

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA

2001/02

FORM

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Page 1 of 2

For Official Use Only

2003 MAR 10 A 10:18

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

11/05/02

Statement covers period

from 10/20/02

through

12/31/02

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement
 - Supplemental Preelection Statement - Attach Form 495
 - Amendment (Explain below)
- On summary page, decrease lines 6, 8, & 11 by \$70.59.

3. Committee Information

I.D. NUMBER
971912

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

Broadwater for Mayor

Treasurer(s)

NAME OF TREASURER

Larry Callahan

MAILING ADDRESS

10961 Patricia Drive

Garden Grove

CA 92840

(714) 537 8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

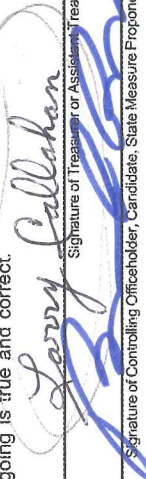
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 4TH, 2003

Date

3-8-03

Date



By

Signature of Treasurer or Assistant Treasurer

By

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

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10/20/02
through 12/31/02

Page 2 of 2
I.D. NUMBER
971912

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>12,930.11</u>	\$ <u>53,662.11</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>12,930.11</u>	\$ <u>53,662.11</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>180.00</u>	<u>6,319.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>13,110.11</u>	\$ <u>59,981.11</u>

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

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

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>11,735.75</u>	\$ <u>29,416.46</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>11,735.75</u>	\$ <u>29,416.46</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 <u>180.00</u>	<u>6,319.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>11,915.75</u>	\$ <u>35,735.46</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit)

Date of Election _____ Total to Date _____
(mm/dd/yy) _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>58,105.39</u>
13. Cash Receipts	Column A, Line 3 above <u>12,930.11</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>11,735.75</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>59,299.75</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

COVER PAGE

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Broadwater	Bruce		(714) 741-5000
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
City Hall 11222 Acacia Pkwy		Garden Grove	92840
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency or Court

Name: _____
 Orange County Regional Airport Authority
 Division, Board, District, if applicable: _____
 Position: _____
 Board Member
 ➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
 Agency: _____
 Position: _____

2. Jurisdiction of Office (Check at least one box)

State
 County of Orange
 City of _____
 Multi-County _____
 Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: ____/____/____
 Annual: The period covered is January 1, 2002, through December 31, 2002.
 -or-
 The period covered is ____/____/____, through December 31, 2002.
 Leaving Office Date Left: ____/____/____ (Check one)
 The period covered is January 1, 2002, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

- Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)
- Schedule A-2 Yes – schedule attached
Investments (10% or greater Ownership)
- Schedule B Yes – schedule attached
Real Property
- Schedule C Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)
- Schedule D Yes – schedule attached
Income – Loans
- Schedule E Yes – schedule attached
Income – Gifts
- Schedule F Yes – schedule attached
Income – Travel Payments

-or-

➔ No reportable interests on any schedule

Total number of pages completed including this cover page: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed _____
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

460

Page 1 of 15
For Official Use Only

Type or print in ink.

Statement covers period
from 10/20/02
through 12/31/02
Date of election if applicable:
(Month, Day, Year) 2003 JAN 28 P 4: 52
11/05/02

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored (Also Complete Part 6)
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Broadwater for Mayor

I.D. NUMBER
971912

Treasurer(s)

NAME OF TREASURER
Larry Callahan
MAILING ADDRESS
10961 Patricia Dr.

STREET ADDRESS (NO P.O. BOX)
12162 Brookhaven Park
CITY
Garden Grove STATE
CA ZIP CODE
92840 AREA CODE/PHONE
(714) 636 6810
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY
Garden Grove STATE
CA ZIP CODE
92840 AREA CODE/PHONE
(714) 537 8094
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 23, 2003 Date

Executed on January 25, 2003 Date

Executed on _____ Date

By Larry Callahan Signature of Treasurer or Assistant Treasurer

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

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bruce A. Broadwater
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor of Garden Grove
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 12162 Brookhaven Park, Garden Grove CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10/20/02
through 12/31/02

CALIFORNIA FORM **460**

Page 3 of 15

I.D. NUMBER
971912

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	12,930.11	53662.11
2. Loans Received	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	12,930.11	53662.11
4. Nonmonetary Contributions	180.00	6,319.00
5. TOTAL CONTRIBUTIONS RECEIVED	13,110.00	59,981.11

Expenditures Made

6. Payments Made	11,806.34	29,487.05
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	11,806.34	29,487.05
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	180.00	6,319.00
11. TOTAL EXPENDITURES MADE	11,986.34	35,806.05

Current Cash Statement

12. Beginning Cash Balance	58,105.39
13. Cash Receipts	12,930.11
14. Miscellaneous Increases to Cash	0
15. Cash Payments	11,735.75
16. ENDING CASH BALANCE	59,299.75

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	0
19. Outstanding Debts	0

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	\$
*(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

*Since January 1, 2001, Amounts in this section may be different from amounts reported in Column B.

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

Statement covers period from 10/20/02 through 12/31/02

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/02	Chun-Ha Insurance Services, Inc. 12912 Brookhurst St., Ste. 480 Garden Grove, CA 92840-4873	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chun-Ha Insurance	1,350.00	1,350.00	
10/28/02	Pacific Plaza 2426 W. Eighth St. #200 Los Angeles, CA 90057	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Plaza	1,000.00	1,000.00	
10/21/02	Farrukh Zia 16242 Redwood St. Fountain Valley, CA 92708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CUSTOM STEEL PLANT	750.00	750.00	
10/23/02	Mark Kelton 2716 Ocean Park Blvd. Ste. 3006 Santa Monica, CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor-Kelton Insurance	750.00	750.00	
10/21/02	Golden Bell Insurance 7002 Moody St. #209 La Palma, CA 90623	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance	600.00	600.00	
SUBTOTAL \$				4,450.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 12,507.11

2. Amount received this period - unitemized contributions of less than \$100 \$ 423.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 12,930.11**

*Contributor Codes

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/20/02
through 12/31/02

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CALIFORNIA
FORM **460**

NAME OF FILER
Broadwater for Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/02	John Kim 3832 Salem St. Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	600.00	600.00	
10/21/02	Bui Engineering 10051 Trask Ave. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bui Engineering	500.00	500.00	
10/23/02	MHETPAC #820165 25241 Paseo De Alicia, Ste. 120 Laguna Hills, CA 92653	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufactured Housing	500.00	500.00	
10/21/02	Tamer Design & Construction, Inc. 12801 Safford, W. Garden Grove, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction	500.00	500.00	
11/04/02	California Real Estate BOR/PAC # 890106 525 So. Virgil Ave. Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate	500.00	500.00	

SUBTOTAL \$ 2,600.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/20/02
through 12/31/02

CALIFORNIA FORM **460**

Page 6 of 15

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
NAME OF FILER Broadwater for Mayor						
10/21/02	Peace Officers Research Association Of California PAC # 810830 2495 Natomas Park Dr. Sacramento, CA 95833	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/21/02	Chough & Associates 315 Avenue Margurita Anaheim, CA 92807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC RELATIONS	450.00	450.00	
10/23/02	Hamid A. Malik 5560 Camino Vista Yorba Linda, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FURNATURE REFRESHING	300.00	300.00	
10/21/02	Mitzi R. Magill 13181 Lampson Ave. Garden Grove, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobile Homes Manager	300.00	300.00	
11/04/02	Sempra Energy 101 Ash St. San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
SUBTOTAL \$				1,850.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/20/02
through 12/31/02

CALIFORNIA FORM **460**
Page 7 of 15

NAME OF FILER
Broadwater for Mayor
I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/02	Syed Asif Hussaini 4385 E. Rocky Point Rd. Anaheim, CA 92807-3419	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRAPHIC ARTS	250.00	250.00	
10/21/02	Hennessy Group 17300 17th St. Ste. J-251 Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/23/02	Richard Kelton Insurance 2716 Ocean Park Blvd. Ste. 3006 Santa Monica, CA 90405-5299	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance	250.00	250.00	
10/21/02	Orange County Auto Dealers Ass'n PAC #870777 3146 Red Hill Ave., Ste 220 Costa Mesa, Ca 92626	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/21/02	Mark H. Leekley 3318 Honey Pine Ct. Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
SUBTOTAL \$				1,250.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
FORM
460

Page 8 of 15

Statement covers period
from 10/20/02
through 12/31/02

NAME OF FILER

Broadwater for Mayor

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/04/02	7-Eleven Franchisee's PAC 555 So. Flower St. Ste. 4510 Los Angeles, CA 90071-2300	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		207.11	207.11	
10/21/02	Lenora Kelton Family Trust 2716 Ocean Park Blvd. Ste. 3006 Santa Monica, CA 90405-5299	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kelton Insurance	250.00	250.00	
10/25/02	Western Mfg Housing Communities Ass'n PAC #742422 455 Capital Mall, Ste. 800 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manufactured Housing	200.00	200.00	
10/21/02	GEO-ETKA, INC. 739 No. Main St. Orange, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
10/21/02	Sac International Steel Inc. 6130 S. Avalon Blvd. Los Angeles, CA 90003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
SUBTOTAL \$				1,057.11		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/20/02</u> through <u>12/31/02</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>15</u>	

NAME OF FILER
Broadwater for Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/04/02	Abdul Wahab 14712 Kensington Lane Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>SPORTS EQUIPMENT</i>	200.00	200.00	
10/21/02	Syed Razi P.O. Box 5105 Fullerton, CA 92838-0105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>ENGINEERING</i>	200.00	200.00	
10/25/02	Dr. Shelton S. Singer 12672 Kona Ln. Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/21/02	Abdo A. Najjar 7066 Hoover Way Buena Park, CA 90620-3819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>RETIRED</i>	100.00	100.00	
10/21/02	Masood Khan Insurance Services 550 E. Chapman Ave. Unit D Orange < CA 92666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance	100.00	100.00	
SUBTOTAL \$				700.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/20/02</u> through <u>12/31/02</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>15</u>	

NAME OF FILER Broadwater for Mayor		I.D. NUMBER 971912				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
11/04/02	Naina M.A. Pahman, M.D. 1761 W. Romney Dr. Ste. I-J Anaheim, CA 92801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	100.00	100.00	
10/21/02	Global Sportswear 12939 E. Dawn Dr. Cerritos, CA 92703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sportswear	100.00	100.00	
10/25/02	Fazal Mirza, M.D. 6042 Marilyn Dr. Cypress, CA 90630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	100.00	100.00	
10/21/02	Irfan Mirza, M.D. 2021 S. La Quinta Ct. La Habra, CA 90631	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	100.00	100.00	
10/21/02	Marr's Services Inc. 5300 Beach Blvd. Pmb 545 Buena Park, CA 90621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
SUBTOTAL \$				500.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/20/02
through 12/31/02

Page 11 of 15

CALIFORNIA
FORM **460**

NAME OF FILER
Broadwater for Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
10/21/02	Faisal V. Simjee 9782 Winsor Ave. Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAINT SHOP	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100.00		

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

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 10/20/02
through 12/31/02

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Broadwater for Mayor

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
X 12/31/02	Garden Grove Secured Storage 13632 Euclid St. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden Grove Secured Storage	Storage	180.00	912.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					SUBTOTAL \$	912.00	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 180.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 180.00

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

Schedule E Payments Made

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

SCHEDULE E

CALIFORNIA
FORM

460

Statement covers period

from 10/20/02

through 12/31/02

Page 13 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor

I.D. NUMBER

971912

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Broadway Group 2024 Broadway Santa Ana, CA 90701	CNS			4,225.73
USPS 10441 Stanford Ave. Garden Grove, CA 92840	POS			3,500.00
Garden Grove Journal 12866 Main St. Garden Grove, CA 92840	PRT			450.00

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

SUBTOTAL \$ 8,175.73

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 11,515.73
2. Unitemized payments made this period of under \$100 \$ 220.02
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 11,735.75**

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

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

SCHEDULE E (CONT.)

Statement covers period
from 10/20/02
through 12/31/02

Page 14 of 15

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Broadwater for Mayor

I.D. NUMBER
971912

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Thomas Petrosine 10501 Stanley Lane Garden Grove, CA 92840	RFD			100.00
Sergio Contreras 7831 10th Street Westminster, CA 92683	MTG			200.00
Democratic Foundation of Orange County 3 Imperial Promenade Santa Ana, CA 92701	POL			540.00
Acacia Adult Day Services 11391 Acacia Parkway Garden Grove, CA 92840	CVC			100.00
Orange County News 625 No. Grand Avenue Santa Ana, CA 92701	PRT			250.00

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

SUBTOTAL \$ 1,190.00

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

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM
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Page 15 of 15

Statement covers period
from 10/20/02
through 12/31/02

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor

I.D. NUMBER
971912

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Parents Ballot Guide 1654 W. Carson St. Torrance, CA 90501	UT			700.00
California Voter Guide 1654 W. Carson St. Torrance, CA 90501	UT			950.00
John Garamendi for Insurance Commissioner P.O. Box 5224 Fair Oaks, CA 95628	IND		Support for John Garamendi	500.00

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

SUBTOTAL \$ 2,150.00

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER Broadwater for Mayor		Date of This Filing 10/29/02
AREA CODE/PHONE NUMBER (714) 636 6810	I.D. NUMBER (if applicable) 971912	Report No. 01
STREET ADDRESS 12162 Brookhaven Park		
CITY Garden Grove	STATE CA	ZIP CODE 92840
<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 1

RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 Date Stamp: 2002 OCT 29 P 3:21
 CALIFORNIA FORM 497
 For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/02	Pacific Plaza 2426 W. 8th St., #200 Los Angeles, CA 90057	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pacific Plaza 2426 W. 8th St., #200 Los Angeles, CA 90057	1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

Reason for Amendment: _____

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2002 OCT 24 A 11:51

Type or print in ink.

Recipient Committee Campaign Statement Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period
from 10/01/02 through 10/19/02
Date of election if applicable:
(Month, Day, Year) 2002 OCT 24 A 11:51

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - Ballot Measure Committee
 - State Candidate Election Committee
 - Primarily Formed
 - Controlled
 - Sponsored (Also Complete Part 6)
 - General Purpose Committee
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Recall (Also Complete Part 5)

- 2. Type of Statement:**
- Preelection Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement
 - Supplemental Preelection Statement - Attach Form 495
 - Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Broadwater for Mayor

I.D. NUMBER
971912

STREET ADDRESS (NO P.O. BOX)
12162 Brookhaven Park

CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 636 6810

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

CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 537 8094

MAILING ADDRESS

CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 537 8094

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Larry Callahan

MAILING ADDRESS
10961 Patricia Drive
Garden Grove CA 92840 (714) 537 8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 537 8094

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 21ST 2002 Date
Executed on OCT 24TH 2002 Date
Executed on _____ Date
Executed on _____ Date

By Larry Callahan Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bruce A. Broadwater

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12162 Brookhaven Park Garden Grove CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10/01/02
through 10/19/02

CALIFORNIA FORM 460

Page 3 of 5
I.D. NUMBER
971912

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Broadwater for Mayor

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 40,732.00
2. Loans Received Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 40,732.00
4. Nonmonetary Contributions Schedule C, Line 3	348.00	6,139.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 348.00	\$ 46,861.00

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 10,198.78	\$ 17,680.71
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 10,198.78	\$ 17,680.71
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	348.00	6,139.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 10,546.78	\$ 23,819.71

Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 68304.17	
13. Cash Receipts Column A, Line 3 above	0	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	
15. Cash Payments Column A, Line 8 above	10,198.78	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 if this is a termination statement, Line 16 must be zero.	\$ 58,105.39	

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

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

20. Contributions Received \$	1/1 through 6/30	7/1 to Date
21. Expenditures Made \$		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 10/01/02
through 10/19/02

Page 4 of 5

I.D. NUMBER
971912

SCHEDULE C

**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Broadwater fo Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/02	Garden Grove Police Ass'n Public Affairs Committee 11301 ACACIA PKWY GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC # 960881	Campaign signs	300.00	300.00	
10/19/02	Garden Grove Secured Storage 13632 Euclid St. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden Grove Secured Storage	Storage	48.00	48.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$					348.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 300.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 48.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 348.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Broadwater for Mayor

I.D. NUMBER
971912

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS 10441 Stanford St. Garden Grove, CA 92840	POS			4,000.00
The Broadway Group 2024 N. Broadway Santa Ana, CA 92701	CNS			6,198.78
SUBTOTAL \$				10,198.78

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 10,198.78
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 10,198.78

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
2001/02
FORM

460

Page 1 of 2
For Official Use Only

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

11/05/02

Statement covers period
from 07/01/02

through 09/30/02

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
971212 ✓

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Broadwater for Mayor

Treasurer(s)

NAME OF TREASURER
Larry Callahan

MAILING ADDRESS
10961 Patricia Drive

STREET ADDRESS (NO P.O. BOX)
12162 Brookhaven Park

CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92840 (714) 636 6810

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92840 (714) 537 8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-02-02
Date

Executed on 10-2-02
Date

Executed on _____
Date

Executed on _____
Date

By Larry Callahan
Signature of Treasurer
By [Signature]
Signature of Assistant Treasurer
By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 21

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bruce A. Broadwater
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor of Garden Grove
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12162 Brookhaven Park, Garden Grove, CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 07/01/02
through 09/30/02

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Broadwater for Mayor

I.D. NUMBER
971912

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

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 39,732.00	\$ 40,732.00
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 39,732.00	\$ 40,732.00
4. Nonmonetary Contributions	Schedule C, Line 3 5,228.00	5,791.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 44,960.00	\$ 46,523.00

Expenditure Limit Summary for State Candidates

6. Payments Made	Schedule E, Line 4 \$ 5,884.11	\$ 7,481.93
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 5,884.11	\$ 7,481.93
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 5,228.00	5,791.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 11,112.11	\$ 13,272.93

22. Cumulative Expenditures Made*

(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 34,456.28
13. Cash Receipts	Column A, Line 3 above 39,732.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 5,884.11
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 68,304.17

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0
------------------------------------	-------------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 07/01/02
through 09/30/02

CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater for Mayor

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/13/02	Iskander Abdulla 10342 Ambervale Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
08/13/02	Larry Callahan 10961 Patricia Dr. Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor	100.00	100.00	
08/13/02	Ray Choi 12912 Brookhurst St. #480 Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Mgr.	100.00	100.00	
08/13/02	Ben Freze 10212 Dewey Dr. Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
08/13/02	Manual Nunes 9731 Royal Palm Blvd. Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	100.00	100.00	
SUBTOTAL \$				500.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 37,355.00
- Amount received this period - unitemized contributions of less than \$100 \$ 2,377.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 39,732.00

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period

from 07/01/02

through 09/30/02

CALIFORNIA
FORM **460**

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NAME OF FILER

Broadwater for Mayor

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/13/02	Jerry M. Patterson 9185 Caladium Ave. Fountain Valley, CA 92708-1420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Costal Comm.	100.00	100.00	
08/13/02	Floyd Pescuma 12052 Shady Acre St. Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
08/13/02	James A. Tortolano 12602 Scandia Garden Grove, CA 92845	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden Grove Journal	100.00	100.00	
08/13/02	Thorvald K. Zimmerman 11841 Peacock Ct. Garden Grove, CA 92841-2622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
08/13/02	Philip L. Anthony Inc. Palpat Pl. #10 Westminster, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer	125.00	125.00	
SUBTOTAL \$				525.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

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NAME OF FILER
Broadwater for Mayor I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/13/02	Wm. A. Grant 1574 Ord Way Anaheim, CA 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	125.00	125.00	
08/13/02	Azteca Resturant 12911 Main St. Garden Grove, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Azteca Resturant	125.00	125.00	
08/13/02	Tom Kim 9832 Garden Grove Blvd. Garden Grove, CA 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker	125.00	125.00	
08/13/02	Abdo A. Najjar 7066 Hoover Way Buena Park, CA 90620-8627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	
08/13/02	Virginia Nash 9642 Vons Dr. Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	
SUBTOTAL \$				625.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

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CALIFORNIA
FORM **460**

NAME OF FILER
Broadwater for Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
08/13/02	Janet M. Scott 11172 Dallas Dr. Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	H. R. Shurflo Pumps Mfg. 12650 Westminster Ave. Santa Ana, CA 92702	125.00	125.00	
08/13/02	Muzammil H. Siddiqi 9858 Swan Cir. Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Islamic Society 9752 13th St. of Garden Grove, CA 92844 <i>Albora</i>	125.00	125.00	
08/13/02	Jeena Siddiqui 1820 N. Camino La Vis Fullerton, CA 92833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	125.00	125.00	
08/13/02	Rehana Wahab 14712 Kensington Ln. Westminster, CA 92683	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	125.00	125.00	
08/13/02	Orange County Bldg. Trades Council PAC I.D. # 822029 1626 Beverly Blvd. Los Angeles, CA 90026	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Council	125.00	125.00	

SUBTOTAL \$ 625.00

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

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

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

SCHEDULE A (CONT.)

Statement covers period

from 07/01/02

through 09/30/02

CALIFORNIA FORM 460

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NAME OF FILER

Broadwater For Mayor

ID. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/14/02	Harry J. Krebs 10880 Woodward Lane Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired L:ARV	180.00	180.00	
08/13/02	Tom Petrosine 10501 Stanley Ln. Garden Grove, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
08/14/02	Joseph Voltarel 4895 Sunbeam Ln. Yorba Linda, CA 92887	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nicholas Chevrolet	200.00	200.00	
08/17/02	Zlaket's Market 12921 Main St. Garden Grove, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zlaket's Market	200.00	200.00	
08/12/02	International Royal Homes, Inc 12051 Gilbert St. Garden Grove, CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	International Royal Homes	250.00	250.00	
SUBTOTAL \$				1030.00		

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IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

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

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

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CALIFORNIA FORM 460

NAME OF FILER
Broadwater For Mayor
I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/12/02	Haitham A. Bundakji 18782 Capense St. Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bundakji Consulting	250.00	250.00	
08/13/02	Ledo International, Inc. 369 San Miguel Dr. #165 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ledo International, Inc.	250.00	250.00	
08/16/02	Dennis E. Desnoo 1001 Sharon Rd. Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Broadway Group	250.00	250.00	
08/15/02	Alan Gordon 14 Via Terracaleta Cota De Caza, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gordon Tire Co.	250.00	250.00	
08/14/02	G Brothers Construction, Inc 10537 Garden Grove Blvd. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor	250.00	250.00	
SUBTOTAL \$				1250.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

CALIFORNIA
FORM **460**

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NAME OF FILER
Broadwater For Mayor
I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/02	Ivy Escrow Co. 12860 Beach Blvd.#J Stanton, CA 92680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ivy Escrow Co.	250.00	250.00	
08/08/02	Oasis of Peace Development Assoc., Inc. 6225 Coldwater Canyon Ave. , #304 No. Hollywood, CA 91606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oasis of Peace Development Assoc., Inc.	250.00	250.00	
08/14/02	Dr. Habeeb Khan 18092 Pamela Place Villa Park, Ca 92667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor	250.00	250.00	
08/05/02	M. A. Majeed, D.D.S., Inc. 661 S. 2nd Ave. Covina, CA 91723-3518	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist	250.00	250.00	
08/19/02	Koo Oh, D.D.S., Inc. 2210 W. Commonwealth Ave. Fullerton, CA 92833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist	250.00	250.00	
SUBTOTAL \$				1250.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

CALIFORNIA
FORM **460**

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NAME OF FILER

Broadwater For Mayor

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/06/02	Raymond Thornton 11461 Barclay Dr. Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
08/05/02	Gerald Tolman 12301 Gilbert St. Garden Grove, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
08/13/02	Atty. Dale E. Washington 9550 Warner Ave. #250 Fountain Valley, Ca 92708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law	250.00	250.00	
08/05/02	Union Dodge 9898 Trask Ave. Garden Grove, CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Dealer	250.00	250.00	
08/13/02	Working Alternatives. Inc. 6475 PCH, #22 Long beach, CA 90803-4296	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Working Alternatives. Inc.	250.00	250.00	
SUBTOTAL \$				1250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

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CALIFORNIA
FORM **460**

NAME OF FILER
Broadwater For Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/14/02	Victoria M. Tieu 2561 Point Del Mar Corona Del Mar, CA 92625-1550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Can Restaurant & Club	300.00	300.00	
08/13/02	Marina Bundakji 18782 Capense St. Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	500.00	500.00	
08/08/02	Phantom Of So, California Martin Luther King Jr. Blvd. Youngstown, Ohio 44502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phantom Of So. California	500.00	500.00	
08/14/02	Jong Sik Chi 9580 Garden Grove Blvd. #300 Garden Grove, CA 92844	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	A. R. Supermarket	500.00	500.00	
08/05/02	Clayton Clayton & Co. 3700 Campus Dr. #106 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder	500.00	500.00	

SUBTOTAL \$ 2300.00

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Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

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CALIFORNIA
FORM
460

NAME OF FILER
Broadwater For Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/29/02	International Union of Operating Engineers 150 E. Corson St. Pasadena, CA 91103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC#743030	500.00	1,000.00	
08/30/02	Landmark Hotels, LLC 450 Newport Center Dr. #480 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landmark Hotels	500.00	500.00	
08/27/02	Chuch Fry 19800 Macarthur Blvd., #750 Irvine, CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Vista Communities	500.00	500.00	
08/14/02	Van Hanh Assembly 9561 Bixby Ave. Garden Grove, CA 92841-3708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buddhist Temple	500.00	500.00	
08/08/02	Jay's Catering 10581 Garden Grove Blvd. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jay's Catering	500.00	500.00	
SUBTOTAL \$				2500.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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Statement covers period
from 07/01/02
through 09/30/02

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NAME OF FILER
Broadwater For Mayor
I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/14/02	Perry Pound 1020 Old Ranch Parkway #400 Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director The Olson Co.	500.00	500.00	
08/05/02	Randy Smith 17801 Cartwright Rd. Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lobbyist- Smith Public Affairs	500.00	500.00	
08/14/02	Charley's Resturant 9432 Katella Ave. Anaheim, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charley's Resturant	500.00	500.00	
08/09/02	Radhe Shyam Investment Corp. 12621 Western Ave. Garden Grove, CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investments	500.00	500.00	
08/01/02	Brandywine Development Corp. 1801 E. Edinger Ave. #125 Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer	1,000.00	1,000.00	
SUBTOTAL \$				3,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

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Statement covers period
from 07/01/02
through 09/30/02

NAME OF FILER
Broadwater For Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/12/02	Mall Of Fortune 9113 Bolsa Ave. #228 Westminster, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grand Metro Investment Co.	1,000.00	1,000.00	
08/01/02	County Wide Jeep 10800 Trask Ave. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Dealer	1,000.00	1,000.00	
08/09/02	Saigon Market 9261 Bolsa Ave. Westminster, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lonn Inc.	1,000.00	1,000.00	
08/13/02	Anthony's Body Shop inc. 10242 Garden Grove Blvd. Garden Grove, CA 92843-6460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto body repair	1,000.00	1,000.00	
08/15/02	Steve Sheldon 400 N. Continental Blvd. #100 El Segundo, CA 90245	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Att'y Western Pacific Housing	1,000.00	1,000.00	
SUBTOTAL \$				5,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

CALIFORNIA FORM 460

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	NAME OF FILER Broadwater For Mayor					
	I.D. NUMBER 971912					
08/01/02	Lucky Investment Co. 310 Hilgard Ave. Los Angeles, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lucky Investment Co.	1,000.00	1,000.00	
08/14/02	Westminster Press Inc. 14771 Moran St. Westminster, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Westminster Press Inc.	1,000.00	1,000.00	
08/07/02	Taormina Industries, LLC. 1131 N. Bluegum St. Anaheim, CA 92815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden Grove Disposal	1,000.00	1,000.00	
08/29/02	Southwest Regional Council of Carpenters 533 So. Fremont Ave. 10th Floor Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Union PAC#870169	1,000.00	1,000.00	
08/05/02	Care Ambulance Service, Inc. 8932 Katella Ave. #201 Anaheim, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Care Ambulance Service, Inc.	1,000.00	1,000.00	
SUBTOTAL \$				5,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Statement covers period

from 07/01/02

through 09/30/02

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NAME OF FILER
Broadwater for Mayor
I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/09/02	Furiwa Chinese Seafood Restaurant Inc. 13826 Brookhurst St. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Furiwa Chinese Seafood Restaurant, inc.	1,000.00	1,000.00	
08/13/02	U.S. Dyeing & Finishing Inc. 12601 Industry St. Garden Grove, CA 92841-3911	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Dyeing & Finishing Inc.	1,000.00	1,000.00	
08/14/02	Brandywine Development Corp. 1801 E. Edinger Ave. #125 Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandywine Development Corp.	1,500.00	2,500.00	
08/12/02	McWhinney Enterprises 2725 Rocky Mountain Ave. #200 Loveland, CO 80538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developers	2,000.00	2,000.00	
08/13/02	Vinh Phat Supermarket 8900 Westminster Ave. Westminster, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grocery Store	2,000.00	2,000.00	
SUBTOTAL \$				7,500.00		

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

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

SCHEDULE A (CONT.)

Statement covers period
from 07/01/02
through 09/30/02

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CALIFORNIA FORM 460

NAME OF FILER
Broadwater For Mayor

I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/01/02	Garden Grove Firefighters PAC 12866 Main St. Garden Grove, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Labor Union PAC# 971912	5,000.00	5,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				5,000.00		

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**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 07/01/02
through 09/30/02

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
971912

Broadwater For Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER RELECTION TO DATE (IF REQUIRED)
08/13/02	Bella Mari's 12361 Chapman Ave. Garden Grove, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resturant	Food Service	5,000.00	5,000.00	
09/30/02	Garden Grove Secured Storage 13632 Euclid St. Garden Grove, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garden Grove Secured Storage	Storage	228.00	684.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$					5,228.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 5,228.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 5,228.00

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Schedule E Payments Made

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

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period

from 07/01/02

through 09/30/02

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Broadwater For Mayor

I.D. NUMBER

971912

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Union Press 1001 W. 17th St. Costa Mesa, CA 92627	PRT			540.00
USPS 10441 Stanford St. Garden Grove, CA 92840	POS			149.00
The Broadway Group 2024 N. Broadway Santa Ana, CA 92701	CNS			1,000.00

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

SUBTOTAL \$ 1,689.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5,402.00
2. Unitemized payments made this period of under \$100 \$ 482.11
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 5,884.00

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

SCHEDULE E (CONT.)

Type or print in ink.
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Statement covers period
from 07/01/02
through 09/30/02

CALIFORNIA 460
FORM

Page 21 of 21

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
971912

Broadwater For Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Democratic Foundation Of Orange County 3 Imperial Promenade Santa Ana, CA 92701	POL			1,000.00
City Of Garden Grove 11222 Acacia Garden Grove, CA 92840	FIL			1,900.00
Kinkos 15891 Golden West Huntington Beach, CA 92646	LIT			113.00
Cathy Kosty 12571 Fletcher Dr. Garden Grove, CA 92840	PRO			700.00

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

SUBTOTAL \$ 3,713.00

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Please type or print in ink

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
BROADWATER	BRUCE	A,	(714) 558-4601
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
12162	BROOKHAVEN PARK	GARDEN GROVE	92840
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Full Name of Office Sought or Held, Agency or Court:
City of GARDEN GROVE
Division, Board, District, if applicable: _____
Position: MAYOR
→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: _____
Position Title: _____

2. Jurisdiction of Office (Check one box)
 State
 County of _____
 City of GARDEN GROVE
 Multi-County _____
 Other _____

3. Type of Statement (Check at least one box)
 Assuming Office/Initial Date: ____/____/____
 Annual: The period covered is January 1, 2001, through December 31, 2001.
-or-
 The period covered is ____/____/____, through December 31, 2001.
 Leaving Office Date Left: ____/____/____ (Check one)
 The period covered is January 1, 2001, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")
→ During the reporting period, did you have any reportable interests to disclose on:
Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 Yes - schedule attached
Investments (Greater than 10% Ownership)
Schedule B Yes - schedule attached
Real Property
Schedule C Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)
Schedule D Yes - schedule attached
Income - Loans
Schedule E Yes - schedule attached
Income - Gifts
Schedule F Yes - schedule attached
Income - Travel Payments
-or-
→ No reportable interests on any schedule
Total number of pages completed including this cover page: 2

5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.
Date Signed 8-7-02
(month, day, year)
Signature [Signature]
(File the originally signed statement with your filing official.)

SCHEDULE B

Interests in Real Property

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Bruce Broadwater

> STREET ADDRESS OR PRECISE LOCATION
9421 Chapman Avenue

CITY
Garden Grove, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/01 _____/_____/01
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER
Jan Wilson

ADDRESS
c/o Farmers & Merchants Bank

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other private lender

INTEREST RATE TERM (Months/Years)
8 % None 30 years

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D.

> STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/01 _____/_____/01
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D.

Comments: _____

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
2001/02
FORM

Page 1 of 7
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/05/02

Statement covers period
from 01/01/02
through 06/30/02

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) BROADWATER FOR MAYOR

I.D. NUMBER 971912

Treasurer(s)

NAME OF TREASURER LARRY CALLAHAN

MAILING ADDRESS 10961 PATRICIA DR.

CITY GARDEN GROVE STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 537 8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX) 12162 BROOKHAVEN PARK

CITY GARDEN GROVE STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 636-6810

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

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/16/02 Date
7-24-02 Date

By Larry Callahan Signature of Treasurer or Assistant Treasurer

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

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
460
FORM

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE A. BROAD WATER
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR OF GARDEN GROVE, CA
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1112 BROOKHAVEN PARK, GARDEN GROVE, CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS _____ STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS _____ STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

6. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER _____ JURISDICTION _____

SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent _____

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**
FORM

Statement covers period
from 01/01/02
through 06/30/02

Page 3 of 7

I.D. NUMBER
971912

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>563.00</u>	\$ <u>563.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>4,563.00</u>	\$ <u>4,563.00</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>1,597.82</u>	\$ <u>1,597.82</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,597.82</u>	\$ <u>1,597.82</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>563.00</u>	\$ <u>563.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2,160.82</u>	\$ <u>2,160.82</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>34,571.03</u>	
13. Cash Receipts Column A, Line 3 above	\$ <u>1,000.00</u>	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>483.07</u>	
15. Cash Payments Column A, Line 8 above	\$ <u>1,597.82</u>	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>34,456.28</u>	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

\$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

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

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

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(if Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA **460**
FORM

Statement covers period
from 01/01/02
through 06/30/02

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/02/02	IBEW LOCAL #441 PAC 309 N. RAMPART ORANGE, CA 92806	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LABOR UNION	\$500.00	\$500.00	
02/16/02	IUOE LOCAL #72 PAC 150 E. CORSON ST. PASADENA, CA 91103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LABOR UNION	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1,000.00

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,000.00
- Amount received this period - unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,000.00

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

Schedule C Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

Statement covers period

from 01/01/02

through 06/30/02

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/05/02	ANGELES 2000 AUTRY WAY ANAHEIM, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BASEBALL CLUB	SHIRT	\$107.00	\$107.00	
06/30/02	MARY GUZMAN 13632 EUCLID ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GARDEN GROVE SECURED STORAGE	STORAGE	456.00	456.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 563.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 563.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 563.00

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

**Schedule E
Payments Made**

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

SCHEDULE E

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

Statement covers period
from 04/01/02
through 06/30/02

Page 6 of 7

I.D. NUMBER

971912

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAMALA HADDAD 6071 DUDMAN AVE GARDEN GROVE, CA 92845	POS			\$ 220.78
COSTCO 11000 GARDEN GROVE BLVD GARDEN GROVE, CA 92840	OFC			105.57
USPS 10441 STANFORD AVE. GARDEN GROVE, CA 92840	POS			272.60

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

SUBTOTAL \$ 598.35

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 598.35
2. Unitemized payments made this period of under \$100 \$ 999.47
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 1,597.82

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

CALIFORNIA FORM 460

Page 7 of 7

I.D. NUMBER
971912

Statement covers period
from 01/01/02
through 06/30/02

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>04/09/02</u>	<u>MBNA P.O. BOX 15469 WILMINGTON, DE 19886-5469</u>	<u>CREDIT BAL. REFUND</u>	<u>\$ 483.07</u>

SUBTOTAL \$ 483.07

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ 483.07
- Unitemized increases to cash under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 483.07

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2002 JUN 10 P 4: 31

Type or Print in Ink.
 Amendment (Explain) CANDIDATE FOR MAYOR
OF GARDEN GROVE ELECTION NOV. 2002

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) BRUCE A. BROADWATER DAYTIME TELEPHONE NUMBER (714) 636 6810 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS 12162 BROOKHAVEN CITY GARDEN GROVE STATE CA ZIP CODE 92840

OFFICE SOUGHT (POSITION TITLE) MAYOR OF GARDEN GROVE AGENCY NAME _____ DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: _____ (Name of Jurisdiction) 2002
 (Year of Election)

2. State Candidate Expenditure Limit Statement:
 (Candidates for statewide office are not required to complete Part 2 until 11/6/02. CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) _____ (Year of Election) _____
 Primary/general election Special/runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.
 I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)
 On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

Office	Primary or Special	General or Special Run-off
(Effective 1/1/01)		
Assembly	\$400,000	\$700,000
Senate	\$600,000	\$900,000
(Effective 11/6/02)		
Board of Equalization	\$1,000,000	\$1,500,000
Governor	\$6,000,000	\$10,000,000
Lieutenant Governor, Attorney General, Insurance Commissioner, Controller, Secretary of State, Supt. of Public Instruction, Treasurer	\$4,000,000	\$6,000,000

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

Executed on 6-7-02 (month, day, year)
 Signature [Signature] (Candidate)

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA **460**
2001/02
FORM

Date Stamp
**RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE**
2002 APR 17 P 11: 14

Page 1 of 3
For Official Use Only

Type or print in ink.

Statement covers period
from 07/01/01
through 12/31/01

Date of election if applicable:
(Month, Day, Year)
11/05/02

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
ON SUMMARY PAGE
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

CORRECTIONS ON LINE 5 A+B LINE 11 A+B

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BROADWATER FOR MAYOR

I.D. NUMBER
971912

STREET ADDRESS (NO P.O. BOX)
12162 BROOKHAVEN PARK

CITY GARDEN GROVE, CA STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 636 6810

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

Treasurer(s)

NAME OF TREASURER
LARRY CALLAHAN

MAILING ADDRESS
10961 PATRICIA DR.

CITY GARDEN GROVE, CA STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 537 8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/11/02 Date
Executed on 4-15-02 Date
Executed on _____ Date
Executed on _____ Date

By Larry Callahan Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

CALIFORNIA FORM 460
Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BROAD WATER, BRUCE A.

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12162 BROOKHAVEN PARK, GARDEN GROVE, CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

CALIFORNIA **460**
FORM

Statement covers period
from 07/01/01
through 12/31/01

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

Page 3 of 3

I.D. NUMBER

971912

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL O.D. DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>25,884.00</u>	\$ <u>25,884.00</u>
2. Loans Received Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>25,884.00</u>	\$ <u>25,884.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>6,156.00</u>	\$ <u>6,156.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>32,040.00</u>	\$ <u>32,040.00</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>4882.92</u>	\$ <u>6,481.51</u>
7. Loans Made Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>4882.92</u>	\$ <u>6,481.51</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>6,156.00</u>	\$ <u>6,156.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>11,038.92</u>	\$ <u>13,093.51</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>1/1/01</u>	\$ _____
<u>1/1/01</u>	\$ _____
<u>1/1/01</u>	\$ _____
<u>1/1/01</u>	\$ _____
<u>1/1/01</u>	\$ _____
<u>1/1/01</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>13,569.95</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>25,884.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>4,882.92</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>34,571.03</u>

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

A Public Document
MAR 12 4 35 PM '02

COVER PAGE

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
BROADWATER	BRUCE		(714) 558-4601
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
12162 BROOKHAVEN PARK	Garden Grove	92840	OPTIONAL: FAX / E-MAIL ADDRESS

1. Full Name of Office Sought or Held, Agency or Court:

City of Garden Grove

Division, Board, District, if applicable:

Position:

MAYOR

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet, if necessary).

Agency: Orange County Regional Airport Auth & Orange County Sanitation District.

Position Title: Board Member

2. Jurisdiction of Office (Check one box)

- State
- County of Orange
- City of Garden Grove
- Multi-County _____
- Other _____

3. Type of Statement (Check at least one box)

- Assuming Office/Initial Date: ___/___/___
- Annual: The period covered is January 1, 2001, through December 31, 2001.
- or -
- The period covered is ___/___/___ through December 31, 2001
- Leaving Office Date Left: ___/___/___ (Check one)
- The period covered is January 1, 2001, through the date of leaving office.
- or -
- The period covered is ___/___/___ through the date of leaving office.
- Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes - schedule attached
Investments (less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (less than 10% Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes - schedule attached
Income - Loans

Schedule E Yes - schedule attached
Income - Gifts

Schedule F Yes - schedule attached
Income - Travel Payments

- or -

➔ No reportable interests on any schedule

Total number of pages completed including this cover page 2

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 3-12-02
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

SCHEDULE B

Interests in Real Property

Name
Bruce Broadwater

STREET ADDRESS OR PRECISE LOCATION
9421 Chapman Avenue

CITY
Garden Grove, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/01 _____/_____/01

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Rental Property Ownership/Deed of Trust Easement

Leasehold _____ _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER
Jan Wilson

ADDRESS
c/o Farmers & Merchants Bank

BUSINESS ACTIVITY OF LENDER

Financial Institution

Other private lender

INTEREST RATE TERM (Months/Years)

8 % None 30 years

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

Additional loan - refer to Sch. D.

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/01 _____/_____/01

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Rental Property Ownership/Deed of Trust Easement

Leasehold _____ _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

Financial Institution

Other _____

INTEREST RATE TERM (Months/Years)

_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.

Additional loan - refer to Sch. D.

Comments: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Page 1 of 2

JAN 30 7 00 AM '02

For Official Use Only

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

11/05/02

Statement covers period

from 07/01/01 through 12/31/01

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

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

BROADWATER FOR MAYOR

I.D. NUMBER 971912

STREET ADDRESS (NO P.O. BOX)

12162 BROOKHAVEN PARK

CITY STATE ZIP CODE AREA CODE/PHONE

GARDEN GROVE, CA 92840 (714) 636 6810

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

Treasurer(s)

NAME OF TREASURER

LARRY CALLAHAN

MAILING ADDRESS

10961 PATRICIA DR

CITY STATE ZIP CODE AREA CODE/PHONE

GARDEN GROVE CA 92840 (714) 537 8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/14/02 Date

Executed on 1-30-02 Date

Executed on _____ Date

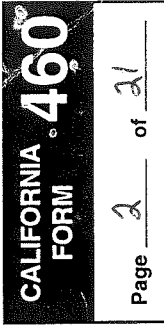
Executed on _____ Date

By Larry Callahan Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent



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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BROAD WATER, BRUCE A.

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
21162 BROOKHAVEN PARK, GARDEN GROVE, CA 92840

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period

from 07/01/01 through 12/31/01

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

Page 3 of 21

I.D. NUMBER

971912

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 25,884.00	\$ 25,884.00
2. Loans Received Schedule B, Line 7	0	0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 25,884.00	\$ 25,884.00
4. Nonmonetary Contributions Schedule C, Line 3	6,156.00	6,612.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 31,340.00	\$ 31,796.00

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 4,882.92	\$ 6,481.51
7. Loans Made Schedule H, Line 7	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,882.92	\$ 6,481.51
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	6,156.00	6,612.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 10,338.92	\$ 12,393.51

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 13,569.95
13. Cash Receipts Column A, Line 3 above	25,884.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	4,882.92
15. Cash Payments Column A, Line 8 above	34,571.03
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$
/ /	\$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A
Monetary Contributions Received**

Statement covers period
from 07/01/01
through 12/31/01

Page 4 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/01	BENJAMIN H. FREZE 10212 DEWEY DR. GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 100.00	\$ 100.00	
10/6/01	FRANKIE NESER 1850 E 17TH ST. SANTA ANA, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NESER MEDICAL BILLING	\$ 100.00	\$ 100.00	
10/3/01	FLOYD PESCU MA 12052 SHADY ACRE ST GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 100.00	\$ 100.00	
10/3/01	MUZAMMIL H. SIDDIQUI 9858 SWAN CIR. FOUNTAIN VALLEY, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RELIGIOUS LEADER	\$ 100.00	\$ 100.00	
10/6/01	THOMAS PETROSINI 10501 STANLEY LN. GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 100.00	\$ 100.00	
SUBTOTAL \$				500.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 24,425.00
- Amount received this period - unitemized contributions of less than \$100 \$ 1,459.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 25,884.00

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

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

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

NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

Statement covers period

from 07/01/01
through 12/31/01

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
10/7/01	JEENA S. SIDDIQUI 1820 N. CAMINO LA VISTA FULLERTON, CA 92833	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER SCIE	\$ 125.00	\$ 125.00	
10/6/01	PHILIP L. ANTHONY 14101 LA PAT PL., UNIT 10 WESTMISTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHILIP L. ANTHONY INC	\$ 125.00	\$ 125.00	
10/6/01	RAYMOND G. CHOI 7268 MAGDALENA DR. ORANGE, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMERCIAL PROPERTY MANAGER	\$ 125.00	\$ 125.00	
10/3/01	WILLIAM K. HAINES 9722 ROYAL PALM BLVD GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 125.00	\$ 125.00	
10/3/01	BOK KIM 12118 BROOKHURST ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KOREA HOUSE RESTAURANT	\$ 125.00	\$ 125.00	

SUBTOTAL \$ 625.00

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

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

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

SCHEDULE A (CONT.)

CALIFORNIA **460**
FORM

Page 6 of 21

Statement covers period

from 07/01/01

through 12/31/01

NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	TAE SOO KIM 9832 GARDEN GROVE BLVD GARDEN GROVE, CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KIM INSURANCE	\$ 125.00	\$ 125.00	
10/03/01	GARY MAHLER PO BOX 1379 BEVERLY HILLS, CA 90213	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAHLER & CO. REAL ESTATE BROKERS	\$ 125.00	\$ 125.00	
10/03/01	ABDO NAJJAR 7066 HOOVER WAY BUENA PARK, CA 90620	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ISLAMIC SOCIETY OF ORANGE CO.	\$ 125.00	\$ 125.00	
10/03/01	VIRGINIA NASH 9642 VONS DR. GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 125.00	\$ 125.00	
10/03/01	JANET SCOTT 11172 DALLAS DR. GARDEN GROVE, CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	H. R. SUREFLOW CORP.	\$ 125.00	\$ 125.00	

SUBTOTAL \$ 625.00

*Contributor Codes

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

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

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Page 7 of 21

Statement covers period

from 07/01/01
through 12/31/01

NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	DR SHELDON S. SINGER 12672 KONA LN. GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 125.00	\$ 125.00	
10/03/01	PATTI WIDDICOMBE 11171 GARDEN GROVE BLVD GARDEN GROVE, CA 92840	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MCDONALDS #24672	\$ 125.00	\$ 125.00	
10/03/01	VENERABLE THANH QUANG 11561 MAGNOLIA ST. GARDEN GROVE, CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEMPLE	\$ 125.00	\$ 125.00	
10/08/01	LA/OC BLDG. TRADES COUNCIL 1626 BEVERLY BLVD. LOS ANGELES, CA 90026	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC #822029	\$ 150.00	\$ 150.00	
10/03/01	DAVID ELLIS & ASSOCIATES LLC 19700 FAIRCHILD RD. STE. 280 IRVINE, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANTS	\$ 150.00	\$ 150.00	

SUBTOTAL \$ 675.00

*Contributor Codes

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- SCC - Small Contributor Committee

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

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

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

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Statement covers period

from 07/01/01
through 12/31/01

NAME OF FILER

BROAD WATER FOR MAYOR

I.D. NUMBER

971918

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/01	INTERNATIONAL ROYALE HOMES, INC 12051 GILBERT ST. GARDEN GROVE, CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOLAN & ASSOCIATES REALTY	\$ 200.00	\$ 200.00	
10/3/01	H. KHAN 18092 PAMELA PL. VILLA PARK, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDICAL DOCTOR	\$ 200.00	\$ 200.00	
10/3/01	KELLI PRICE 9316 MARCHAND AVE GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$ 200.00	\$ 200.00	
10/3/01	JOE VOLTAREL 4895 SUNBEAM LN. YORBA LINDA, CA 92887	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NICHOLAS CHEVROLET	\$ 200.00	\$ 200.00	
10/3/01	AHMED ALI 739 N. MAIN ST. ORANGE, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GEO-ETKA, INC	\$ 250.00	\$ 250.00	

SUBTOTAL \$ 1050.00

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

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA 460
FORM**

Statement covers period
from 07/01/01
through 12/31/01

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NAME OF FILER
BROADWATER FOR MAYOR
I.D. NUMBER
971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/05/01	DR. WILLIAM A. GRANT II 1574 ORD WAY ANAHEIM, CA 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTOR	\$ 250.00	\$ 250.00	
10/03/01	SYED HUSSAINI 4385 E. ROCKY POINT RD. ANAHEIM, CA 92807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS MAN SOURCE GRAPHICS	\$ 250.00	\$ 250.00	
10/03/01	J.J. JAUREGUI 12911 MAIN ST. GARDEN GROVE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ALTECA RESTURANT	\$ 250.00	\$ 250.00	
10/03/01	DAVID S. KIM 12345 SINGING WOOD LN. SANTA ANA, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOSPEL 1ST KOREAN BAPTIST CHURCH CLERGY	\$ 250.00	\$ 250.00	
10/03/01	RICHARD LUNA 601 CATALINA RD. FULLERTON, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNITED PROGRAM INS SERVICES	\$ 250.00	\$ 250.00	

SUBTOTAL \$ 1250.00

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

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

SCHEDULE A (CONT.)

CALIFORNIA **460**
FORM

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Statement covers period

from 07/01/01
through 12/31/01

NAME OF FILER

BROAD WATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/01	SAGHIR A. ASLAM 10351 PARKVIEW AVE. WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASLAM INVESTMENTS	\$ 250.00	\$ 250.00	
10/3/01	GEORGE BOOKATHER 1399 LOGAN AVE. COSTA MESA, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOOKATHER & ASSOCIATES	\$ 250.00	\$ 250.00	
10/3/01	HAI THAM A. BUNDAKJI 9371 ENGLAND AVE WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUNDAKJI R.F. INVESTMENTS	\$ 250.00	\$ 250.00	
10/3/01	SHAUKAT ALL CHOCHAN 18434 SANTA EUGENIA ST. FOUNTAIN VALLEY, CA 92708	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAC INTERNATIONAL STEEL, INC.	\$ 250.00	\$ 250.00	
10/3/01	CHUCK FRY 19800 MACATHUR BLVD. STE 750 IRVINE, CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AFFORDABLE HOUSING VISTA COMMUNITIES INC.	\$ 250.00	\$ 250.00	

SUBTOTAL \$ 1250.00

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

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Statement covers period

from 07/01/01

through 12/31/01

NAME OF FILER

BROAD WATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	M. A MAJEED, D.D.S., INC. 661 S. 2ND AVE. COVINA, CA 91723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M.A. MAJEED D.D.S INC.	\$ 250.00	\$ 250.00	
10/03/01	JAY'S CATERING 10581 GARDEN GROVE BLVD. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JAY'S CATERING	\$ 250.00	\$ 250.00	
10/04/01	CHAPMAN RESTURANTS LLC 5200 HAHNS PEAK DR., STE 130 LOVELAND, CO 80538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAPMAN RESTURANTS	\$ 250.00	\$ 250.00	
10/03/01	LUCKY INVESTMENT CO. 310 HILGARD AVE. LOS ANGELES, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LUCKY INVESTMENT CO.	\$ 250.00	\$ 250.00	
10/03/01	GARDEN GROVE LODGING, LLC 9100 E. PANORAMA DR., STE 300 ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HILTON GARDEN INN ANAHEIM	\$ 250.00	\$ 250.00	

SUBTOTAL \$ 1250.00

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

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to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA **460**
FORM

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Statement covers period
from 07/01/01
through 12/31/01

NAME OF FILER BROADWATER FOR MAYOR I.D. NUMBER 971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	HARBOR SUITES, LLC 9100 E. PANDRAMA DR. STE 300 ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HAMPTON INN & SUITES ANAHEIM	\$ 250.00	\$ 250.00	
10/03/01	WEST COAST LODGING LP 9100 E PANDRAMA DR. STE 300 ENGLEWOOD, CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEWOOD SUITES ANAHEIM	\$ 250.00	\$ 250.00	
10/03/01	GERALD TOLMAN 12301 GILBERT ST. GARDEN GROVE, CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 250.00	\$ 250.00	
10/03/01	CALDWELL'S TOWING 1519 N. FAIRVIEW SANTA ANA, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALDWELL'S TOWING	\$ 250.00	\$ 250.00	
10/29/01	OLSON URBAN HOUSING, LLC 3020 OLD RANCH PKWY, STE. 400 SEAL BEACH, CA 90740	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OLSON URBAN HOUSING, LLC	\$ 250.00	\$ 250.00	

SUBTOTAL \$ 1250.00

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

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SCHEDULE A (CONT.)

Statement covers period

from 07/01/01
through 12/31/01

**CALIFORNIA 460
FORM**

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NAME OF FILER

BROAD WATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/01	WILLIAM PANNIER 123 N. RAYMOND FULLERTON, CA 92831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COIN DEALER SELF	\$ 300.00	\$ 300.00	
10/03/01	ALAN GORDON 14 VIA TERRACALETA COTO DE CAZA, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GORDON TIRE	\$ 350.00	\$ 350.00	
10/03/01	BARKLIS CORP 4590 MACATHUR BLVD, STE 500 NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BARKLIS CORP.	\$ 500.00	\$ 500.00	
10/03/01	GRAND METRO INVESTMENT CO 9113 BOLSA AVE. STE 228 WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRAND METRO INVESTMENT CO	\$ 500.00	\$ 500.00	
10/03/01	CLAYTON CLAYTON & CO. 3700 CAMPUS DR., STE. 106 NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CLAYTON CLAYTON & CO.	\$ 500.00	\$ 500.00	

SUBTOTAL \$ 2150.00

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

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SCHEDULE A (CONT.)

Statement covers period

from 07/01/01
through 12/31/01

CALIFORNIA
FORM **460**

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NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	DONOVAN GOLF COURSES, MGMT., INC. 3017 W. 5TH ST. SANTA ANA, CA 92703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WILLOWICK GOLF COURSE	\$500.00	\$500.00	
10/03/01	K&P PARTNER SHIP 1211 NO BROADWAY SANTA ANA, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	K&P PARTNERSHIP	\$500.00	\$500.00	
10/03/01	CHARLES KIM - U.S DYEING 12641 INDUSTRY ST. GARDEN GROVE, CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. DYEING & FINISHING INC.	\$500.00	\$500.00	
10/03/01	COUNTY WIDE CHRYSLER/JEEP 10080 GARDEN GROVE BLVD GARDEN GROVE, CA 92842	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY WIDE CHRYSLER/JEEP	\$500.00	\$500.00	
10/03/01	COMMITTEE FOR IMPROVED PUBLIC POLICY 1001 CANONADE DR. COSTA MESA, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LYLE OVERBY & ASSOCIATES	\$500.00	\$500.00	

SUBTOTAL \$ 2500.00

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

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SCHEDULE A (CONT.)

CALIFORNIA FORM 460

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Statement covers period

from 07/01/01
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NAME OF FILER BROAD WATER FOR MAYOR I.D. NUMBER 971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	ECOLOGY AUTO PARTS 13780 E. IMPERIAL HYWAY SANTA FE SPRINGS, CA 90670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ECOLOGY AUTO PARTS	\$500.00	\$500.00	
10/03/01	WESTMINSTER PRESS INC. 14771 MORAN ST WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WESTMINSTER PRESS INC.	\$500.00	\$500.00	
10/03/01	CHARLEY'S RESTURANT 9432 KATELLA AVE ANAHEIM, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHARLEY'S RESTURANT	\$500.00	\$500.00	
10/03/01	STEVEN YAMASAKI 7 MALLARD IRVINE, CA 92604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIV. MANAGER ARCO	\$500.00	\$500.00	
10/03/01	UNION DODGE 9898 TRASK AVE GARDEN GROVE, CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNION DODGE	\$500.00	\$500.00	

SUBTOTAL \$ 2500.00

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

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SCHEDULE A (CONT.)

CALIFORNIA FORM 460

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Statement covers period

from 07/01/01
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NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/01	ANTHONY'S BODY SHOP INC. 10242 GARDEN GROVE BLVD GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GROVE BODY SHOP	\$1,000.00	\$1,000.00	
10/03/01	BRANDYWINE DEVELOPMENT CORP. 1801 E. EDINGER SANTA ANA, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BRANDYWINE DEVELOPMENT CORP.	1,000.00	\$1,000.00	
10/03/01	CARE AMBULANCE SERV, INC. 8932 KATELLA AVE. ANAHEIM, CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CARE AMBULANCE SERV. INC	\$1,000.00	\$1,000.00	
10/03/01	VANCO SUPERMARKET 103 LINDA ISLE NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VANCO SUPERMARKET	\$1,000.00	\$1,000.00	
10/03/01	JESSICA HOLDING CORP. 8900 WESTMINSTER AVE. WESTMINSTER, CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> BOTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HONG-PHAT SUPERMARKET	\$2,000.00	\$2,000.00	

SUBTOTAL \$ 6,000.00

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

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SCHEDULE A (CONT.)

CALIFORNIA
FORM
460

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NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

Statement covers period

from 07/01/01

through 12/31/01

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/01	GARDEN GROVE FIREFIGHTERS 1218 GANADO SAN CLEMENTE, CA 92673	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC# 780696	\$ 1,000 ⁰⁰	\$ 1,000 ⁰⁰	
10/03/01	SMITH PUBLIC AFFAIRS 17801 CARTWRIGHT RD. IRVINE, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SMITH PUBLIC AFFAIRS	\$ 1,000 ⁰⁰	\$ 1,000 ⁰⁰	
10/09/01	INT'IONAL UNION OF OPERATING ENG'S 150 E. CORSON ST. PA SADENA, CA 91103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC# 743030	\$ 500 ⁰⁰	\$ 500 ⁰⁰	
11/27/01	SEMPRA ENERGY 101 ASH ST. SAN DIEGO, CA 92101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 300 ⁰⁰	\$ 300 ⁰⁰	

SUBTOTAL \$ 2800⁰⁰

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**Schedule C
Nonmonetary Contributions Received**

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Statement covers period
from 07/01/01
through 12/31/01

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROAD WATER FOR MAYOR

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/01	MARY GUZMAN 13632 EUCLID ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GARDEN GROVE SECURED STORAGE	STORAGE	\$ 456.00	\$ 912.00	
10/03/01	GARDEN ROOM 12777 KNOTT GARDEN GROVE, CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GARDEN ROOM	FOOD SERVICE	\$ 5,000.00	\$ 5,000.00	
10/08/01	GARY TANG 14771 MORAN ST WESTMINSTER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WESTMINSTER PRESS	TRAVEL	\$ 700.00	\$ 700.00	
					SUBTOTAL \$ 5,456.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 6,156.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 6,156.00**

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

**Schedule E
Payments Made**

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

Statement covers period
from 07/01/01
through 12/31/01

Page 19 of 21

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER
971912

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

- | | | | |
|-----|---|-----|---|
| MBR | member communications | RAD | radio airtime and production costs |
| MTG | meetings and appearances | RFD | returned contributions |
| OFC | office expenses | SAL | campaign workers' salaries |
| PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| PHO | phone banks | TRC | candidate travel, lodging, and meals |
| POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| PRO | professional services (legal, accounting) | VOT | voter registration |
| PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BEST BUY 901 S. COAST DR. COSTA MESA, CA 92626	CMP			\$ 358.14
DEMOCRATIC FOUNDATION OF ORANGE CO. 3 IMPERIAL PROMENADE SANTA ANA, CA 92701			DUES	\$ 1,000.00
DEMOCRATIC PARTY OF ORANGE CO. 200 N. MAIN ST. SANTA ANA, CA 92701			DUES	\$ 140.00

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

SUBTOTAL \$ 1,498.14

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 3985.52
2. Unitemized payments made this period of under \$100 \$ 897.40
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 4882.92

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

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

SCHEDULE E (CONT.)

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROAD WATER FOR MAYOR

Page 20 of 21

I.D. NUMBER

977912

Statement covers period
from 07/01/01
through 12/31/01

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GARDEN GROVE COMMUNITY FUND 11222 ARACIA GARDEN GROVE, CA 92840	CVC			\$ 1,000.00
MCGINNIS PRINTING 320 S. MAIN ST. SANTA ANA, CA 92701	LIT			644.79
VISA PROVIDIAN P.O. BOX 30176 LOS ANGELES, CA 90030	POS			136.00
HERTZ RENT A CAR 3795 NW 21ST ST MIAMI, FL 33100	TRC			183.71
BEST WESTERN HOTELS 215 EMDRY WAY STOCKTON, CA 95200	TRC			146.88
			SUBTOTAL \$	2,111.38

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

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

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

SCHEDULE E (CONT.)

**CALIFORNIA 460
FORM**

Page 21 of 21

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER
9771912

Statement covers period
from 07/01/01
through 12/31/01

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NORTH SHORE CREATIONS 25805 CHAPEL HILL LAKE FOREST, CA 92630	CVC			\$ 276.00
ACACIA ADULT DAY CARE 11391 ACACIA GARDEN GROVE, CA 92840	CVC			100.00
SUBTOTAL \$				376.00

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 460
2001/02 FORM

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CITY CLERK'S OFFICE

Page 1 of 4

For Official Use Only

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

Statement covers period
from 01/01/01 through 06/30/01

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
- ADDED SCHED C #456 NON MONETARY CONTR.

3. Committee Information

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

BROADWATER FOR MAYOR

I.D. NUMBER 971912

STREET ADDRESS (NO P.O. BOX)

12162 BROOKHAVEN PARK
GARDEN GROVE CA 92840 (714) 636 6810

Treasurer(s)

NAME OF TREASURER

LARRY CALLAHAN

MAILING ADDRESS

10961 PATRICIA DR.

CITY

GARDEN GROVE CA 92840

STATE

ZIP CODE

AREA CODE/PHONE

(914) 537-8094

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/9/01 /Date

Executed on 10-9-01 /Date

Executed on _____ /Date

Executed on _____ /Date

By Larry Callahan /Signature of Treasurer or Assistant Treasurer

By [Signature] /Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] /Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] /Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM

460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE A. BROADWATER

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12162 BROOKHAVEN PARK GARDEN GROVE, CA 92846

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 01-01-01
through 06-30-01

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROAD WATER FOR MAYOR

I.D. NUMBER

971912

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
Contributions Received			
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0	\$ 0
2. Loans Received Schedule B, Line 7	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	456.00	0	456.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	456.00	0	456.00
Expenditures Made			
6. Payments Made Schedule E, Line 4	1598.59	0	1598.59
7. Loans Made Schedule H, Line 7	0	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	1598.59	0	1598.59
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	456.00	0	456.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	2054.59	0	2054.59

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 14,963.83
13. Cash Receipts Column A, Line 3 above	0
14. Miscellaneous Increases to Cash Schedule I, Line 4	204.71
15. Cash Payments Column A, Line 8 above	1598.59
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	13,569.95

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents See instructions on reverse	\$ 0		
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0		

* 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), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

**Schedule C
Nonmonetary Contributions Received**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROADWATER FOR MAYOR
I.D. NUMBER 971912

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/01	MARY GUZMAN 13632 EUCLID ST. GARDEN GROVE, CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GARDEN GROVE SECURED STORAGE	STORAGE	\$ 456.00	\$ 456.00	\$ 456.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					SUBTOTAL \$	456.00	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 456.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 456.00

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

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial Not yet qualified

Amendment List I.D. number: # 977912

Termination - See Part 5 List I.D. number: #

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
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 CITY OF GARDEN GROVE
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 OCT 19 16 AM '01

1. Committee Information

NAME OF COMMITTEE
 BROADWATER FOR MAYOR

STREET ADDRESS (NO P.O. BOX)
 12162 BROOKHAVEN PARK

CITY
 GARDEN GROVE

STATE
 CA

ZIP CODE
 92840

AREA CODE/PHONE
 (714) 636-6810

MAILING ADDRESS (IF DIFFERENT)
 GARDEN GROVE

STATE
 CA

ZIP CODE
 92840

AREA CODE/PHONE
 (714) 537-8094

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 LARRY CALLAHAN

STREET ADDRESS
 10961 PATRICIA DR

CITY
 GARDEN GROVE

STATE
 CA

ZIP CODE
 92840

AREA CODE/PHONE
 (714) 537-8094

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
 ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

3. 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 10-1-01 By Larry Callahan
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10-1-01 By [Signature]
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

BROADWATER FOR MAYOR

I.D. NUMBER

9771912

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
BRUCE A. BROADWATER	MAYOR OF GARDEN GROVE	2002	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION _____ AREA CODE/PHONE _____ BANK ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

I.D. NUMBER

BROADWATER FOR MAYOR

971912

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified ___/___/___ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Date Stamp
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 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 AUG 13 9 22 AM '01

Type or Print in Ink.
 Check One: Initial Amendment (Explain) _____

1. Candidate Information:
 NAME OF CANDIDATE (Last, First, Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) E-MAIL (optional)
 BROADWATER, BRUCE A. (714) 741 5111 (714) 741 5044
 STREET ADDRESS CITY STATE ZIP CODE
 12162 BROOKHAVEN PARK GARDEN GROVE CA 92840
 OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:
 MAYOR OF GARDEN GROVE
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Jurisdiction)
 _____ (Year of Election) 2002

2. State Candidate Expenditure Limit Statement:
 (Candidates for statewide office are not required to complete Part 2 until 11/6/02. CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)
 (Year of Election) Primary/general election (Year of Election) Special/runoff election
 (Check one box)
 I accept the voluntary expenditure ceiling for the election stated above.
 I do not accept the voluntary expenditure ceiling for the election stated above.
 Amendment:
 I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.
 (Mark if applicable)
 On _____, I contributed personal funds in excess of the _____ expenditure ceiling for the election stated above.
3. Verification:
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Executed on 8-11-01 (month, day, year) Signature _____ (Candidate)
Voluntary Expenditure Ceilings:
 (Gov. Code Section 85400)

Office	Primary or Special	General or Special Run-off
(Effective 1/1/01)		
Assembly	\$400,000	\$700,000
Senate	\$600,000	\$900,000
(Effective 11/6/02)		
Board of Equalization	\$1,000,000	\$1,500,000
Governor	\$6,000,000	\$10,000,000
Lieutenant Governor, Attorney General, Insurance Commissioner, Controller, Secretary of State, Supt. of Public Instruction, Treasurer	\$4,000,000	\$6,000,000

STATEMENT OF ECONOMIC INTERESTS
A Public Document

Date Received
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 CITY CLERK'S OFFICE

MAR 29 4 55 PM '01

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Broadwater	Bruce		(714) 558-4601
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
12162 Brookhaven Park	Garden Grove	92840	OPTIONAL: FAX / E-MAIL ADDRESS

COVER PAGE

1. Name of Office Sought or Held, Agency or Court (Provide precise name. Do not use acronyms.)

City of Garden Grove
 Division, Board, District, if applicable: _____

Position: _____

Mayor

⇒ If Expanded Statement – List agency/position:
 (Attach a separate sheet if necessary. Do not use acronyms.
 File originally signed statement with each filing official.)

Agency: Orange County Regional Airport Auth.
Orange County Sanitation District
 Position Title: Director/Member

2. Office Jurisdiction (Check one)

- State
 County of _____
 City of Garden Grove
 Multi-County _____
 Other _____

3. Type of Statement (Check at least one box)

- Assuming Office/Initial Date: ____/____/____
 Annual (Check one)
 The period covered is January 1, 2000, through December 31, 2000.
 The period covered is ____/____/____, through December 31, 2000.
 Leaving Office Date Left: ____/____/____ (Check one)
 The period covered is January 1, 2000, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
 Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

⇒ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 Yes – schedule attached
 Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
 Investments (Greater than 10% Ownership)

Schedule B Yes – schedule attached
 Real Property

Schedule C Yes – schedule attached
 Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D Yes – schedule attached
 Income – Loans

Schedule E Yes – schedule attached
 Income – Gifts

Schedule F Yes – schedule attached
 Income – Travel Payments

⇒ No reportable interests on any schedule

Total number of pages (including this cover page): 3

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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 3-29-01
 (month, day, year)

SIGNATURE 
 (File the originally signed statement with your filing official.)

Interests in Real Property

► STREET ADDRESS OR PRECISE LOCATION
9421 Chapman Avenue
 CITY
Garden Grove, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/00 _____/_____/00
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$449 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: *If you own a 10% or greater interest, see the instructions for reporting sources of rental income.*
rents

NAME OF LENDER
Jan Wilson
 ADDRESS
c/o Farmers & Merchants Bank

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other private lender

INTEREST RATE TERM (Months/Years)
8% % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable
n/a

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D.

► STREET ADDRESS OR PRECISE LOCATION

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/00 _____/_____/00
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Rental Property Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$449 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: *If you own a 10% or greater interest, see the instructions for reporting sources of rental income.*

NAME OF LENDER

 ADDRESS

BUSINESS ACTIVITY OF LENDER
 Financial Institution
 Other _____

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Check below if another loan is disclosed on Schedule D.
 Additional loan - refer to Sch. D.

Comments: _____

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA FORM 460

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Page 1 of 6

For Official Use Only

JUL 30 8 26 AM '01

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

Statement covers period

from 1/1/01 through 6/30/01

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee (Also Complete Part 4.)
- Ballot Measure Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6.)
- General Purpose Committee
- Primarily Formed
- Controlled
- Sponsored
- Broad Based

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME: BROADWATER FOR MAYOR
 I.D. NUMBER: 971912
 STREET ADDRESS (NO P.O. BOX): 12162 BROOKHAVEN PARK
 CITY: GARDEN GROVE CA 92840 (714)6366810
 STATE: CA ZIP CODE: 92840 AREA CODE/PHONE: (714)6366810

Treasurer(s)

NAME OF TREASURER: LARRY CALLAHAN
 MAILING ADDRESS: 10961 PATRICIA DR
 CITY: GARDEN GROVE CA 92840 (714)5378094
 STATE: CA ZIP CODE: 92840 AREA CODE/PHONE: (714)5378094
 NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 6

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE A BROADWATER

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12162 BROOK HAVEN-GARDEN GROVE, CA 92840

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

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

6. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/01 DATE

Executed on 7-30-01 DATE

Executed on _____ DATE

Executed on _____ DATE

By Larry Callahan SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Campaign Disclosure Statement Summary Page

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

Statement covers period
from 1-1-01
through 6-30-01
Page 3 of 6
I.D. NUMBER
971912

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0	\$ 0
2. Loans Received Schedule B, Line 7	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 0	\$ 0
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 0	\$ 0

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 1,598.59	\$ 0	\$ 1,598.59
7. Loans Made Schedule H, Line 7	\$ 0	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,598.59	\$ 0	\$ 1,598.59
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,598.59	\$ 0	\$ 1,598.59

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 14,963.83		
13. Cash Receipts Column A, Line 3 above	\$ 0		
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 304.71		
15. Cash Payments Column A, Line 8 above	\$ 1,598.59		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 13,569.95		

If this is a termination statement, Line 16 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), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$		
21. Expenditures Made	\$		

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0

**Schedule E
Payments Made**

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

CALIFORNIA **460**
FORM

Statement covers period
from 1/1/01
through 6/30/01

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BROADWATER FOR MAYOR

I.D. NUMBER

971912

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL t.v. or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS postage, delivery and messenger services | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MIMI'S CAFE 7955 GARDEN GROVE BLVD GARDEN GROVE, CA 92844	MTG			\$307.97
YEN CHING RESTUARANT 645 GLASELL ORANGE, CA 92868	MTG			137.40
ORANGE CO. DEMOCRATIC PARTY 200 N. MAIN ST. SANTA ANA, CA 92701			CONVENTION EXPENSE	350.00

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

SUBTOTAL \$ 795.37

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 990.87
2. Unitemized payments made this period of under \$100 \$ 607.72
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1,598.59

Sched E
(Continuation Sheet)
Payments Made

SC JLEE (CONT.)

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

CALIFORNIA 460
FORM

Statement covers period
from 4/1/01
through 6/30/01

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I.D. NUMBER
971912

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BROADWATER FOR MAYOR

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | OFC | office expenses | RFD | returned contributions |
| CNS | campaign consultants | PET | petition circulating | SAL | campaign workers salaries |
| CTB | contribution (explain nonmonetary)* | PHO | phone banks | TEL | t.v. or cable airtime and production costs |
| CVC | civic donations | POL | polling and survey research | TRC | candidate travel, lodging and meals (explain) |
| FND | fundraising events | POS | postage, delivery and messenger services | TRS | staff/spouse travel, lodging and meals (explain) |
| IND | independent expenditure supporting/opposing others (explain)* | PRO | professional services (legal, accounting) | TSF | transfer between committees of the same candidate/sponsor |
| LIT | campaign literature and mailings | PRT | print ads | VOT | voter registration |
| MTG | meetings and appearances | RAD | radio airtime and production costs | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTH WEST AIRLINES P.O. BOX 6667 DALLAS, TX 75235-1647			CONVENTION EXPENSE	\$ 195.50
SUBTOTAL \$				195.50

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

Schedule I

Miscellaneous Increases to Cash

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

SCHEDULE I

CALIFORNIA FORM 460

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 971912

Statement covers period

from 1/1/01 through 6/30/01

BROADWATER FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/28/01	TARGET STORES 12100 HARBOR BLVD GARDEN GROVE, CA 92840	CREDIT FOR RETURNED CAMERA	\$ 204.71

SUBTOTAL \$ 204.71

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- 1. Increases to cash of \$100 or more this period..... \$ 204.71
- 2. Unitemized increases to cash under \$100 this period..... \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).)..... \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$ 204.71