Hilgard Ave Los Angeles, Ca 90024	Luck Investment Co.	\$125.00	\$0.00	\$0.00
8/24/95	Dennis Standrod P. O. Box 114 Garden Grove, CA 92642	Garden Grove Firefighters	\$500.00	\$0.00	\$0.00
8/24/95	Tams Beauty College 10121 Westminster Ave Garden Grove, CA 92643	Beauty Collage	\$100.00	\$0.00	\$0.00
8/24/95	Joe Volteral 10511 garden Grove Blvd. Garden Grove, CA 92640	Nicholas Chevrolet	\$125.00	\$0.00	\$0.00
8/24/95	Wendy Yu 14241 Euclid Ave # c-101 Garden Grove Ca 92643	Can Restaurant	\$300.00	\$0.00	\$0.00
8/24/95	Anthony & Josephine Puzzo 11602 Bata Ave Garden Grove, CA 92640	Retired	\$100.00	\$0.00	\$0.00
8/24/95	Mark & Sandy Rosen 2107 N. Broadway # 202 Santa Ana, Ca 92706	Attorney At Law	\$150.00	\$0.00	\$0.00
SUBTOTAL \$			\$1,400.00		

Schedule A

Monetary Contributions Received

Bruce Allen Broadwater

Total page **update**
1/6/96

Statement covers
period

from 7/17/95 to 12/31/95

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I.D. NUMBER 942078

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>[if committee I.D. # or name]</small>	OCCUPATION <small>[or name of business]</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE <small>[JAN. 1 - DEC. 31]</small>	CUMULATIVE TO DATE <small>[IF APPLICABLE]</small>
10/1/95	West Orange Country Asson. of Realtors #890106 CREPAC/BORPAC 10042 Lampson Ave Garden Grove CA	Realtors	\$125.00		
8/24/95	Harry Wadhvani 3405-07 E 69th St. Long Beach CA 90805	Lincoln Plaza	\$125.00		
9/24/95	Don D. Weddle 8001 San Leon Cir. Buena Pak, Ca 90620	Paragon Cable	\$250.00		
8/24/95	Patti Widdicombe 10900 Kattela Ave Anaheim, Ca 92803	McDonalds/Widdicombe Enterp.	\$100.00		
8/24/95	Jung Keun Yi 11611 Brookhurst St. Garden Grove, CA 92641	Sun Chang Garden Restaurant	\$250.00		

SUBTOTAL \$ \$850.00

Monetary Contributions Summary

- Amount received this period-contributions of \$100 or more
[include all schedule A subtotals]
- Amount received this period-contributions of less than \$100.
[do not itemize]

\$ \$8,925.00
\$ \$1,930.00
\$ \$10,855.00

Total monetary contributions received this period

[Add Lines 1 and 2. Enter here and on summary page Col. A, line 1.

Schedule C

Non-Monetary Contributions Received

Bruce Allen Broadwater Broadwater for Mayor

Last update

1/13/96

from
through

7/1/95
12/31/95

Statement covers
period

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942078

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE ENTER I.D. NUMBER OR ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Aug. 24/95	Zlakets Market 12921 Main St. Garden Grove, Ca	Same	Fund raiser party food	\$500.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
SUB TOTAL				\$500.00		

Attach additional information on appropriately labeled continuation sheets.

Non-Monetary Contributions Summary

1. Amount received this period-non-monetary contributions of \$100 or more.
(include all Schedule C subtotals) \$ 500.00
2. Amount received this period-non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0.00
3. Total non-monetary contributions received this period.

TOTAL \$ 500.00

(Add lines 1 and 2. Enter here and on the summary page, column A, Line 4.)

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E Continuation Sheet for detailed explanations of each category.

- "C" MONETARY & IN - KIND (NON-MONETARY)
- "E" BROADCAST ADVERTISING
- "G" GENERAL OPERATIONS AND OVERHEAD CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" INDEPENDENT EXPENDITURES
- "L" LITERATURE
- "N" NEWSPAPERS AND PERIODICAL ADVERTISING
- "O" OUTSIDE ADVERTISING
- "S" SURVEYS SIGNATURE GATHERING DOOR SOLICITATIONS
- "F" FUNDRAISING
- "P" PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES
- "T" TRAVEL, ACCOMMODATION & MEALS
- "M" (MUST BE DESCRIBED)

Name and address of payee, creditor, or recipient of contribution (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS ENTER I.D. # OR TREASURER'S NAME AND ADDRESS)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		P			\$0.00
					\$0.00
					\$0.00
					\$0.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of other office holders, candidates, committees, or ballot measures must be entered on the allocation Page, Part 1.

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$	\$2,278.69
2. Payments made this period of under \$ 100. (do not itemize)	\$	\$177.09
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	\$0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$	\$0.00
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL	\$2,455.78

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E Continuation Sheet for detailed explanations of each category.

"C" MONETARY & IN - KIND (NON-MONETARY)
 CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
 "I" INDEPENDENT EXPENDITURES
 "L" LITERATURE

B" BROADCAST ADVERTISING
 N" NEWSPAPERS AND PERIODICAL ADVERTISING
 O" OUTSIDE ADVERTISING
 S" SURVEYS SIGNATURE GATHERING DOOR SOLICITATIONS
 F" FUNDRAISING

G" GENERAL OPERATIONS AND OVERHEAD TRAVEL, ACCOMMODATION & MEALS
 (MUST BE DESCRIBED)
 P" PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E
 REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW

ENTER I.D. # OR TREASURER'S NAME AND ADDRESS	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pray, Price, William's & Russell 810 Fidelity Plaza 555 E Ocean Blvd. Long Beach CA	P		Law Services	\$1,145.00
PIP Printing 10622 Garden Grove Blvd. Garden Grove, CA	O			\$285.19
Garden Grove C.M.C. Stanford Ave Garden Grove, CA	F		Room Rental	\$108.50
City of Garden Grove	T		Air Fare To G.G. Sister City	\$540.00
Garden Grove, CA Chamber of Commerce Garden Grove	G			\$200.00
				\$0.00
SUBTOTAL				\$2,278.69

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE BRIAN ALLEN BROADWATER			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) MAYOR CITY OF GARDEN GROVE CA			
RESIDENTIAL OR BUSINESS ADDRESS 12162 BROOKHAVEN	STATE CA	ZIP CODE 92640	AREA CODE/DAYTIME PHONE 714-636-6810
CITY GARDEN GROVE	STATE CA	ZIP CODE 92640	AREA CODE/DAYTIME PHONE 714-636-6810
COMMITTEE NAME BROADWATER FOR MAYOR			
COMMITTEE ADDRESS 12164 BROOKHAVEN		I.D. NUMBER 942078	
CITY CA	STATE CA	ZIP CODE 92640	AREA CODE/DAYTIME PHONE 714-636-6810
NAME OF TREASURER THOMAS L. PATROSIUS			
PERMANENT ADDRESS OF TREASURER 10501 STANLEY LN		I.D. NUMBER	
CITY GARDEN GROVE	STATE CA	ZIP CODE 92640	AREA CODE/DAYTIME PHONE 714-537-5224

Verification

I have used all reasonable diligence in preparing 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 7-31-95 At GARDEN GROVE CA
 Executed on _____ At _____
 Executed on _____ At _____
 Executed on _____ At _____

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed 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 7-30-95 At GARDEN GROVE, CA
 Executed on _____ At _____
 Executed on _____ At _____

DUE 6-31-95

COVER PAGE - LONG FORM

Statement covers period from <u>1-1-95</u> through <u>6-30-95</u>	RECEIVED CITY OF GARDEN GROVE CITY CLERKS OFFICE Date Stamp <u>JUL 31 11 45 AM '95</u>
Date of election if applicable: (Month, Day, Year) <u>0</u>	Page <u>1</u> of <u>7</u> For Official Use Only

Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to 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	(NO. AND STREET)
CITY	STATE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	(NO. AND STREET)
CITY	STATE

Attach additional information on appropriately labeled continuation sheets.

By Thomas J. Patrosius SIGNATURE OF TREASURER
 By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER
 By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER
 By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Bruce Allan Broadwater **Broadwater for Mayor**

	Column A	Column B*	Column C
	Total This Period	Previous Period	ADD COLUMNS A & B Total To Date
Contributions Received			
1. Monetary Contributions	\$6,300.00	\$0.00	\$6,300.00
2. Loan Received	\$0.00	\$11,139.57	\$11,139.57
3. Subtotal Cash Contributions	\$6,300.00	\$11,139.57	\$17,439.57
4. Non-monetary Contributions	\$0.00	\$0.00	\$0.00
5. Subtotal Contributions	\$6,300.00	\$11,139.57	\$17,439.57
6. Enforceable Promises	\$0.00	\$0.00	\$0.00
7. TOTAL CONTRIBUTIONS RECEIVED	\$6,300.00	\$11,139.57	\$17,439.57

	Column A	Column B*	Column C
	Total This Period	Previous Period	ADD COLUMNS A & B Total To Date
Expenditures Made			
8. Cash Payments	\$315.73	\$0.00	\$315.73
9. Loans Made	\$0.00	\$0.00	\$0.00
10. Subtotal Cash Payments	\$315.73	\$0.00	\$315.73
11. Accrued Expenses	\$0.00	\$0.00	\$0.00
12. TOTAL EXPENDITURES MADE	\$315.73	\$0.00	\$315.73

	Column A	Column B*	Column C
	Total This Period	Previous Period	ADD COLUMNS A & B Total To Date
Current Cash Statement			
13. Beginning Cash Balance	\$659.10	\$0.00	\$659.10
14. Cash Receipts	\$6,300.00	\$0.00	\$6,300.00
15. Miscellaneous Increases to Cash	\$0.00	\$0.00	\$0.00
16. Cash Payments	\$315.73	\$0.00	\$315.73
17. ENDING CASH BALANCE	\$6,643.37	\$0.00	\$6,643.37

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column B

	Column A	Column B*	Column C
	Total This Period	Previous Period	ADD COLUMNS A & B Total To Date
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	\$0.00	\$0.00	\$0.00
20. Outstanding Debts	\$11,139.57	\$0.00	\$11,139.57
Summary for Candidates in Both June and November Elections	\$0.00	\$0.00	\$0.00
21. Contrib. Received	\$6,300.00	\$0.00	\$6,300.00
22. expenditures Made	\$315.73	\$0.00	\$315.73

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Schedule A [Continuation Sheet]

update

7/28/95

Statement Covers

490

CAL. FORM 1994

Contributions Received

NUMBER TWO [CONT.]

from

1/1/95

I.D. NUMBER

942078

Bruce Allen Broadwater

to

6/31/95

I.D. NUMBER

942078

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR [if committee I.D. # or name]	OCCUPATION [or name of business]	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE [JAN. 1-DEC. 31]	CUMULATIVE TO DATE [IF APPLICABLE]
2/16/95	JUNG Y LEE 12045 GARDEN GROVE BLVD. GARDEN GROVE CA.	GOLDEN NUGGET NIGHT CLUB	\$250.00	\$250.00	
2/16/95	HYUNG Y KIM 13321 BROOKHURST ST GARDEN GROVE CA.	JIN CHOW WON RESTAURANT	\$100.00	\$100.00	
2/16/95	JIN OH KIM 13371 DONEGAL DR. GARDEN GROVE CA.	NEW MODE SILK	\$250.00	\$250.00	
2/16/95	TAE W KIM 9261 GARDEN GROVE BLVD. GARDEN GROVE CA.	KOREN REST. & NIGHT CLUB ASSON.	\$100.00	\$100.00	
2/16/95	BOK WON KIM 12118 BROOKHURST ST. GARDEN GROVE CA.	KOREA HOUSE RESTAURANT	\$200.00	\$200.00	
2/16/95	BONG K PARK 8610 GARDEN GROVE BLVD. GARDEN GROVE CA.	KOREAN NIGHT CLUB	\$550.00	\$550.00	
2/16/95	KOREAN CHAMBER 9582 GARDEN GROVE BLVD. GARDEN GROVE CA.	KOREAN CHAMBER	\$200.00	\$200.00	
SUBTOTAL \$			\$1,650.00		

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DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR [if committee I.D. # or name]	OCCUPATION [or name of business]	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE [JAN. 1-DEC. 31]	CUMULATIVE TO DATE [IF APPLICABLE]
2/16/95	YOUNG D AHN 9902 GARDEN GROVE BLVD. GARDEN GROVE CA.	NEW SEOUL BBQ RESTAURAN	\$300.00	\$300.00	
2/16/95	BYOUNG H CHO 10022 GARDEN GROVE BLVD. GARDEN GROVE CA.	RAMADA INN G.G.	\$300.00	\$300.00	
2/15/95	YOUNG IK SUH 9618 GARDEN GROVE BLVD. GARDEN GROVE CA.	SUH ENTERPRISES	\$500.00	\$300.00	
2/16/95	SUNG K RO D.D.S. 9598 GARDEN GROVE BLVD. GARDEN GROVE CA.	SUNG K RO DDS SAME	\$300.00	\$300.00	
2/16/95	CHARLES KIM 9944 GARDEN GROVE BLVD. GARDEN GROVE CA.	SUNNY REALTY & SALES	\$100.00	\$100.00	
2/16/95	CHANG K NO 10662 GARDEN GROVE BLVD. GARDEN GROVE CA.	THE SEA CLUB	\$150.00	\$150.00	
2/13/95	UK WHAN KIM 9892 GARDEN GROVE BLVD. GARDEN GROVE CA.	RESTAURANT OWNER	\$500.00	\$500.00	
SUBTOTAL \$			\$2,150.00		

Schedule E

Payments and Contributions
[OTHER THEN LOANS] MADE
 Bruce Allen Broadwater Broadwater for Mayor

CAL. FORM **490**

page **7** of **7**

LAST UPDATE STATEMENT
 7/28/95

COVERS

from **1/1/95**
 through **6/30/95**

I.D. NUMBER **942078**

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E Continuation Sheet for detailed explanations of each category.

- C" MONETARY & IN - KIND (NON-MONETARY)
- G" GENERAL OPERATIONS AND OVERHEAD CONTRIBUTIONS TO OTHER CANDIDATES
- N" NEWSPAPERS AND PERIODICAL ADVERTISING
- O" OUTSIDE ADVERTISING
- S" SURVEYS SIGNATURE GATHERING DOOR SOLICITATIONS
- F" FUNDRAISING
- L" LITERATURE
- B" BROADCAST ADVERTISING
- T" TRAVEL, ACCOMMODATION & MEALS
- O" OUTSIDE ADVERTISING (MUST BE DESCRIBED)
- P" PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

Name and address of payee, creditor, or recipient of contribution (IF COMMITTEE, IN ADDITION TO COMMITTEES NAME AND ADDRESS ENTER I.D. # OR TREASURER'S NAME AND ADDRESS)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pray, Price, Williams & Russell Law Office 810 Fidelity Pz 555 E Ocean Bd Long Beach CA		P			\$200.00
					\$0.00
					\$0.00
					\$0.00
SUBTOTAL					\$200.00

Important: Contributions and expenditures made ouy of campaign funds to or on behafe of other office holders, candidates, committees, or ballot measures must be entered on the allocation Page, Part 1.

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$	\$200.00
2. Payments made this period of under \$ 100. (do not itemize)	\$	\$115.73
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$	\$0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$	\$0.00
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL	\$315.73

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30 # 942078

RECEIVED
CITY OF CANTON GROVE
POLITICAL REFORM OFFICE

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103) 9 13 AM '95

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's original campaign disclosure statements.

Amendment

Check box if an Amendment and enter I.D. number:
942078

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as Committee (Month, Day, Year) _____ Check box if not yet qualified

NAME OF COMMITTEE
BROADWATER FOR MAYOR

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET
12162 BROOKHAVEN PARK AVE

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
CANTON GROVE CA 92640 714-636-6810

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
OrANGE

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

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER _____

III Disposition of Surplus Funds

You must specify what disposition will be made of leftover campaign funds, if any, at termination.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1-31-95 At CANTON GROVE CA CITY AND STATE
By Thomas J. Petrosinis SIGNATURE OF TREASURER

Executed on _____ At _____ CITY AND STATE
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ At _____ CITY AND STATE
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ At _____ CITY AND STATE
By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

STATEMENT OF ORGANIZATION

RECEIVED AND FILED
In the Office of the Secretary of State
of the State of California

Date Stamp
FEB 16 1995

APR 18 1995

BILL JONES, Secretary of State
REGISTRAR OF VOTERS

By THOMAS L. PETROSINIS Deputy Treasurer and Other Principal Officers

NAME OF TREASURER
New THOMAS L. PETROSINIS

MAILING ADDRESS
10501 STANLEY LN
CANTON GROVE CA 92640-714-537-5278

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1994/95

PLEASE TYPE OR PRINT IN INK

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
APR 3 1 48 PM '95

NAME <u>Bruce A. Broadwater</u>		TELEPHONE NUMBER <u>(714) 6366810</u>
MAILING ADDRESS <u>12162 Brookhaven Park</u>	STREET <u>GARDEN GROVE</u>	CITY <u>CA</u>
		ZIP CODE

OFFICE HELD OR SOUGHT:

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____
CHECK ONE: JUDGE COMMISSIONER PRO-TEM RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF: GARDEN GROVE OFFICE/POSITION: MAYOR

MULTI-COUNTY: _____ NAME OF AGENCY _____ OFFICE/POSITION _____

EXPANDED STATEMENT: _____ NAME OF AGENCY _____ OFFICE/POSITION _____

TYPE OF STATEMENT (Check the Appropriate Box(es)):

ASSUMING OFFICE STATEMENT
(For Newly-Elected and Newly-Appointed Officials ONLY)

Date Assumed Office or, if you are an Appointed Official subject to confirmation, enter the Date Appointed or Nominated: _____

mo. day yr.

ELECTED OFFICIAL

APPOINTED OFFICIAL

ANNUAL STATEMENT The period covered is January 1, 1994 through December 31, 1994.

LEAVING OFFICE STATEMENT

Date Left Office: _____

mo. day yr.

The period covered is January 1, 19 ____, through the date of leaving office.

CANDIDATE STATEMENT

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 4-3-95, 19 95, at GARDEN GROVE, CA
(month, day) (year) (city and state)

SIGNATURE Bruce A. Broadwater

FORM 721

NAME Bruce A. Bradwater

The following summary must be completed by all filers. Do not complete this summary page until you have carefully reviewed all schedules and the instructions for each schedule.

	SCHEDULE COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
Schedule A - INVESTMENTS <i>(Not Held By A Business Entity Or Trust)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY <i>(Not Held By A Business Entity Or Trust)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule D - INCOME <i>(Other Than Loans, Gifts And Honoraria)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule D-1 - INCOME -- TRAVEL PAYMENTS, ADVANCES, REIMBURSEMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule E - INCOME -- LOANS <i>(Received Or Outstanding During The Reporting Period)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule F - INCOME -- GIFTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule G - INCOME -- HONORARIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-1 - COMMISSION INCOME RECEIVED BY BROKERS, AGENTS AND SALESPERSONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-2 - INCOME AND LOANS TO A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-3 - INCOME FROM RENTAL PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE RECYCLE THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

Schedule A - Investments
(Not Held By A Business Entity Or Trust)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

NAME OF BUSINESS ENTITY THE BROADWATER INSURANCE AGENCY, INC		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input checked="" type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST Common Stock - Spouse's	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY INSURANCE Agency		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

*If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

If additional space is needed, check box and attach an additional Schedule A.

NAME Bruce Broadwater

**Schedule B - Interests In Real Property
(Not Held By A Business Entity Or Trust)**

(SEE INSTRUCTIONS ON PRECEDING PAGE)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>9421 CHAPMAN AVE</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>Deed of Trust</u>			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*

NOTE: You may be required to report on Schedule D any income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

*If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

If additional space is needed, check box and attach an additional Schedule B.

NAME Bruce Broadwater

Schedule D - Income
(Other Than Loans, Gifts And Honoraria)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

GROSS INCOME RECEIVED:

NAME OF THE SOURCE OF INCOME <u>The Broadwater Insurance Agency, INC.</u>	<input type="checkbox"/> \$250 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS <u>9421 Chapman Ave Garden Grove, CA 92640</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>Insurance Agency</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>SPOUSE'S SALARY</u>	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	

If additional space is needed, check box and attach an additional Schedule D.

ID # 942074

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICER OR CANDIDATE
BRUCE ALLAN BROADWATER
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY OF GARDEN GROVE

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
12162 BROOKHAVEN
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 714-636-6810

COMMITTEE NAME (NO. AND STREET)
BROADWATER For Mayor
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
12162 BROOKHAVEN CA 92640 714-636-6810

NAME OF TREASURER (NO. AND STREET)
THOMAS L PETROSINI
 PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
10501 STANLEY CA
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 714-537-5278

Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 1-20-95 At GARDEN GROVE CA CITY AND STATE
 Executed on 1-31-95 At GARDEN GROVE CA CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed 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 1-31-95 At GARDEN GROVE CA CITY AND STATE
 Executed on _____ At _____ CITY AND STATE
 Executed on _____ At _____ CITY AND STATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Statement covers period from Oct 23 - 94 through Dec 31 - 94

Date Stamp
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
JAN 31 4 15 PM '95

Date Stamp
490

Page 1 of 9
 For Official Use Only

Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME _____ I.D. NUMBER _____
 NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO
 COMMITTEE ADDRESS (NO. AND STREET) _____
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____
 NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO
 COMMITTEE ADDRESS (NO. AND STREET) _____
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____
 NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO
 COMMITTEE ADDRESS (NO. AND STREET) _____
 CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

By Thomas L Petrosini SIGNATURE OF TREASURER
 By Bruce Allard Broadwater SIGNATURE OF CANDIDATE/OFFICEHOLDER
 By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER
 By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10-23-94
through 12-31-94

Page 2 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater - Broadwater For Mayor

I.D. NUMBER

#942078

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ <u>484.00</u>	\$ <u>10,220.17</u>	\$ <u>15,106.17</u>
2. Loans Received	Schedule B, Line 7 \$ <u>2401.19</u>	\$ <u>8,738.38</u>	\$ <u>11,139.57</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>7287.19</u>	\$ <u>18,958.55</u>	\$ <u>24,245.74</u>
4. Non-monetary Contributions	Schedule C, Line 3 \$ <u>3964.00</u>	\$ <u>5,900.00</u>	\$ <u>9,864.00</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ <u>11,251.19</u>	\$ <u>24,858.55</u>	\$ <u>36,109.74</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ <u>6</u>	\$ <u>24,858.55</u>	\$ <u>36,109.74</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ <u>11,251.19</u>	\$ <u>24,858.55</u>	\$ <u>36,109.74</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ <u>13,850.56</u>	\$ <u>11,735.58</u>	\$ <u>25,586.14</u>
9. Loans Made	Schedule H, Line 7 \$ <u>6</u>	\$ <u>11,735.58</u>	\$ <u>25,586.14</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ <u>13,850.56</u>	\$ <u>11,735.58</u>	\$ <u>25,586.14</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ <u>6</u>	\$ <u>11,735.58</u>	\$ <u>25,586.14</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ <u>13,850.56</u>	\$ <u>11,735.58</u>	\$ <u>25,586.14</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ <u>7222.47</u>		
14. Cash Receipts	Column A, Line 3 above \$ <u>7287.19</u>		
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>6</u>		
16. Cash Payments	Column A, Line 10 above \$ <u>13,850.56</u>		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ <u>659.10</u>		

If this is a termination statement, Line 17 must be zero.

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ <u>36,109.74</u>	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts	See instructions on reverse \$ <u>25,586.14</u>		
19. Cash Equivalents	Add Line 2 + Line 11 in Column C above \$ <u>11,139.57</u>		
20. Outstanding Debts			

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 10-23-94
through 12-31-94

Page 3 of 9

FORM 490
1994 FORM

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER			
BROCK ALAN BROADWATER, BROADWATER FOR MAYOR		942078			
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/28/94	CHUYEN VAN NGUYEN 8201 BIRNWOOD ST STANFORD CA 94304	Radio Announcer	100 ⁰⁰	100 ⁰⁰	
10/27/94	BODHISATVA MONKS OF AMERICA 11111 MAGNOLIA SW G.C. 92641	Religion	250 ⁰⁰	250 ⁰⁰	
11-2-94	EUI K YI 11611 BROOKHURST ST G.C. 92641	KARAF Studio	500 ⁰⁰	500 ⁰⁰	
11-1-94	DEMOCRATIC FOUNDATION OF CALIFORNIA P.O. BOX 26708 SANTA ANA CA 92799	POLITICAL FOUNDATION	750 ⁰⁰	750 ⁰⁰	
11-3-94	IN SUP HAN 13641 McWAIN ST G.C. 92644	RESTAURANT OWNER	300 ⁰⁰	300 ⁰⁰	
11-3-94	THOMAS L PETROSINI 10501 STANLEY LN G.C. 92640	Pool Center	300 ⁰⁰	300 ⁰⁰	

SUBTOTAL \$ 2200.00

X

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 10-23-94
through 12-31-94

Page 4 of 9

CALIFORNIA
DISCLOSURE
490

I.D. NUMBER
942078

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11-9-94	THOMAS B MARTIN # 4117 Mc FALCONO AVE BURBANK CA 91505	Lawyer	250 ⁰⁰	250 ⁰⁰	

SUBTOTAL \$ 250⁰⁰

Statement covers period
from 10-23-94
through 12-31-94

Page 5 of 9

I.D. NUMBER
942078

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Broadwater for Mayor

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/29/94	174 000 Hwy 14032 Flower St C. C. Flowers PAC	RESTAURANT OWNER	100 ⁰⁰	100 ⁰⁰	✓
10/27/94	ORANGE COUNTY LOCAL EMT # 74528 CA APARTMENT ASSO. PAC 1414 K ST # 610 SACRAMENTO CA 95814	APARTMENT ASSO. PAC	250 ⁰⁰	250 ⁰⁰	✓
10/19/94	MART PAC 500 STATE COLLEGE # 1020 ORANGE CA 92665	PAC	500 ⁰⁰	500 ⁰⁰	✓
10/27/94	RADITHA SITYITHI INVESTMENT corp 3405-07 E. 69TH ST LONG BEACH CA 90805	Developer	300 ⁰⁰	300 ⁰⁰	✓
10/28/94	THANH NGOC NGUYEN DMID 2105 S BASTOL ST SANITA ANA CA 92204	M.D.	200 ⁰⁰	200 ⁰⁰	✓
SUBTOTAL \$			1,350.00		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ ~~4,000.00~~ 3,800.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ ~~1,036.00~~ 1,086.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ ~~5,036.00~~ 4,886.00

X

**Schedule B — Part I
Loans Received**

SCHEDULE B - Part I

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

Statement covers period
from 10-23-94
through 12-31-94

Page 6 of 9
I.D. NUMBER
942028

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION				GUARANTOR INFORMATION			
			DUE DATE / INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	CALENDAR YEAR	AMOUNT GUARANTEED	CUMULATIVE TO DATE	CALENDAR YEAR	
6/3/94	Bruce A Broadwater 12162 Brookhurst Park C.G. 52640 <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	Dept of Insurance	DUE DATE 09/84 INTEREST RATE 0%	2401.19	\$ 1,139.57 OTHER \$	0 OTHER \$	CALENDAR YEAR \$	CALENDAR YEAR \$	OTHER \$	OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE		\$ OTHER	\$ OTHER	CALENDAR YEAR	CALENDAR YEAR	OTHER	OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE		\$ OTHER	\$ OTHER	CALENDAR YEAR	CALENDAR YEAR	OTHER	OTHER
			SUBTOTAL		^(a) \$ 2401.19					^(b) \$

*See important instructions on reverse.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 2401.19
- Loans under \$100 received this period. (Do not itemize.) \$ 0
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL** \$ 2401.19

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL** \$ (0)
- Net change this period. (Subtract Line 6 from Line 3.) **NET** \$ 0

Enter the net here and on the Summary Page, Column A, Line 2.
May be a negative number.

Schedule C Non-Monetary Contributions Received

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

Statement covers period
from 10-23-94
through 12-31-94

Page 7 of 9
I.D. NUMBER
#942078

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11-6-94	Friends of Umoa Layas 9061 Imperiala Laya G.G. 92643	GARDEN GROVE CITY COUNCILMAN	Flyans Sand	1513.00	1513.00	
11-2-94	WOODROW BOTTFIELD 12281 Diana St G.G. 92640	OWNER of Statue Land	Signs	2451.00	7451.00	
				SUBTOTAL	\$ 3964.00	

Attach additional information on appropriately labeled continuation sheets.

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 3964.00
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL** \$ 3964.00

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

SCHEDULE E (cont.)

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

Statement covers period

from 10-23-94

through 12-31-94

Page 8 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

942078

CODES FOR CLASSIFYING EXPENDITURES

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
0		Postage	96 ⁰⁰
C		Pacific AD mail	3800 ⁰⁰
0		us Post office	182 ⁴¹
0		us Post office	2600 ⁰⁰
C		Duncan Graphic	187 ⁰⁰
N		REGISTON NEWSPAPER	373.07

SUBTOTAL \$ 7239.38

Schedule E Payments and Contributions (Other Than Loans) Made

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

Statement covers period
from 10-23-94
through 12-31-94

Page 9 of 9

I.D. NUMBER
4942078

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" - INDEPENDENT EXPENDITURES
- "L" - LITERATURE
- "B" - BROADCAST ADVERTISING
- "N" - NEWSPAPER AND PERIODICAL ADVERTISING
- "O" - OUTSIDE ADVERTISING
- "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" - FUNDRAISING EVENTS
- "G" - GENERAL OPERATIONS AND OVERHEAD
- "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
CA MOMAM	1		ATTACHED DINNER		30.00
US Postoffice	0		Postage		166.00
Pacific AD Ass	L		Flyer & mailer		6500.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 6696.00

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 13,935.38
2. Payments made this period of under \$100. (Do not itemize.) \$ 0
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ 0
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$ 13,935.38

Late Contribution Report

SEE INSTRUCTIONS ON REVERSE

Filer Must Check Applicable Box:

Reporting Late Contribution(s) Received: Complete Part: I

Reporting Late Contribution(s) Made: Complete Part: II

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

LATE CONTRIBUTION REPORT

RECEIVED Date Stamp
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
NOV 7 11 23 AM '94

CALIFORNIA 497
For Official Use Only

NAME OF FILER: BROADWATER FOR MAYOR
 AREA CODE/PHONE NUMBER: 714 6366810
 I.D. NUMBER (if applicable): 942078
 STREET ADDRESS: 12162 Brookhaven Park
 CITY: Garden Grove CA STATE: CA ZIP CODE: 92640

I Late Contribution(s) Received From:

NAME: FRIENDS OF MART LYLES I.D. NUMBER (if applicable): 941692
 ADDRESS: 9061 Imperial Garden Grove CA 92644 CITY: Garden Grove City Councilman STATE: CA ZIP CODE: 92644
 OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable): Garden Grove City Councilman

DATE RECEIVED: 10-6-94 AMOUNT: \$ 1,513.00
 NAME: _____ I.D. NUMBER (if applicable): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable): _____

DATE RECEIVED: _____ AMOUNT: \$
 NAME: _____ I.D. NUMBER (if applicable): _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable): _____

DATE RECEIVED: _____ AMOUNT: \$

II Late Contribution(s) Made To:

NAME OF CANDIDATE OR COMMITTEE: _____ I.D. NUMBER: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION: _____

DATE MADE: _____ AMOUNT: \$ DATE OF ELECTION: _____ / _____ / _____
 NAME OF CANDIDATE OR COMMITTEE: _____ I.D. NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION: _____

DATE MADE: _____ AMOUNT: \$ DATE OF ELECTION: _____ / _____ / _____
 NAME OF CANDIDATE OR COMMITTEE: _____ I.D. NUMBER: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION: _____

DATE MADE: _____ AMOUNT: \$ DATE OF ELECTION: _____ / _____ / _____

Late Contribution Report

SEE INSTRUCTIONS ON REVERSE

Filer Must Check Applicable Box:

<input checked="" type="checkbox"/> Reporting Late Contribution(s) Received:	Complete Part: I
<input type="checkbox"/> Reporting Late Contribution(s) Made:	Complete Part: II

NAME OF FILER

Boadawater For Mayor

AREA CODE/PHONE NUMBER *714 636 6810* I.D. NUMBER (if applicable) *942078*

I Late Contribution(s) Received From:

NAME *Woodrow Buttefield* I.D. NUMBER (if applicable)

ADDRESS *12281 DINEST GG RD* CITY *DA* STATE *CA* ZIP CODE *92640*

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) *STATE LAND*

DATE RECEIVED: *11-12-94* AMOUNT *\$ 2451.30 (LOAN)*

NAME I.D. NUMBER (if applicable)

ADDRESS CITY STATE ZIP CODE

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED: AMOUNT \$

NAME I.D. NUMBER (if applicable)

ADDRESS CITY STATE ZIP CODE

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED: AMOUNT \$

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

LATE CONTRIBUTION REPORT

Date Stamp RECEIVED **497**

CITY OF GARDEN GROVE CITY CLERK'S OFFICE

Nov 3 4 46 PM '94

For Official Use Only

STREET ADDRESS

CITY STATE ZIP CODE

II Late Contribution(s) Made To:

NAME OF CANDIDATE OR COMMITTEE I.D. NUMBER

ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION

DATE MADE: AMOUNT \$ DATE OF ELECTION

NAME OF CANDIDATE OR COMMITTEE I.D. NUMBER

ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION

DATE MADE: AMOUNT \$ DATE OF ELECTION

NAME OF CANDIDATE OR COMMITTEE I.D. NUMBER

ADDRESS CITY STATE ZIP CODE

OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION

DATE MADE: AMOUNT \$ DATE OF ELECTION

Late Contribution Report

SEE INSTRUCTIONS ON REVERSE

Filer Must Check Applicable Box:

- Reporting Late Contribution(s) Received: **I**
- Reporting Late Contribution(s) Made: **II**

Complete Part: **I**

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

LATE CONTRIBUTION REPORT

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Oct 31 5 07 PM '94

CALIFORNIA 497

For Official Use Only

NAME OF FILER

Broadwater For Mayor

AREA CODE/PHONE NUMBER

714 636 8810

I.D. NUMBER (if applicable)

942058

STREET ADDRESS

12162 Brookhaven Park

CITY

Garden Grove, CA 92640

STATE ZIP CODE

I Late Contribution(s) Received From:

NAME I.D. NUMBER (if applicable)

Bruce A Broadwater

ADDRESS CITY STATE ZIP CODE

12162 Brookhaven Park, CA 92640

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DEPT OF INSURANCE

DATE RECEIVED:

10/31/94

AMOUNT

\$ 2000.00 (2000)

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

____/____/____

AMOUNT

\$

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

____/____/____

AMOUNT

\$

II Late Contribution(s) Made To:

NAME OF CANDIDATE OR COMMITTEE

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION

DATE MADE:

____/____/____

AMOUNT

\$

DATE OF ELECTION

____/____/____

NAME OF CANDIDATE OR COMMITTEE

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION

DATE MADE:

____/____/____

AMOUNT

\$

DATE OF ELECTION

____/____/____

NAME OF CANDIDATE OR COMMITTEE

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

OFFICE SOUGHT BY CANDIDATE OR BALLOT NO./LETTER AND JURISDICTION

DATE MADE:

____/____/____

AMOUNT

\$

DATE OF ELECTION

____/____/____

Type or print in ink.

COVER PAGE - LONG FORM

Officerholder, Candidate, and Controlled Committee Campaign Statement - Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officerholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICERHOLDER OR CANDIDATE

Bruce Allan Broadwater

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, City of Garden Grove

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

12162 Brookhaven

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Garden Grove, CA 92640 (714) 636-6810

COMMITTEE NAME I.D. NUMBER

Broadwater for Mayor 942078

COMMITTEE ADDRESS (NO. AND STREET)

12162 Brookhaven

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Garden Grove, CA 92640 (714) 636-6810

NAME OF TREASURER

Brent Johansen

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

12051 Brookhaven

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Garden Grove, CA 92640 (714) 530-4399

Verification

I have used all reasonable diligence in preparing this statement. I have reviewed 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 10/27/94 At Garden Grove, CA
DATE CITY AND STATE

An officerholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed 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 11-27-94 At Garden Grove, CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Statement covers period

from 10/1/94

through 10/22/94

Date of election if applicable:

(Month, Day, Year)

11/8/94

Date Stamp

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

OCT 27 4 35 PM '94

Page 1 of 6

For Official Use Only

Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

By Brent M. Johansen SIGNATURE OF TREASURER

By Bruce A. Broadwater SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 10/1/94
through 10/22/94

Page 2 of 6
I.D. NUMBER 942078

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Broadwater for Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 2,813-	\$ 7407.17	\$ 10,220.17
2. Loans Received	Schedule B, Line 7 -	\$ 8,738.38	\$ 8,738.38
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 2,813-	\$ 16,145.55	\$ 18,958.55
4. Non-monetary Contributions	Schedule C, Line 3 -	\$ 5,900-	\$ 5,900-
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 2,813-	\$ 22,045.55	\$ 24,858.55
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 -	\$ -	\$ -
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 2,813-	\$ 22,045.55	\$ 24,858.55

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 2,107.08	\$ 9,628.50	\$ 11,735.58
9. Loans Made	Schedule H, Line 7 -	\$ -	\$ -
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 2,107.08	\$ 9,628.50	\$ 11,735.58
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 -	\$ -	\$ -
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 2,107.08	\$ 9,628.50	\$ 11,735.58

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ 6,517.05		
14. Cash Receipts	Column A, Line 3 above \$ 2,813-		
15. Miscellaneous Increases to Cash	Schedule I, Line 4 -		
16. Cash Payments	Column A, Line 10 above \$ 2,107.08		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 7,222.97		

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ -	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	See instructions on reverse \$ -		
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above \$ 8,738.38		

Summary for Candidates in Both June and November Elections

21. Contributions Received

22. Expenditures Made

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

**Schedule A
Monetary Contributions Received**

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

Statement covers period

from 10/1/94
through 10/22/94

490

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allen Broadwater Broadwater for Mayor

I.D. NUMBER

942078

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/14/94	Little Saigon Supermarket David Du Tran 4822 Bolsa Westminster, CA 92683	Supermarket Little Saigon	\$ 500-	\$ 500-	
10/10/94	Garden Grove Secured Storage 3700 Campus Dr., suite 106 Newport Beach, CA 92660	Garden Grove Secured Storage	\$ 250-	\$ 250-	
10/19/94	Korea House Restaurant 12-118 Broadhurst St. Garden Grove, CA 92643	Korea House Restaurant	\$ 100-	\$ 100-	
10/17/94	Boyle Engineering Corporation 1501 Quail St. Newport Beach, CA 92660	Boyle Engineering	\$ 500-	\$ 500-	
10/8/94	Sam Clauder 12,922 Harbor Blvd Garden Grove, CA 92640	Self Employed Political Consultants	\$ 100-	\$ 100-	
SUBTOTAL \$			1,450-		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2,150
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 663-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,813

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period
from 10/1/94
through 10/22/94

Page 4 of 6

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
Bruce Allan Broadwater	Broadwater for Mayor					
DATE RECEIVED						
10/8/94	Ida Dickerson 437 Smith Long Beach, CA 90805	Retired	\$ 200-	\$ 200-		
10/7/94	U.S. Entertainment Centers 3010 Old Ranch Pky, Suite 340 Seal Beach, CA 90740	Developers	\$ 500-	\$ 1,000-		

SUBTOTAL \$ 700-

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

Statement covers period
from 10/1/94
through 10/22/94

Page 5 of 6

I.D. NUMBER
942078

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allen Broadwater Broadwater for Mayor

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "G" -- GENERAL OPERATIONS AND OVERHEAD,
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Bentley Printings</u>	<u>L</u>			<u>\$200-</u>
<u>Garden Grove Post Office</u>			<u>Postage</u>	<u>\$140-</u>
<u>Thomas Petrosine</u> <u>10501 Stanley</u> <u>Garden Grove, CA</u>			<u>Food For PmCate Breakfast</u>	<u>\$332-</u>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 672-

- Payments and Contributions Made Summary**
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2,077.08
 2. Payments made this period of under \$100. (Do not itemize.) \$ 30-
 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) \$ -
 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ -
 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$ 2,107.08

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

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

Statement covers period

from 10/1/94

through 10/22/94

490

Page 6 of 6

I.D. NUMBER

942078

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater
Broadwater for Mayor

CODES FOR CLASSIFYING EXPENDITURES

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jet Printing 12804 Redwood Garden Grove, CA	L			\$ 892.08
Garden Grove Post Office			Postage	\$ 255.-
Garden Grove Post Office			Postage	\$ 258.-

SUBTOTAL \$ 1,405.08

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/1/94
through 9/30/94

Page 2 of 9

I.D. NUMBER
942078

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater Broadwater for Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ <u>7,407.17</u>	\$ -	\$ <u>7,407.17</u>
2. Loans Received	Schedule B, Line 7 \$ <u>8,738.38</u>	\$ -	\$ <u>8,738.38</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>16,145.55</u>	\$ -	\$ <u>16,145.55</u>
4. Non-monetary Contributions	Schedule C, Line 3 \$ <u>5,900 -</u>	\$ -	\$ <u>5,900 -</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ <u>22,045.55</u>	\$ -	\$ <u>22,045.55</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ -	\$ -	\$ -
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ <u>22,045.55</u>	\$ -	\$ <u>22,045.55</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ <u>9,628.50</u>	\$ -	\$ <u>9,628.50</u>
9. Loans Made	Schedule H, Line 7 \$ -	\$ -	\$ -
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ <u>9,628.50</u>	\$ -	\$ <u>9,628.50</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ -	\$ -	\$ -
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ <u>9,628.50</u>	\$ -	\$ <u>9,628.50</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ -	
14. Cash Receipts	Column A, Line 3 above \$ <u>16,145.55</u>	
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ -	
16. Cash Payments	Column A, Line 10 above \$ <u>9,628.50</u>	
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ <u>6,517.05</u>	

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED

21. Contributions Received

Cash Equivalents and Outstanding Debts

19. Cash Equivalents

22. Expenditures Made

20. Outstanding Debts

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

1/1 through 6/30 7/1 to Date

Statement covers period
 from 4/1/94
 through 9/30/94
 Page 3 of 9
 I.D. NUMBER 942078

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

**Schedule A
 Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwater Broadwater for Mayor

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/28/94	Garden Grove Investors Best 2925 Bristol Costa Mesa	Real Estate Mgt.	150-	150-	
9/22/94	Zlaket's Lew Zlaket 12921 Main St. Garden Grove, CA 92640	Market	200-	200-	
9/16/94	Orange County Automobile Dealers Assoc. Political Action Comm. #870777 1200 Main St. H Irvine, CA 92714	-	400-	400-	
9/20/94	Southland Life Fleet Blake MacPherson 1890 Bethmar Lane Anaheim, CA 92805	Ambulance	1,500-	1,500-	
9/6/94	William C. Taormina P.O. Box 309 Anaheim, CA 92815	Owner - Trash Collection Co.	500-	500-	
SUBTOTAL \$			2,750-		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
 (Include all Schedule A subtotals.) \$ 7,194.76
- Amount received this period — contributions of less than \$100.
 (Do not itemize.) \$ 212.41
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,407.17

Statement covers period

from 1/1/94 through 9/30/94

490

Page 4 of 9

I.D. NUMBER

942078

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater Broadwater for Mayor

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/7/94	U.S. Entertainment Centers 3010 Old Ranch Pkwy, # 340 Seal Beach, CA 90740	Developers	500-	500-	
9/14/94	Lucky Investment Co. Thom Smotrich 310 Hilgard Los Angeles, CA 90024	Real Estate Owners	250- 250-	250- 250-	
9/14/94	Lucky Investment Co. Marvin Smotrich 310 Hilgard Los Angeles, CA 90024	Real Estate Owners	250-	250-	
9/13/94	Lorbeer Equity Management Wilbur W. Lorbeer 5320 East 2nd St. #9 Long Beach, CA 90803	Real Estate Owners	250-	250-	
9/12/94	Smith Public Affairs Randall G Smith 17801 Cartwright Rd, Irvine, CA 92714	Smith Public Affairs	100-	100-	
9/14/94	Jewelry Tech Institute afy Harraf 12777 western # J Garden Grove, CA 92641	Jewelry Tech Institute	350-	350-	

SUBTOTAL \$ 1,700

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 11/1/94
through 9/30/94

Page 5 of 9

I.D. NUMBER 942078

DATE RECEIVED	NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	Bruce Allan Broadwater Broadwater for Mayor					
9/19/94		Mahler & Co. Gary Mahler P.O. Box 1379 Beverly Hills, CA 90213	Real Estate Broker	250-	250-	
8/8/94		Virginia Nash 9642 Vons Dr. Garden Grove, CA 92641	Broadwater Ins. Secretary	100-	100-	
8/19/94		Philip L Broadwater 10221 Chapman Garden Grove, CA 92640	Insurance Agent Broadwater Insurance	1,000-	1,000-	
8/20/94		Queen, Inc. Wendy Vu & Viet Hoang 14241 Euclid St., suite C101 Garden Grove, CA 92643	Restaurant Owners	500-	500-	
9/1/94		Broadwater for City Council Chapman #900241 Garden Grove, CA 92641	—	89476	89476	

SUBTOTAL \$ 2,744 76

**Schedule B — Part I
Loans Received**

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

SCHEDULE B - Part I

Statement covers period
from 11/194
through 9/30/94

Page 6 of 9
I.D. NUMBER 942078

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater Broadwater for Mayor

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION		
			DUE DATE/INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE	
9/1/94	Bruce Broadwater 12162 Breakhaven Garden Grove, CA 92640	Insurance Analyst State of California	DUE DATE: open INTEREST RATE: 0%	\$8,738.38	\$8,738.38	\$8,738.38		
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE: _____ INTEREST RATE: _____%					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE: _____ INTEREST RATE: _____%					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE: _____ INTEREST RATE: _____%					
			SUBTOTAL	\$8,738.38				

*See important instructions on reverse. **SUBTOTAL** ^(a) \$8,738.38 ^(b) \$

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 8,738.38
- Loans under \$100 received this period. (Do not itemize.) \$ _____
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL** \$ 8,738.38

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do no itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL** \$ (_____)
- Net change this period. (Subtract Line 6 from Line 3.) **NET** \$ 8,738.38

Enter the net here and on the Summary Page, Column A, Line 2.
 May be a negative number.

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

Statement covers period
from 1/1/94
through 9/30/94

Page 8 of 9

I.D. NUMBER
942078

**Schedule E
Payments and Contributions
(Other Than Loans) Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater Broadwater for Mayor

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD,
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
City of Garden Grove	0				1,000-
Garden Grove, CA					
Orange County Register	2				2,540 ⁹³
Santa Ana, Calif.					
COGS	0				3,100 ⁹⁰
Elmonte, CA					

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 6,640 ⁹³

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 9,440 ⁹³
2. Payments made this period of under \$100. (Do not itemize.) \$ 187 ⁵¹
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$ 9,628 ⁵⁰**

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

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

Statement covers period
from 11/94
through 9/30/94

Page 9 of 9

I.D. NUMBER
942078

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater Broadwater for Mayor

CODES FOR CLASSIFYING EXPENDITURES

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic voter check list Santa Ana, CA	L				1,000-
Southern California Voter Guide Santa Ana, CA	L				1,000-
California Alliance Santa Ana, CA	L				500-
Independent Voters League Santa Ana, CA	L				300-

SUBTOTAL \$ 4,800-

Recipient Committee Statement of Termination

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

I Recipient Committee Information

NAME OF COMMITTEE
Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

I.D. NUMBER
900241

ADDRESS OF COMMITTEE
9421 Chapman

CITY
Garden Grove

STATE
CA

ZIP CODE
92640

AREA CODE/DAYTIME PHONE NUMBER
(714) 636-9092

IV Verification

- A. This committee has ceased to receive contributions and make expenditures;
- B. This committee does not anticipate receiving contributions or making expenditures in the future;
- C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;
- D. This committee has no surplus funds; and
- E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 9/26/94 At Garden Grove, CA
DATE CITY AND STATE

Executed on 9-30-94 At Garden Grove CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

By Brent M. Johansen, CPA
SIGNATURE OF TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

II Treasurer Information

NAME OF TREASURER
Brent M. Johansen, CPA

MAILING ADDRESS OF TREASURER
12051 Broadhaven

CITY
Garden Grove, CA

STATE
CA

ZIP CODE
92640

AREA CODE/DAYTIME PHONE NUMBER
(714) 530-4399

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED
9/26/94

Deputy

TONY MILLER
Acting Secretary of State

RECIPIENT COMMITTEE STATEMENT OF TERMINATION

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

DATE/STAMP
OCT 3 9 06 AM '94

CALIFORNIA FORM 415
For Official Use Only

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
OCT 05 1994

WHERE TO FILE:
File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

Type or print in ink.

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
 Bruce Allan Broadwater

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
 9421 Chapman

CITY Garden Grove **STATE** CA **ZIP CODE** 92640 **AREA CODE/DAYTIME PHONE** (714) 636-9092

COMMITTEE NAME
 Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

COMMITTEE ADDRESS (NO. AND STREET)
 9421 Chapman

CITY Garden Grove **STATE** CA **ZIP CODE** 92640 **AREA CODE/DAYTIME PHONE** (714) 636-9092

NAME OF TREASURER
 Brent M Johansen, CPA

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
 12051 Brookhaven

CITY Garden Grove **STATE** CA **ZIP CODE** 92640 **AREA CODE/DAYTIME PHONE** (714) 530-4399

Statement covers period
 from 7/1/94 through 9/26/94

Date Stamp RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 Oct 3 8 59 AM '94

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

Page 1 **of** 7

For Official Use Only

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Broadwater for Mayor **I.D. NUMBER** 942078

NAME OF TREASURER Brent Johansen **CONTROLLED COMMITTEE?** YES NO

COMMITTEE ADDRESS (NO. AND STREET) 12162 Brookhaven

CITY Garden Grove **STATE** CA **ZIP CODE** 92640 **AREA CODE/DAYTIME PHONE** (714) 636-6810

COMMITTEE NAME **I.D. NUMBER**

NAME OF TREASURER **CONTROLLED COMMITTEE?**

COMMITTEE ADDRESS (NO. AND STREET) **YES** **NO**

CITY **STATE** **ZIP CODE** **AREA CODE/DAYTIME PHONE**

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 9/27/94 At Garden Grove, CA **CITY AND STATE**

Signature of Treasurer: Brent M Johansen, CPA

Executed on 10-5-94 At Garden Grove, CA **CITY AND STATE**

Signature of Candidate/Officer/Holder: Bruce Allan Broadwater

Executed on _____ At _____ **CITY AND STATE**

Executed on _____ At _____ **CITY AND STATE**

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 7/1/94 through 9/26/94

Page 2 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

I.D. NUMBER 900241

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ <u>617.95</u>	\$ <u>9,672.-</u>	\$ <u>10,289.95</u>
2. Loans Received	Schedule B, Line 7 \$ <u>-24,356.33</u>	\$ <u>24,356.33</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>-23,738.38</u>	\$ <u>34,028.33</u>	\$ <u>10,289.95</u>
4. Non-monetary Contributions	Schedule C, Line 3 \$ <u>-</u>	\$ <u>803.-</u>	\$ <u>803.-</u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ <u>-23,738.38</u>	\$ <u>34,831.33</u>	\$ <u>11,092.95</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ <u>-23,738.38</u>	\$ <u>34,831.33</u>	\$ <u>11,092.95</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ <u>993.76</u>	\$ <u>227.25</u>	\$ <u>1,221.01</u>
9. Loans Made	Schedule H, Line 7 \$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ <u>993.76</u>	\$ <u>227.25</u>	\$ <u>1,221.01</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ <u>993.76</u>	\$ <u>227.25</u>	\$ <u>1,221.01</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ <u>34,732.14</u>		
14. Cash Receipts	Column A, Line 3 above \$ <u>-23,738.38</u>		
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>-</u>		
16. Cash Payments	Column A, Line 10 above \$ <u>993.76</u>		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ <u>0</u>		

if this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ <u>-</u>	1/1 through 6/30 \$ <u>-</u>	7/1 to Date \$ <u>-</u>
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	See instructions on reverse \$ <u>-</u>		
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above \$ <u>0</u>		

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

21. Contributions Received	\$ <u>-</u>
22. Expenditures Made	\$ <u>-</u>

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

Schedule A
Monetary Contributions Received

Statement covers period
from 7/1/94
through 9/26/94

Page 3 of 7

COMMITTEE IDENTIFICATION NUMBER
490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

I.D. NUMBER

900241

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>7/25/94</u>	<u>Philip L Broadwater</u> <u>Chapman</u> <u>Garden Grove, CA 92640</u>	<u>Insurance Agency</u> <u>Broadwater Insurance</u>	<u>617⁹⁵</u>	<u>617⁹⁵</u>	
			SUBTOTAL	\$ 617⁹⁵	

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 617⁹⁵
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 617⁹⁵

Schedule B — Part I Loans Received

SCHEDULE B - Part I

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

Statement covers period
from 7/1/94
through 9/26/94

Page 4 of 7

CALIFORNIA
STATE BAR 450

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

I.D. NUMBER

900241

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION					
			AMOUNT OF LOAN	CUMULATIVE TO DATE	CALENDAR YEAR	AMOUNT GUARANTEED	CUMULATIVE TO DATE	CALENDAR YEAR			
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE/ INTEREST RATE	DUE DATE	INTEREST RATE	DUE DATE	INTEREST RATE	DUE DATE	INTEREST RATE	DUE DATE	INTEREST RATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*										
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*										
			SUBTOTAL \$			(a)			(b)		

*See important instructions on reverse.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$
- Loans under \$100 received this period. (Do not itemize.) \$
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$**

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 24,356.33
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** (24,356.33)
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** -24,356.33

Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

Schedule E Payments and Contributions (Other Than Loans) Made

SCHEDULE E

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

Statement covers period
from 7/1/94
through 9/26/94

Page 7 of 7

490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwater, Committee to Elect Bruce Broadwater, City of Garden Grove

I.D. NUMBER
900241

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES
- "I" -- INDEPENDENT EXPENDITURES
- "L" -- LITERATURE
- "B" -- BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" -- OUTSIDE ADVERTISING
- "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" -- FUNDRAISING EVENTS
- "G" -- GENERAL OPERATIONS AND OVERHEAD
- "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
Broadwater for Mayor, ID No. 942078 12162 Brookhaven Garden Grove, CA 92640				\$ 894.76
Bruce Broadwater 12162 Brookhaven Garden Grove, CA 92640				623738.30

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

Payments and Contributions Made Summary	SUBTOTAL \$	<u>894.76</u>
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)		\$ <u>894.76</u>
2. Payments made this period of under \$100. (Do not itemize.)		\$ <u>99-</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)		\$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)		\$ _____
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$	<u>993.76</u>

Candidate Intention

Type or Print in Ink

CANDIDATE INTENTION

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **501**

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

Broadwater, Bruce Allan

ADDRESS: (NO. AND STREET)

9421 Chapman

AREA CODE/DAYTIME PHONE

(714) 636-9092

CITY

Garden Grove

STATE

CA

ZIP CODE

92640

II Specific Office Sought

SPECIFIC OFFICE:

Council Member, City of Garden Grove

DISTRICT NUMBER

N/A

DATE OF ELECTION

PUBLIC AGENCY NAME:

Garden Grove, California

JURISDICTION AND LOCATION:

State

County of: _____

City of: Garden Grove

Multi-County Jurisdiction: _____

III Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9-30-94

DATE

At

Garden Grove

CITY AND STATE

By

[Signature]

SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

91 60506

State of California Fair Political Practices Commission.

Campaign Bank Account

Type or Print in Ink

CAMPAIGN BANK ACCT.

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **502**

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

Broadwater, Bruce Allan

ADDRESS: (NO. AND STREET)

9421 Chapman

AREA CODE/DAYTIME PHONE

(714) 636-9092

CITY

Garden Grove

STATE

CA

ZIP CODE

92640

SPECIFIC OFFICE SOUGHT:

DATE OF ELECTION

II Account Information

FINANCIAL INSTITUTION:

Sanwa Bank California

ADDRESS: (NO. AND STREET)

12976 Main Street

AREA CODE/PHONE NUMBER

(714) 530-0820

ACCOUNT NUMBER

0135-20937

CITY

Garden Grove

STATE

CA

ZIP CODE

92640

DATE OPENED

1-25-90

III Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9-30-94

DATE

At

Garden Grove

CITY AND STATE

By

[Signature]

SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

91 60506

State of California Fair Political Practices Commission.

Recipient Committee Statement of Termination

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

File original and one copy of this form with:
 Secretary of State
 Political Reform Division
 P.O. Box 1467
 Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
 The city or county officer, if any, who receives the committee's campaign disclosure statements.

RECIPIENT COMMITTEE STATEMENT OF TERMINATION

RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE

CALIFORNIA 415
 1994 FORM

For Official Use Only

Oct 3 9 00 AM '94

I Recipient Committee Information

NAME OF COMMITTEE: Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove I.D. NUMBER: 900241
 ADDRESS OF COMMITTEE: 9421 Chapman NO. AND STREET
 CITY: Garden Grove STATE: CA ZIP CODE: 92640
 AREA CODE/DAYTIME PHONE NUMBER: (714) 636-9092

II Treasurer Information

NAME OF TREASURER: Brent M Johansen, CPA
 MAILING ADDRESS OF TREASURER: 12051 Breakhaven NO. AND STREET
 CITY: Garden Grove, CA STATE: CA ZIP CODE: 92640
 AREA CODE/DAYTIME PHONE NUMBER: (714) 530-4399

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED: 9/26/94

IV Verification

- A. This committee has ceased to receive contributions and make expenditures;
- B. This committee does not anticipate receiving contributions or making expenditures in the future;
- C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;
- D. This committee has no surplus funds; and
- E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 9/26/94 At Garden Grove, CA
 DATE CITY AND STATE
 Executed on 9-30-94 At Garden Grove CA
 DATE CITY AND STATE

By Brent M Johansen, CPA SIGNATURE OF TREASURER
 By [Signature] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ At _____
 DATE CITY AND STATE
 Executed on _____ At _____
 DATE CITY AND STATE

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
 By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Recipient Committee Statement of Termination

This form must be completed by recipient committees that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

File original and one copy of this form with:
 Secretary of State
 Political Reform Division
 P.O. Box 1467
 Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
 The city or county officer, if any, who receives the committee's campaign disclosure statements.

RECIPIENT COMMITTEE STATEMENT OF TERMINATION

RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE

Oct 3 9 00 AM '94

CALIFORNIA 415
 1994 FORM

For Official Use Only

I Recipient Committee Information

NAME OF COMMITTEE
 Committee to Elect Bruce Broadwater
 for Councilman, City of Garden Grove
 ADDRESS OF COMMITTEE
 9421 Chapman
 CITY Garden Grove
 STATE CA
 ZIP CODE 92640
 AREA CODE/DAYTIME PHONE NUMBER
 (714) 636-9092

II Treasurer Information

NAME OF TREASURER
 Brent M Johansen, CPA
 MAILING ADDRESS OF TREASURER
 12051 Breakhaven
 CITY Garden Grove
 STATE CA
 ZIP CODE 92640
 AREA CODE/DAYTIME PHONE NUMBER
 (714) 530-4399

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED
 9/26/94

IV Verification

- A. This committee has ceased to receive contributions and make expenditures;
- B. This committee does not anticipate receiving contributions or making expenditures in the future;
- C. This committee has eliminated or declares that it has no intention or ability to discharge all debts, loans received, and other obligations;
- D. This committee has no surplus funds; and
- E. This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 9/26/94 At Garden Grove, CA
DATE CITY AND STATE
 Executed on 9-30-94 At Garden Grove CA
DATE CITY AND STATE
 Executed on _____ At _____
DATE CITY AND STATE
 Executed on _____ At _____
DATE CITY AND STATE

By Brent M Johansen, CPA SIGNATURE OF TREASURER
 By [Signature] SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
 By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
 By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

942078

30

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

RECEIVED
CITY OF GARDEN GROVE
CITY CLERKS OFFICE

SEP 18 40 AM '94
Amendment

Check box if an Amendment and enter I.D. number: # _____

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the committee's original campaign disclosure statements.

STATEMENT OF ORGANIZATION

RECEIVED AND FILED
In the office of the Secretary of State of the State of California
JUL 29 1994
TONY MILLER
Acting Secretary of State

FILED
AUG 10 1994
REGISTRAR OF VOTERS

I Committee Information

Date Qualified as Committee (Month, Day, Year) _____ Check box if not yet qualified

NAME OF COMMITTEE
Broadwater for Mayor

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET
12162 Brookhaven

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
Garden Grove, CA 92640 (714) 636-6810

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Orange

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

II Treasurer and Other Principal Officers

By Brent M Johansen, CPA Deputy
NAME OF TREASURER

MAILING ADDRESS
12051 Brookhaven

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Garden Grove, CA 92640 (714) 836-2931

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds

You must specify what disposition will be made of leftover campaign funds, if any, at termination.
Returned to donors

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/16/94 At Garden Grove, CA
DATE CITY AND STATE

Executed on 7-26-94 At Garden Grove, CA
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

By Brent M Johansen, CPA SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By Brent M Johansen SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA 4110
1992 EDITION

Type or print in ink

NAME OF COMMITTEE: Broadwater for Mayor I.D. NUMBER (IF AMENDMENT): _____

V Type of Committee Completing This Statement: COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent/COMMITTEE	PARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
<u>Steve A. Broadwater for Mayor</u>		<u>Mayor, City of Garden Grove</u>

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CHECK ONE
	SUPPORT OPPOSE
	SUPPORT OPPOSE

General Purpose Committee

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: CITY Committee or COUNTY Committee or STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR: _____ CITY _____ STATE _____ ZIP CODE _____

INDUSTRY GROUP OR AFFILIATION OF SPONSOR: _____

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

- Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: _____ (Month, Day, Year)
- Check box if this committee no longer qualifies as a broad based committee.

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

A Public Document

AUG 1 5 23 PM '94

1993/94

PLEASE TYPE OR PRINT IN INK

NAME Bruce A. Broadwater TELEPHONE NUMBER (714) 6366810

MAILING ADDRESS 12162 Brookhaven Park STREET GARDEN GROVE, CA CITY CA ZIP CODE

OFFICE HELD OR SOUGHT (See instructions on page 3):

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COMMISSIONER PRO-TEM RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF: GARDEN GROVE OFFICE/POSITION: MAYOR

EXPANDED STATEMENT: _____ NAME OF AGENCY _____ OFFICE/POSITION _____

TYPE OF STATEMENT (Check the Appropriate Box(es)):

ASSUMING OFFICE STATEMENT
(For Newly-Elected and Newly-Appointed Officials ONLY)

Date Assumed Office or, if you are an Appointed Official subject to confirmation, enter the Date Appointed or Nominated:

_____ mo. day yr.

ELECTED OFFICIAL

APPOINTED OFFICIAL

ANNUAL STATEMENT The period covered is January 1, 1993 through December 31, 1993.

LEAVING OFFICE STATEMENT

Date Left Office: _____

_____ mo. day yr.

The period covered is January 1, 19 ____, through the date of leaving office.

CANDIDATE STATEMENT

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 8-1-94, 19 94, at GARDEN GROVE, CA
(month, day) (year) (city and state)

SIGNATURE

Bruce A. Broadwater

FORM 721

NAME Kaue A. Brochtes

The following summary must be completed by all filers. Do not complete this summary page until you have carefully reviewed all schedules and the instructions for each schedule.

	SCHEDULE COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
Schedule A - INVESTMENTS (<u>Not Held By A Business Entity Or Trust</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY (<u>Not Held By A Business Entity Or Trust</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule D - INCOME (<i>Other Than Loans, Gifts And Honoraria</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule D-1 - INCOME -- TRAVEL PAYMENTS, ADVANCES, REIMBURSEMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule E - INCOME -- LOANS (<i>Received Or Outstanding During The Reporting Period</i>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule F - INCOME -- GIFTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule G - INCOME -- HONORARIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-1 - COMMISSION INCOME RECEIVED BY BROKERS, AGENTS AND SALESPERSONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-2 - INCOME AND LOANS TO BUSINESS ENTITIES OR TRUSTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-3 - INCOME FROM RENTAL PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

NAME Bruce Broadwater

Schedule A - Investments
(Not Held By A Business Entity Or Trust)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

NAME OF BUSINESS ENTITY <i>The Broadwater Insurance Agency, INC</i>		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input checked="" type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST <i>Common Stock-Spouse's</i>	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <i>INSURANCE Agency</i>		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

*If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

If additional space is needed, check box and attach an additional Schedule A.

NAME Bruce Broadwater

**Schedule B - Interests In Real Property
(Not Held By A Business Entity Or Trust)**

(SEE INSTRUCTIONS ON PRECEDING PAGE)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>9421 Chapman Ave</u>		CITY <u>Garden Grove</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>Deed of Trust</u>			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*

NOTE: You may be required to report on Schedule D any income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

*If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

If additional space is needed, check box and attach an additional Schedule B.

NAME Bruce Broadwater

Schedule D - Income
(Other Than Loans, Gifts And Honoraria)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

GROSS INCOME RECEIVED:

NAME OF THE SOURCE OF INCOME <u>The Broadwater Insurance Agency, INC</u>	<input type="checkbox"/> \$250 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS <u>9421 CHAPMAN AVE, GARDEN GROVE, CA 92640</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>INSURANCE Agency</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>SPOUSE'S SALARY</u>	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	

If additional space is needed, check box and attach an additional Schedule D.

Candidate Intention

Type or Print in Ink

CANDIDATE INTENTION

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **501**

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

Broadwater, Bruce Allan

ADDRESS: (NO. AND STREET)

9421 Chapman

AREA CODE/DAYTIME PHONE

(714) 636-9092

CITY

Garden Grove, CA

STATE

92640

ZIP CODE

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
JUL 25 03 PM '94

II Specific Office Sought

SPECIFIC OFFICE:

Mayor, City of Garden Grove

DISTRICT NUMBER

N/A

DATE OF ELECTION

11-8-94

PUBLIC AGENCY NAME:

Garden Grove, California

JURISDICTION AND LOCATION:

State

County of: _____

City of: Garden Grove

Multi-County Jurisdiction: _____

III Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-24-94 At Garden Grove, CA By Bruce Allan Broadwater
DATE CITY AND STATE SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977. SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.
91 60506 State of California Fair Political Practices Commission.

Campaign Bank Account

Type or Print in Ink

CAMPAIGN BANK ACCT.

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **502**

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

Broadwater, Bruce Allan

ADDRESS: (NO. AND STREET)

9421 Chapman

AREA CODE/DAYTIME PHONE

(714) 636-9092

CITY

Garden Grove, CA 92640

STATE

ZIP CODE

SPECIFIC OFFICE SOUGHT:

Mayor, City of Garden Grove

DATE OF ELECTION

11-8-94

II Account Information

FINANCIAL INSTITUTION:

Sanwa Bank California

ADDRESS: (NO. AND STREET)

12976 Main Street

AREA CODE/PHONE NUMBER

(714) 530-0820

ACCOUNT NUMBER

013025955

CITY

Garden Grove CA 92640

STATE

ZIP CODE

DATE OPENED

7/7/94

III Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-24-94 At GARDEN GROVE CA By Bruce Allan Broadwater
DATE CITY AND STATE SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977. SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.
91 60506 State of California Fair Political Practices Commission.

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

WHERE TO FILE:

File original and one copy of this form with: Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 95812-1467

Amendment

Check box if an Amendment and enter I.D. number: #

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as Committee (Month, Day, Year) Check box if not yet qualified

NAME OF COMMITTEE: Broadwater for Mayor
ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET: 12162 Brookhaven
CITY: Garden Grove, CA 92640 (714) 636-6810
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE: Orange
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

STATE ZIP CODE AREA CODE/PHONE NUMBER
CITY

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

Returned to donors

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/16/94 At Garden Grove, CA
By Brent M. Johansen, CPA
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Date Stamped: JUL 25 2 03 PM '94
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
410
For Official Use Only

II Treasurer and Other Principal Officers

NAME OF TREASURER: Brent M. Johansen, CPA
MAILING ADDRESS: 12051 Brookhaven
CITY: Garden Grove, CA 92640 (714) 636-2931
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):
MAILING ADDRESS:
CITY: STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

Type or print in ink

NAME OF COMMITTEE: Broadwater for Mayor

I.D. NUMBER (IF AMENDMENT): _____

V Type of Committee Completing This Statement: COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE	PARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
Bruce A. Broadwater for Mayor		Mayor, City of Garden Grove

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
	SUPPORT	OPPOSE

General Purpose Committee

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: CITY Committee or COUNTY Committee or STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR: _____

ADDRESS OF SPONSOR: NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

INDUSTRY GROUP OR AFFILIATION OF SPONSOR: _____

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: _____ (Month, Day, Year)

Check box if this committee no longer qualifies as a broad based committee.

Officeholder, Candidate, and Controlled Committee Campaign Statement - Long Form

(Government Code Sections 64200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- Special Odd-Year Campaign Report
- Semi-annual Statement
- Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Bruce Alan Broadwater
Councilman, City of Garden Grove
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
9421 Chapman
 RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

CITY Garden Grove STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE (714) 636-9092
 COMMITTEE NAME Committee to Elect Bruce Broadwater I.D. NUMBER 900241
 for Councilman, City of Garden Grove
 COMMITTEE ADDRESS (NO. AND STREET)
9421 Chapman

CITY Garden Grove STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE (714) 636-9092
 NAME OF TREASURER Brent M. Johansen
 PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
12051 Brookhaven

CITY Garden Grove STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE (714) 530-4399

Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 7/24/94 DATE At Garden Grove California CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed 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 7-25-94 DATE At GARDEN GROVE CA. CITY AND STATE

Executed on _____ DATE At _____ CITY AND STATE

Executed on _____ DATE At _____ CITY AND STATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Statement covers period

from 1/1/94

through 6/30/94

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

JUL 25 1 52 PM '94

City of Garden Grove
City Clerks Office

Date Stamp

FORM 490

Page 1 of 12

For Official Use Only

Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

Statement covers period from 1/1/94 through 6/30/94

Page 2 of 12

I.D. NUMBER 900241

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 9,672	\$ -	\$ 9,672
2. Loans Received	Schedule B, Line 7 \$ 15,000	\$ 9,356.33	\$ 24,356.33
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 24,672	\$ 9,356.33	\$ 34,028.33
4. Non-monetary Contributions	Schedule C, Line 3 \$ 803	\$ -	\$ 803
5. SUBTOTAL CONTRIBUTIONS: (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 25,475	\$ 9,356.33	\$ 34,831.33
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ -	\$ -	\$ -
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 25,475	\$ 9,356.33	\$ 34,831.33

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 227.25	\$ -	\$ 227.25
9. Loans Made	Schedule H, Line 7 \$ -	\$ -	\$ -
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 227.25	\$ -	\$ 227.25
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ -	\$ -	\$ -
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 227.25	\$ -	\$ 227.25

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ 287.39		
14. Cash Receipts	Column A, Line 3 above \$ 24,672.00		
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 227.25		
16. Cash Payments	Column A, Line 10 above \$ 227.25		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 24,732.14		

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ -	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	See instructions on reverse \$ -		
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above \$ 24,356.33		

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

21. Contributions Received	\$ -
22. Expenditures Made	\$ -

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

**Schedule A
Monetary Contributions Received**

Statement covers period
from 1/1/94
through 6/30/94
Page 83 of 12

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove
I.D. NUMBER
90024

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
3/14/94	Louis A. Reeves 9652 Vons Dr. Garden Grove, CA 92641	Retired	\$100-	\$100-	
2/15/94	J Tilman Williams 12291 Harbor Blvd. Garden Grove, CA 92640	Real Estate Broker owner	\$100-	\$100-	
3/14/94	Earl A Dickerson 437 Smith St. Long Beach, CA 90805	Millwright Armstrong Tile Co.	\$100-	\$100-	
3/14/94	Mark S.: Rosen 2107 N Broadway Ste 202 Santa Ana, CA 92706	Attorney Self-Employed	\$100-	\$100-	
2/26/94	Mahler & Company Gary L. Mahler Beverly Hills, CA 90213	Real Estate Broker Mahler & Co.	\$125-	\$125-	
SUBTOTAL			\$ 525 -		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 8,849
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 823
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$ 9,672

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 1/1/94
through 6/30/94

Page 4 of 12

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwaters, Committee to Elect Bruce Broadwaters for Councilman, City of Garden Grove

I.D. NUMBER
900241

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
5/19/94	<u>KBLCOM, Inc. 1200 Smith St, suite 1800 Houston, TX 77002</u>	<u>Cable Co.</u>	<u>\$250-</u>	<u>\$250-</u>	
2/19/94	<u>Bruce Broadwaters 12162 Brookhaven Garden Grove, CA 92640</u>	<u>Insurance Analyst state of California</u>	<u>\$174-</u>	<u>\$174-</u>	

SUBTOTAL \$ 424-

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 1/1/94
through 6/30/94

Page 5 of 12



NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwater, Committee to Elect Bruce Broadwater, for Councilman, City of Garden Grove

I.D. NUMBER
900241

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
3/14/94	American West Marketing 2002 E. McFadden Ave #250 Santa Ana, CA 92705	American West Marketing	\$125-	\$125-	
3/14/94	Freedom Fireworks 13500 Excelsior Dr. Norwalk, CA 90650	Freedom Fireworks	\$125-	\$125-	
3/14/94	Floyd Pescuma 12052 Shady Acre Garden Grove, CA 92640	Retired	\$150-	\$150-	
3/14/94	USA overnight Costa Mesa, CA 92628	USA overnight	\$200-	\$200-	
3/15/94	Smith Public Affairs 17801 Cartwright Irvine, CA 92714	Smith Public Affairs	\$250-	\$250-	
3/14/94	William Grant 1671 Ord Way Anaheim, CA 92802	Vet Garden Grove Vet hospital	\$250-	\$250-	

SUBTOTAL \$ 1,100

Statement covers period
from 1/1/94
through 6/30/94

Page 6 of 12

I.D. NUMBER
900241

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
3/14/94	Dien Thi Le 3611 Nutmeg Frvine, CA 92714	Auditor, Defense Contract Audit Agency	\$250-	\$250-	
3/14/94	Tae Soo Kim 9832 Garden Grove Blvd Garden Grove, CA 92644	Independent Life Ins. Agent	\$250-	\$250-	
3/14/94	Stuart Scudder 712 Elvira Redondo Beach, CA 90277	Attorney Stuart Scudder	\$250-	\$250-	
3/14/94	Byong Ho Park 4624 E Galde Eagle Orange, CA 92669	Owner The New Seoul Buffet	\$250-	\$250-	
3/14/94	Howard Adler Howard Adler 27241 La Paz Laqueva Niguel, CA 92656	Real Estate Mgt.	\$250-	\$250-	
3/14/94	Willot-Rawson Land Holdings Dennis Wilbert 10700 Katella, Suite C Anaheim, CA 92804	Real Estate Mgt.	\$250-	\$250-	

SUBTOTAL \$ 1,500-

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 1/1/94
through 6/30/94
Page 7 of 12

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER			
Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove		900241			
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
3/14/94	Glenhaven Mobilodge Stanley R. Magjill 13181 Lampton Garden Grove, CA 92640	Mobile Home Park	\$250-	\$250-	
3/14/94	Southland Life Fleet John Desmond 1840 Betmor Ln Anaheim, CA 92805	Ambulance	\$250-	\$250-	
2/24/94	Rothco Insurance Service 1736 W. La Palma Ave Anaheim, CA 92801	Rothco Insurance	\$250-	\$250-	
3/14/94	William C. Taormina P.O. Box 309 Anaheim, CA 92815	Owner - Trash Collection Co.	\$250-	\$250-	
3/14/94	Suh Enterprises Young Ik Suh 9618 Garden Grove Blvd Garden Grove, CA 92644	Real Estate Mgt.	\$250-	\$250-	
3/14/94	Ramada Inn Garden Grove 10022 Garden Grove Blvd Garden Grove, CA 92644	Hotel	\$250-	\$250-	

SUBTOTAL \$ 1,500-

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

Statement covers period
from 1/1/94
through 6/30/94
Page 8 of 12

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	I.D. NUMBER	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove</u>					
<u>3/14/94</u>	<u>Best Place Restaurant 9693 Garden Grove Blvd Garden Grove, CA 92644</u>	<u>Restaurant</u>	<u>\$250-</u>	<u>\$250-</u>	<u>900241</u>	
<u>3/14/94</u>	<u>New Mode T-Shirts Co. Jung Kim 10612 Trask Garden Grove, CA 92643</u>	<u>T-shirts</u>	<u>\$250-</u>	<u>\$250-</u>		
<u>3/14/94</u>	<u>Philip L. Anthony, Inc. Philip L. Anthony 2157 Pacific Costa Mesa, CA 92627</u>	<u>self-employed</u>	<u>\$250-</u>	<u>\$250-</u>		
<u>3/14/94</u>	<u>Korea House Restaurant 12118 Brookhorst Garden Grove, CA 92643</u>	<u>Restaurant</u>	<u>\$250-</u>	<u>\$250-</u>		
<u>2/24/94</u>	<u>Anthony's Body Shop, Inc. 10242 Garden Grove Blvd. Garden Grove, CA 92643</u>	<u>Automobile Repair</u>	<u>\$250-</u>	<u>\$250-</u>		
<u>3/14/94</u>	<u>Minute Man Delivery P.O. Box 3859 Gardena, CA 90247</u>	<u>Courier Service</u>	<u>\$500-</u>	<u>\$500-</u>		

SUBTOTAL \$ 1,750-

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period
from 1/1/94
through 6/30/94
Page 9 of 12

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove</u>				
<u>3/21/94</u>	<u>Switise Delivery Service, Inc P.O. Box 30517 Los Angeles, CA 90038</u>	<u>Courier Service</u>	<u>\$500-</u>	<u>\$500-</u>	
<u>3/14/94</u>	<u>Orange County/CA Apartment Association 1414 K Street suite 610 Sacramento, CA 95814</u>	<u>Apartment Association</u>	<u>\$500-</u>	<u>\$500-</u>	
<u>3/22/94</u>	<u>Employees of Pacific Enterprises Companies 633 W 5th St. Los Angeles, CA 90071</u>	<u>Gas Co. Empls</u>	<u>\$200-</u>	<u>\$200-</u>	
<u>4/8/94</u>	<u>Assoc. of Messenger & Courier Services 15770 Laguna Ave Lake Elsinore, CA 92530</u>	<u>Courier Association</u>	<u>\$500-</u>	<u>\$500-</u>	
<u>3/24/94</u>	<u>Zlatket's Meats Market Leo Zlatket 12921 Main St. Garden Grove, CA 92640</u>	<u>Market</u>	<u>\$100-</u>	<u>\$100-</u>	
<u>4/16/94</u>	<u>So. CA District Council of Carpenters Political Fund 520 S. Virgil No. 300 Los Angeles, CA 90048</u>	<u>Carpenters</u>	<u>\$250-</u>	<u>\$250-</u>	

SUBTOTAL \$ 2,050-

Schedule B - Part I Loans Received

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

SCHEDULE B - Part I

Statement covers period
from 1/1/94
through 6/30/94

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Bruce Allan Broadwater, Committee to Elect Bruce Broadwater For Councilman, City of Garden Grove

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION		
			DUE DATE / INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE	
6/27/94	Bruce Broadwater 9421 Chapin Garden Grove, CA	Insurance Analyst State of California	DUE DATE: open INTEREST RATE: 0%	\$15,000-	\$15,000-			
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE: _____ INTEREST RATE: _____%					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE: _____ INTEREST RATE: _____%					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE: _____ INTEREST RATE: _____%					
			SUBTOTAL	(a) \$15,000-		(b) \$		

*See important instructions on reverse.

Loans Received - Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received - Part I (a) subtotals.) \$ 15,000-
- Loans under \$100 received this period. (Do not itemize.) \$ _____
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 15,000-

Loans Received - Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** (_____)
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** 15,000-

Enter the net here and on the Summary Page, Column A, Line 2.
May be a negative number.

Schedule E Payments and Contributions (Other Than Loans) Made

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

Statement covers period from <u>11/14</u> through <u>6/30/14</u>	Page <u>12</u> of <u>12</u>
I.D. NUMBER <u>900241</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Bruce Allan Broadwater, Committee to Elect Bruce Broadwater for Councilman, City of Garden Grove

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
<u>U.S. Postal Service</u> <u>Garden Grove</u>	<u>F</u>		<u>174-</u>

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 174-

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 174-
2. Payments made this period of under \$100. (Do not itemize.) \$ 53.25
~~50-~~
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d)) \$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ _____
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$ 227.25

Date Received by FPPC

AMENDED FILING
FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

APR 7 5 22 PM '94

1993/94

PLEASE TYPE OR PRINT IN INK

NAME <u>BRUCE ALLAN BROADWATER</u>			TELEPHONE NUMBER <u>(714) 636-6810</u>
MAILING ADDRESS	STREET	CITY	ZIP CODE

12162 Brookhaven Park, Garden Grove, CA 92640

OFFICE HELD OR SOUGHT (See instructions on page 3):

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COMMISSIONER PRO-TEM RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF: GARDEN GROVE OFFICE/POSITION: COUNCILMEMBER

EXPANDED STATEMENT: _____
NAME OF AGENCY _____ OFFICE/POSITION _____

TYPE OF STATEMENT (Check the Appropriate Box(es)):

ASSUMING OFFICE STATEMENT
(For Newly-Elected and Newly-Appointed Officials ONLY)

Date Assumed Office or, if you are an Appointed Official subject to confirmation, enter the Date Appointed or Nominated:

_____ mo. day yr.

ELECTED OFFICIAL

APPOINTED OFFICIAL

ANNUAL STATEMENT The period covered is December 9, 1992 through December 31, 1993.

LEAVING OFFICE STATEMENT Date Left Office: _____
mo. day yr.

The period covered is January 1, 19 ____, through the date of leaving office.

CANDIDATE STATEMENT

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 4-17-, 19 94, at GARDEN GROVE CA
(month, day) (year) (city and state)

SIGNATURE

[Handwritten Signature]

FORM 721

NAME BRUCE A. BROADWATER

The following summary must be completed by all filers. Do not complete this summary page until you have carefully reviewed all schedules and the instructions for each schedule.

	SCHEDULE COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
Schedule A - INVESTMENTS <i>(Not Held By A Business Entity Or Trust)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY <i>(Not Held By A Business Entity Or Trust)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule D - INCOME <i>(Other Than Loans, Gifts And Honoraria)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule D-1 - INCOME -- TRAVEL PAYMENTS, ADVANCES, REIMBURSEMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule E - INCOME -- LOANS <i>(Received Or Outstanding During The Reporting Period)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule F - INCOME -- GIFTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule G - INCOME -- HONORARIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-1 - COMMISSION INCOME RECEIVED BY BROKERS, AGENTS AND SALESPERSONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-2 - INCOME AND LOANS TO BUSINESS ENTITIES OR TRUSTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-3 - INCOME FROM RENTAL PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

Schedule A - Investments (Not Held By A Business Entity Or Trust)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

NAME OF BUSINESS ENTITY THE BROADWATER INSURANCE AGENCY, INC.		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input checked="" type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000 Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST COMMON STOCK - SPOUSE'S	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY INSURANCE AGENCY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000 Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000 Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000 Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

*If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

If additional space is needed, check box and attach an additional Schedule A.

**Schedule B - Interests In Real Property
(Not Held By A Business Entity Or Trust)**

(SEE INSTRUCTIONS ON PRECEDING PAGE)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <p align="center">9421 CHAPMAN AVENUE</p>		CITY <p align="center">GARDEN GROVE</p>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <p align="center">DEED OF TRUST - SPOUSE'S PROPERTY</p>			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*

NOTE: You may be required to report on Schedule D any income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

*If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

If additional space is needed, check box and attach an additional Schedule B.

NAME BRUCE A. BROADWATER

**Schedule D - Income
(Other Than Loans, Gifts And Honoraria)**

(SEE INSTRUCTIONS ON PRECEDING PAGE)

GROSS INCOME RECEIVED:

NAME OF THE SOURCE OF INCOME THE BROADWATER INSURANCE AGENCY, INC.	<input type="checkbox"/> \$250 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS 9421 CHAPMAN AVENUE, GARDEN GROVE, CA 92640	
NATURE OF BUSINESS ACTIVITY, IF ANY INSURANCE AGENCY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED SPOUSE'S SALARY	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	

If additional space is needed, check box and attach an additional Schedule D.

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

942078

RECEIVED
CITY OF SACRAMENTO
CITY CLERK
Date Stamp
JAN 31 4 14 PM '95
410
For Official Use Only

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

Amendment
 Check box if an Amendment and enter I.D. number:
 # 942078

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as Committee (Month, Day, Year) July 29-94 Check box if not yet qualified

NAME OF COMMITTEE
BROADWATER FOR MAYOR

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET
12162 BROOKHAVEN PARK AVE

CITY SACRAMENTO STATE CA ZIP CODE 95828 AREA CODE/PHONE NUMBER 916-436-6810

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Placer

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

II Treasurer and Other Principal Officers

NAME OF TREASURER
NEW-THOMAS L PETROSINE

MAILING ADDRESS
10501 STANLEY LN

CITY GARDEN GROVE CA STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE 714-537-5278

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1-31-95 At GARDEN GROVE CA By Thomas L Petrosine
 DATE CITY AND STATE SIGNATURE OF TREASURER

Executed on 1-31-95 At Garden Grove CA By [Signature]
 DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ At _____ By _____
 DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ At _____ By _____
 DATE CITY AND STATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS A Public Document

1993/94

PLEASE TYPE OR PRINT IN INK

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK
MAR 30 4 44 PM '94

NAME

BRUCE ALLAN BROADWATER

TELEPHONE NUMBER

(714) 636 6810

MAILING ADDRESS

STREET

CITY

ZIP CODE

12162 BROOKHAVEN PARK GARDEN GROVE 92640

OFFICE HELD OR SOUGHT (See instructions on page 3):

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COMMISSIONER PRO-TEM RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF: GARDEN GROVE OFFICE/POSITION: Council member

EXPANDED STATEMENT: _____
NAME OF AGENCY _____ OFFICE/POSITION _____

TYPE OF STATEMENT (Check the Appropriate Box(es)):

ASSUMING OFFICE STATEMENT
(For Newly-Elected and Newly-Appointed Officials ONLY)

Date Assumed Office or, if you are an Appointed Official subject to confirmation, enter the Date Appointed or Nominated:

ELECTED OFFICIAL

12-8-92
mo. day yr.

APPOINTED OFFICIAL

ANNUAL STATEMENT The period covered is December 9, 1992 through December 31, 1993.
(month, day) (year)

LEAVING OFFICE STATEMENT Date Left Office: _____
mo. day yr.
The period covered is January 1, 19 ____, through the date of leaving office.

CANDIDATE STATEMENT

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 3-30-94, 19 94, at GARDEN GROVE, CA
(month, day) (year) (city and state)

SIGNATURE

Bruce Broadwater

FORM 721

NAME Bruce A. Broadwater

The following summary must be completed by all filers. Do not complete this summary page until you have carefully reviewed all schedules and the instructions for each schedule.

	SCHEDULE COMPLETED AND ATTACHED	NO REPORTABLE INTERESTS
Schedule A - INVESTMENTS (<u>Not Held By A Business Entity Or Trust</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY (<u>Not Held By A Business Entity Or Trust</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule D - INCOME (<u>Other Than Loans, Gifts And Honoraria</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule D-1 - INCOME -- TRAVEL PAYMENTS, ADVANCES, REIMBURSEMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule E - INCOME -- LOANS (<u>Received Or Outstanding During The Reporting Period</u>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule F - INCOME -- GIFTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule G - INCOME -- HONORARIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-1 - COMMISSION INCOME RECEIVED BY BROKERS, AGENTS AND SALESPERSONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-2 - INCOME AND LOANS TO BUSINESS ENTITIES OR TRUSTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule H-3 - INCOME FROM RENTAL PROPERTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

NAME Bruce A Broadwater

Schedule A - Investments
(Not Held By A Business Entity Or Trust)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

NAME OF BUSINESS ENTITY <i>The Broadwater Insurance Agency, INC.</i>		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input checked="" type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST <i>COMMON STOCK</i>	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input checked="" type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <i>INSURANCE Agency.</i>		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP INTEREST	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	Ownership Interest <input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

NOTE: YOU MAY BE REQUIRED TO REPORT ON SCHEDULE D ANY SALARY, COMMISSION, DISTRIBUTION OR OTHER INCOME (\$250 OR MORE) RECEIVED BY YOU OR YOUR SPOUSE FROM ANY BUSINESS ENTITY LISTED ON SCHEDULE A.

*If you have checked this box, you must report on Schedules C-1 and C-2 any interests in real property and investments held by the business entity. In addition, if your pro rata share of the gross income from any one source was \$10,000 or more, you may be required to report the name of that source on Schedule H-2.

If additional space is needed, check box and attach an additional Schedule A.

NAME Bruce A Broadbent

**Schedule B - Interests In Real Property
(Not Held By A Business Entity Or Trust)**

(SEE INSTRUCTIONS ON PRECEDING PAGE)

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY <u>9421 CHAPMAN</u>		CITY <u>GARDEN GROVE</u>	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input checked="" type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST <u>Deed of Trust</u>			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR <input type="checkbox"/> \$1,000-\$10,000 MARKET <input type="checkbox"/> \$10,001-\$100,000 VALUE <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:	Date Acquired: _____ Date Disposed: _____	If Rental Property, Ownership Interest Is	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% or greater*

NOTE: You may be required to report on Schedule D any income (\$250 or more) received by you or your spouse from rental property listed on Schedule B.

*If you have a 10% or greater interest in a rental property, you may have additional reporting requirements on Schedule H-3.

If additional space is needed, check box and attach an additional Schedule B.

NAME Bruce A. Broadwater

**Schedule D - Income
(Other Than Loans, Gifts And Honoraria)**

(SEE INSTRUCTIONS ON PRECEDING PAGE)

GROSS INCOME RECEIVED:

NAME OF THE SOURCE OF INCOME <u>The Broadwater Insurance Agency, INC,</u>	<input type="checkbox"/> \$250 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS <u>9421 CHAPMAN AVENUE GARDEN GROVE CA 92647</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>INSURANCE Agency</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>Spouse's SALARY</u>	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	

If additional space is needed, check box and attach an additional Schedule D.