

Recipient Committee Statement of Termination

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

WHERE TO FILE:

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

Type or print in ink.

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

I Recipient Committee Information

NAME OF COMMITTEE _____ I.D. NUMBER 881451

Francis Richard Kessler

ADDRESS OF COMMITTEE _____ NO. AND STREET _____

29506 Big Range Rd.

CITY _____ STATE _____ ZIP CODE _____

Canyon Lake CA 92587

AREA CODE/DAYTIME PHONE NUMBER _____

(909) 244 5914

II Treasurer Information

NAME OF TREASURER _____

Suzanne Kessler

MAILING ADDRESS OF TREASURER _____ NO. AND STREET _____

29506 Big Range Rd.

CITY _____ STATE _____ ZIP CODE _____

Canyon Lake CA 92587

AREA CODE/DAYTIME PHONE NUMBER _____

(909) 244-5914

III Effective Date of Termination

DATE FILING OBLIGATIONS WERE COMPLETED _____

June 30, 1995

IV Verification

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

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

Executed on 6-30-95 At Harden Grove Cal
 DATE CITY AND STATE

Executed on 6-30-95 At Harden Grove Cal
 DATE CITY AND STATE

Executed on _____ At _____
 DATE CITY AND STATE

Executed on _____ At _____
 DATE CITY AND STATE

By Suzanne Kessler
 SIGNATURE OF TREASURER

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

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

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

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

881451

RECIPIENT COMMITTEE STATEMENT OF TERMINATION

RECEIVED Stamp FILE
 In the office of the Secretary of State
 of the State of California
 AUG 15 1995
 For Official Use Only
 BILL JONES, Secretary of State
 ROK

Candidate Intention

Type Print in Ink

CANDIDATE INTENTION

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **501**

I Candidate Information

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

Kessler Francis Richard

ADDRESS: (NO. AND STREET)

29506 Big Range

AREA CODE/DAYTIME PHONE

(909)2445914

CITY

Canyon Lake

STATE

CAI

ZIP CODE

92587

Office Use Only

II Specific Office Sought

SPECIFIC OFFICE:

Mayor

DISTRICT NUMBER

DATE OF ELECTION

11-3-92

PUBLIC AGENCY NAME:

Garden Grove CAI

JURISDICTION AND LOCATION:

State

County of: ORANGE

City of: GARDEN GROVE

Multi-County Jurisdiction:

III Certification

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

Executed on 7/19/95

DATE

At

CITY AND STATE

By

SIGNATURE OF CANDIDATE

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

91 60506

State of California Fair Political Practices Commission.

Campaign Bank Account

Type or Print in Ink

CAMPAIGN BANK ACCT.

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **502**

I Candidate Information

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

Kessler Francis Richard

ADDRESS: (NO. AND STREET)

29506 Big Range

AREA CODE/DAYTIME PHONE

(909)2445914

CITY

Canyon Lake

STATE

CAI

ZIP CODE

92587

SPECIFIC OFFICE SOUGHT:

Mayor

DATE OF ELECTION

11-3-92

II Account Information

FINANCIAL INSTITUTION:

Farmers AND Merchants Bank

ADDRESS: (NO. AND STREET)

10422 Garden Grove Blvd

AREA CODE/PHONE NUMBER

(714)9534000

ACCOUNT NUMBER

04-07939-6

CITY

Garden Grove

STATE

CA

ZIP CODE

92643

DATE OPENED

4-21-92

III Certification

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

Executed on 7/19/95

DATE

At Garden Grove Ca

CITY AND STATE

By

SIGNATURE OF CANDIDATE

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

91 60506

State of California Fair Political Practices Commission.

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

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

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

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

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

FRANCIS RICHARD KESSLER

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

MAYOR - GARDEN GROVE

RESIDENTIAL OR BUSINESS ADDRESS

29506 Big Range Rd

CITY

Canyon Lake CA

STATE

CA

ZIP CODE

92587 909-2445914

AREA CODE/DAYTIME PHONE

I.D. NUMBER

881-451

COMMITTEE NAME

Committee to Elect Kessler

COMMITTEE ADDRESS

Jane

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

NAME OF TREASURER

Suzanne Kessler

PERMANENT ADDRESS OF TREASURER

29506 Big Range Rd

CITY

Canyon Lake Cal

STATE

CA

ZIP CODE

92587 909-2445914

AREA CODE/DAYTIME PHONE

Verification

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

Executed on 7/19/95 DATE At Canyon Lake CA CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 7/19/95 DATE At Canyon Lake Cal CITY AND STATE

Executed on _____ DATE At _____ CITY AND STATE

Executed on _____ DATE At _____ CITY AND STATE

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

COVER PAGE - LONG FORM

Statement covers period from <u>1-1-95</u> through <u>6-30-95</u>	Date Stamp CITY OF GARDEN GROVE CITY CLERK'S OFFICE <u>JUL 25 12 42 PM '95</u>	Page <u>1</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11-3-92</u>		

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	ZIP CODE
STATE	AREA CODE/DAYTIME PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	ZIP CODE
STATE	AREA CODE/DAYTIME PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	ZIP CODE
STATE	AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

By Suzanne Kessler SIGNATURE OF TREASURER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

By _____ SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

Statement covers period from 1-1-95 through 6-30-95

490

Page 2 of 3 I.D. NUMBER 881-451

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 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. Non-monetary Contributions	Schedule C, Line 3 \$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 0	\$ 0	\$ 0
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 0	\$ 0	\$ 0

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 16.08	\$ 16.08	\$ 16.08
9. Loans Made	Schedule H, Line 7 \$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 16.08	\$ 16.08	\$ 16.08
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 16.08	\$ 16.08	\$ 16.08

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ 16.08	\$ 16.08
14. Cash Receipts	Column A, Line 3 above \$ 0	\$ 0
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 16.08	\$ 16.08
16. Cash Payments	Column A, Line 10 above \$ 0	\$ 0
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 16.08	\$ 16.08

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

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

Summary for Candidates in Both June and November Elections

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

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

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

Statement covers period from <u>7-1-95</u>	Page <u>3</u> of <u>3</u>
through <u>8-30-95</u>	
I.D. NUMBER <u>881-451</u>	

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

CODES FOR CLASSIFYING EXPENDITURES

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

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

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	OR	
			16.08

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

	SUBTOTAL \$
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ _____
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>16.08</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ _____
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ <u>16.08</u>

Officeholder and Candidate Statement of Termination

This form must be completed by officeholders and candidates that are eligible to terminate pursuant to Government Code Section 84214.

Type or print in ink.

WHERE TO FILE:

Officeholders and candidates must file Form 416 with the filing officer with whom they filed their original campaign statements (Form 470 or 490).

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

416

For Official Use Only

JAN 25 11 54 AM '95

I Officeholder or Candidate Termination

NAME OF OFFICEHOLDER OR CANDIDATE
FRANCIS RICHARD KESSLER
 RESIDENTIAL OR BUSINESS ADDRESS NO. AND STREET
12332 CHADMAN # 74
 CITY STATE ZIP CODE
GARDEN GROVE CA 92640
 AREA CODE/DAYTIME PHONE NUMBER
714 6385924

II Office Sought or Held

OFFICE SOUGHT OR HELD FOR WHICH YOU ARE FILING THIS STATEMENT
MAYOR
 JURISDICTION (IF APPLICABLE) DISTRICT NUMBER (IF APPLICABLE)
III Effective Date of Termination
 DATE FILING OBLIGATIONS WERE COMPLETED
Dec 6 1994

IV Verification

For the office listed in Part II of this form, I verify that:

- A. I do not hold or am no longer a candidate for the office;
- B. I have ceased to receive contributions and make expenditures;
- C. I do not anticipate receiving contributions or making expenditures in the future;
- D. I have eliminated or I declare that I have no intention or ability to discharge all debts, loans received, and other obligations;
- E. I have no surplus campaign funds; and
- F. I have filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

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

Executed on 1/24/95 DATE At GARDEN GROVE CA CITY AND STATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE - LONG FORM

SEE INSTRUCTIONS ON REVERSE

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

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

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

FRANCIS RICHARD KESSLER
MAYOR City of GARDEN GROVE

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

12332 CHAPMAN AVE #74

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 714 638-5924

COMMITTEE NAME I.D. NUMBER

Committee to Elect Kessler 881-451

COMMITTEE ADDRESS (NO. AND STREET)

12332 CHAPMAN AVE #74

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 714 638-5924

NAME OF TREASURER

SUZANNE KESSLER 12332 CHAPMAN AVE #74

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

GARDEN GROVE CA 92640 714 638-5924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Verification

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

Executed on 1/24/95 At GARDEN GROVE CA CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/24/95 At Garden Grove Cal CITY AND STATE

Executed on _____ At _____ CITY AND STATE

Executed on _____ At _____ CITY AND STATE

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

Statement covers period from 7-1-94 through 12-31-94

Date of election if applicable: (Month, Day, Year) 11-3-92

Date Stamp
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
JAN 25 11 54 AM '95

CALIFORNIA 490
STATEMENT

Page 1 of 4
For Official Use Only

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

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

By [Signature] SIGNATURE OF TREASURER

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 7-1-94
through 12-31-94

Page 2 of 4

I.D. NUMBER
881-451

CALIFORNIA
STATE CODE
490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 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. Non-monetary Contributions	Schedule C, Line 3 \$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4 \$ 0	\$ 0	\$ 0
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7 \$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6 \$ 0	\$ 0	\$ 0

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5 \$ 2604.21	\$ 1299.54	\$ 3903.75
9. Loans Made	Schedule H, Line 7 \$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9 \$ 2604.21	\$ 1299.54	\$ 3903.75
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5 \$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11 \$ 2604.21	\$ 1299.54	\$ 3903.75

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17 \$ 2620.29		
14. Cash Receipts	Column A, Line 3 above \$ 0		
15. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0		
16. Cash Payments	Column A, Line 10 above \$ 2604.21		
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ 16.08		

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

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b) \$ 0	1/1 through 6/30 \$ 0	7/1 to Date \$ 0
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents	See instructions on reverse \$ 0		
20. Outstanding Debts	Add Line 2 + Line 11 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

21. Contributions Received	\$ 0
22. Expenditures Made	\$ 0

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

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

Statement covers period from <u>7-1-94</u> through <u>12-31-94</u>	Page <u>3</u> of <u>7</u>
I.D. NUMBER <u>881-451</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FRANCIS RICHARD KESSLER

CODES FOR CLASSIFYING EXPENDITURES

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

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

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		AMOUNT PAID
	CODE	OR DESCRIPTION OF PAYMENT	
<u>GARDEN GROVE CA GARDEN GROVE CA</u>			<u>250.00</u>
<u>Rotary Club GARDEN GROVE</u>			<u>478.50</u>
<u>US Post Office</u>			<u>116.00</u>

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

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>2344.00</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>260.21</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ _____
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ _____
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ <u>2604.21</u>

SUBTOTAL \$

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

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

Statement covers period
from 7-1-94
through 12-31-94

CALIFORNIA
STATE FORM **490**

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Fessler

I.D. NUMBER

881-451

CODES FOR CLASSIFYING EXPENDITURES

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

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Girls And Boys Club GARDEN GROVE</i>				<i>1500.00</i>

SUBTOTAL \$ 1500.00

Date Received by FPCC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1993/94

PLEASE TYPE OR PRINT IN INK

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

JAN 3 11 46 AM '95

Sent to FPCC 1/5/95

NAME

Francis Richard Kessler

TELEPHONE NUMBER

(909) 244 5914

MAILING ADDRESS

STREET

CITY

ZIP CODE

29506 Big Range Canyon Lake 92587

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

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COMMISSIONER PRO-TEM RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF: *Garden Grove* OFFICE/POSITION: *Mayor*

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

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

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

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

_____ mo. day yr.

ELECTED OFFICIAL

APPOINTED OFFICIAL

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

LEAVING OFFICE STATEMENT

Date Left Office: *Dec 6 1994*
mo. day yr.

The period covered is January 1, 1994, through the date of leaving office.

CANDIDATE STATEMENT

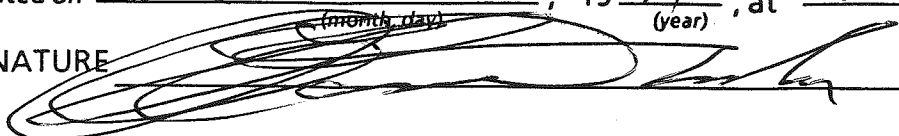
VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

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

Executed on *12-23*, 19 *94*, at *Garden Grove*
(month, day) (year) (city and state)

SIGNATURE



FORM 721

NAME FRANCIS KESSLER

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

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

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

NAME Francis R Kessler

Schedule F - Income -- Gifts

(SEE INSTRUCTIONS ON PRECEDING PAGE)

NAME OF SOURCE	DATE(S) RECEIVED: (mo, day & yr)	VALUE(S):	DESCRIPTION OF GIFT(S):
<u>Woody Butterfield</u>	<u>Oct</u>	<u>50⁰⁰</u>	<u>Bottles</u>
ADDRESS <u>12281 Diane Garden Home 92641</u>	<u>94</u>		<u>of</u>
NATURE OF BUSINESS ACTIVITY, IF ANY			<u>Scotch</u>
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			

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

R-30
L

881451

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467
Nov 14 9 56 AM '94

Amendment

Check box if an Amendment and enter I.D. number:
881451

STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State of the State of California
SEP 20 1994
TONY MILLER
Acting Secretary of State

For Official Use Only
FILED
OCT 25 1994

I Committee Information

Date Qualified as Committee (Month, Day, Year) 11-3-92 Check box if not yet qualified

NAME OF COMMITTEE
Committee to Elect Kessler

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET
12332 Chapman #74

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
Garden Grove Ca 92640 714 638 5924

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

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

II Treasurer and Other Principal Officers

NAME OF TREASURER
Suzanne Kessler Deputy

MAILING ADDRESS
12332 Chapman #74

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Garden Grove Ca 92640 714 638 5924

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds

Charity Organization

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

IV Verification

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

Executed on 9/20/94 At Garden Grove Calif
DATE CITY AND STATE

Executed on 9/20/94 At Garden Grove Calif
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

Executed on _____ At _____
DATE CITY AND STATE

By Suzanne Kessler
SIGNATURE OF TREASURER

By Suzanne Kessler
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

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

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

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

(Government Code Sections 84200-84216.5)

COVER PAGE - LONG FORM

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

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

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

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Francis Robert Kessler
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
1101 Swanhoe St

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
1101 Swanhoe St ZIP CODE 92640 AREA CODE/DAYTIME PHONE 6385924

CITY San Juan Capistrano STATE Calif I.D. NUMBER 881-451

COMMITTEE ADDRESS (NO. AND STREET)
1101 Swanhoe St ZIP CODE 92640 AREA CODE/DAYTIME PHONE 7146385924

CITY San Juan Capistrano STATE Calif

NAME OF TREASURER
Suzanne Kessler

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
1101 Swanhoe St ZIP CODE 92640 AREA CODE/DAYTIME PHONE 6385924

CITY San Juan Capistrano STATE Calif

III Verification

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

Executed on 7/19/94 At San Juan Capistrano CITY AND STATE

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the 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 7/19/94 At San Juan Capistrano CITY AND STATE

Executed on _____ At _____ CITY AND STATE

Executed on _____ At _____ CITY AND STATE

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

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

Date Stamp
 COUNTY OF SAN JUAN CAPISTRANO
 COUNTY CLERK'S OFFICE
JUN 25 7 31 AM '94

Date of election if applicable: (Month, Day, Year)
11-3-92

Page _____ of _____
 For Official Use Only

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

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

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

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

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

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO. AND STREET) _____

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

Attach additional information on appropriately labeled continuation sheets.

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 1-1-94

Page 490 of

through 6-30-94

I.D. NUMBER

881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Keeler

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	\$ 0	\$ 0	\$ 0
2. Loans Received	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 0	\$ 0
4. Non-monetary Contributions	\$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	\$ 0	\$ 0	\$ 0
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 0	\$ 0

Expenditures Made

8. Cash Payments (Other than Loans Made)	\$ 1299.54	\$ 0	\$ 1299.54
9. Loans Made	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	\$ 1299.54	\$ 0	\$ 1299.54
11. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	\$ 1299.54	\$ 0	\$ 1299.54

Current Cash Statement

13. Beginning Cash Balance	\$ 3919.83		
14. Cash Receipts	\$ 0		
15. Miscellaneous Increases to Cash	\$ 0		
16. Cash Payments	\$ 1299.54		
17. ENDING CASH BALANCE	\$ 2620.29		

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

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

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	\$ 0	1/1 through 6/30	7/1 to Date
19. Cash Equivalents	\$ 0		
20. Outstanding Debts	\$ 0		
21. Contributions Received	\$ 0		
22. Expenditures Made	\$ 0		

Cash Equivalents and Outstanding Debts

19. Cash Equivalents	\$ 0
20. Outstanding Debts	\$ 0

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

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

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

Page 490 of
I.D. NUMBER
881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

CODES FOR CLASSIFYING EXPENDITURES

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

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

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OR		DESCRIPTION OF PAYMENT	AMOUNT PAID
	CODE	OR		
<i>Southwest Airlines</i>	<i>T</i>		<i>Fragnere of Cities Meeting in Oakland</i>	<i>104.00</i>
<i>Rotary Club of Garden Grove</i>	<i>G</i>			<i>442.80</i>
<i>Radio Shack Chapman Ave. Garden Grove</i>	<i>G</i>			<i>178.04</i>

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

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 694.54
2. Payments made this period of under \$100. (Do not itemize.) \$ 605.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ 0
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL** \$ 1299.54

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1993/94

PLEASE TYPE OR PRINT IN INK

REC'D
CITY OF G
CITY CL.
FEB 16 7 53 AM '94

NAME

Francis Richard Kessler

TELEPHONE NUMBER

(714) 638-5924

MAILING ADDRESS

STREET

CITY

ZIP CODE

11101 Ivanhoe Garden Grove 92640

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

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE:

JUDGE

COMMISSIONER

PRO-TEM

RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF: *Garden Grove* OFFICE/POSITION: *MAYOR*

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

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

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

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

____ mo. ____ day ____ yr.

ELECTED OFFICIAL

APPOINTED OFFICIAL

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

LEAVING OFFICE STATEMENT Date Left Office: _____

____ mo. ____ day ____ yr.

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

CANDIDATE STATEMENT

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

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

Executed on *Feb 9*, 19 *94*, at *Garden Grove Calif*

(months, day)

(year)

(city and state)

SIGNATURE

FORM 721

NAME Francis R Keefe

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

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

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

NAME Francis R Kessler

Schedule F - Income -- Gifts

(SEE INSTRUCTIONS ON PRECEDING PAGE)

			DATE(S) RECEIVED: (mo, day & yr)	VALUE(S):	DESCRIPTION OF GIFT(S):
NAME OF SOURCE <u>Southern Calif. Edison Co.</u>			2-1-93	100 ⁰⁰	Dinner lunch at Industrial League of Orange County
ADDRESS <u>PO Box 6005CE</u>					
NATURE OF BUSINESS ACTIVITY, IF ANY <u>Rose Mead Calif 91771</u>					
NAME OF SOURCE <u>Southern Calif. Edison Co.</u>			8-10-93	24 ⁰⁰	Industrial League. Orange Co. Brown Lunch
ADDRESS <u>Same</u>					
NATURE OF BUSINESS ACTIVITY, IF ANY					
NAME OF SOURCE <u>Southern Calif. Edison Co.</u>			12-8-93	24 ⁰⁰	Lunch Same as above
ADDRESS <u>Same</u>					
NATURE OF BUSINESS ACTIVITY, IF ANY					
NAME OF SOURCE					
ADDRESS					
NATURE OF BUSINESS ACTIVITY, IF ANY					
NAME OF SOURCE					
ADDRESS					
NATURE OF BUSINESS ACTIVITY, IF ANY					

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

881451

R-30
L

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

RECEIVED
DATE SAMPLED
IN THE OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF CALIFORNIA
FEB 02 1994
MARCH FONG EU, Secretary of State
REGISTRAR OF VOTERS
For Official Use Only
CALIFORNIA 410
1993 FORM
MAR 02 1994
Deputy

WHERE TO FILE:

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

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

Amendment
 Check box if an Amendment and enter I.D. number.
881-451

Type or Print in Ink

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as Committee: (Month, Day, Year) 11-3-92 Check box if not yet qualified

NAME OF COMMITTEE: Committee to Elect Kessler

ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET
1101 Ivanhoe St
STATE ZIP CODE AREA CODE/PHONE NUMBER
CA 92640 714-638-5924

CITY COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:
ORANGE

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

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers

NAME OF TREASURER: Suzanna Kessler

MAILING ADDRESS: 1101 Ivanhoe St
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Garden Grove CA 92640 714 63

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

MAILING ADDRESS:

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

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

IV Verification

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

Executed on 1/24/94 At Garden Grove Cal CITY AND STATE
DATE DATE CITY AND STATE

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

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

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

By [Signature] SIGNATURE OF CONTROLLING OFFICER
By [Signature] SIGNATURE OF CONTROLLING OFFICER
By [Signature] SIGNATURE OF CONTROLLING OFFICER
By [Signature] SIGNATURE OF CONTROLLING OFFICER

RECEIVED
CITY OF GARDEN
CITY CLERK
JAN 26 11 55 AM '94

Statement covers period
from 7-1-93 through 12-31-93
Date of Election if applicable:
(Month, Day, Year)
11-3-92

Officeholder, Candidate, and Controlled Committee — Long Form
(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.
Check one of the following boxes to indicate the type of statement being filed:
 Pre-election Statement
 Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)
 Semi-annual Statement
 Termination Statement (Attach a completed Form 415 to this statement)

I Officeholder, Candidate, and Controlled Committee included in this Statement

NAME OF OFFICER OR CANDIDATE
Francis Richard Kessler
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
1101 Ivanhoe St
RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)
GARDEN GROVE CA 92640 714-6385924
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Committee to Elect Kessler
COMMITTEE NAME ID NUMBER
1101 Ivanhoe St 881-751
COMMITTEE ADDRESS (NO AND STREET)
GARDEN GROVE CA 92640 714-638-5924
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Suzanne Kessler
NAME OF TREASURER
1101 Ivanhoe St
PERMANENT ADDRESS OF TREASURER (NO AND STREET)
GARDEN GROVE CA 92640 714-6385924
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

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

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

Attach additional information on appropriately labeled continuation sheets.

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

Executed on _____ DATE
By _____ SIGNATURE OF TREASURER
_____ CITY AND STATE

Officeholder or Candidate:
I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 2-4-1994 DATE
By _____ SIGNATURE OF OFFICER OR CANDIDATE
_____ CITY AND STATE

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

**Campaign Disclosure Statement
Summary Page**

Statement covers period
from 7-1-93
through 12-31-93

CALIFORNIA
1991 FORM **490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Committee to Elect Kessler Francis Richard Kessler

Page 2 of 6

I.D. NUMBER

881-451

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3 \$	60.00	4750	4810
2. Loans Received..... Schedule B, Line 7	0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	60	4750	4810
4. Non-monetary Contributions..... Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	60	4750	4810
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	60	4750	4810

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	1429.34	943.59	2373.23
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	1429.34	943.59	2373.23
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	1429.34	943.59	2373.23

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	5253.54		
14. Cash Receipts..... Column A, Line 3 above	60.-		
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	35.63		
16. Cash Payments..... Column A, Line 10 above	1429.34		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	3919.83		

If this is a Termination Statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

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

Summary for Candidates in Both June and November Elections

21. Contributions Received..... \$ 0

22. Expenditures Made..... \$ 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

**Schedule A
Monetary Contributions Received**

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

Statement covers period

from 7-1-93

through 12-31-93

Page

3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

ID. NUMBER

881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED INDICATE NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
SUBTOTAL					

- Monetary Contributions Summary**
1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0
 2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 60.00
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$ 60.00

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

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

Statement covers period
from 7.1-93
through 12.31.93

CALIFORNIA
1991 FORM **490**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Francis Richard Kessler

ID. NUMBER

881451

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

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G		Comp USA Fountain Valley CA	362.88
T		Southwest Airlines Ontario Airport - Ontario CA	150.00
T		Motor Inn - San Francisco 1599 Lombard St San Francisco 94123	292.96
G		Budget Car Rental - OAKLAND Airport Oakland CA	447.50 447.50
		Rotary Club	
		Garden Grove	
		Membership	

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1429.34
2. Payments made this period of under \$100. (Do not itemize.) \$ ~~447.50~~ = 0
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ 1429.34
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$**

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

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

*LA Cellular
PO Box 60360
LA CAI 90060-0360*

Statement covers period
from *7/1/93*
through *12/31/93*

CALIFORNIA
1991 FORM **490**

Page *5* of *6*

I.D. NUMBER

881.481

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>G</i>			<i>176.05</i>

SUBTOTAL \$ *176.05*

Statement covers period
from 7/1/93
through 12/31/93

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

**Schedule I
Miscellaneous Increases to Cash**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NOT ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>7/1 to 12/31</u>	<u>Francis Richard Kessler</u>	<u>Personal Phone calls on Cellular Phone</u>	<u>35.63</u>

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** 35.63

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ _____
- Increases to cash under \$100 this period. (Do not itemize.) \$ 35.63
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b)) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2 and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$** 35.63

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

(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

- Check one of the following boxes to indicate the type of statement being filed:
- Pre-election Statement
 - Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)
 - Semi-annual Statement
 - Termination Statement (Attach a completed Form 415 to this statement)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE
Francis Richard Kessler

OFFICE, SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
11352 Bixler Dr

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)
GARDEN GROVE CA 92640 714 638-5924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME:
Committee to Elect Kessler

COMMITTEE ADDRESS (NO AND STREET)
11352 Bixler Dr

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 714 638-5914

NAME OF TREASURER:
SUZANNE KESSLER

PERMANENT ADDRESS OF TREASURER (NO AND STREET)
11352 Bixler Dr

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 714 638-5924

III Verification

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

Executed on 7/26/93 at Garden Grove CA CITY AND STATE

By Suzanne Kessler SIGNATURE OF TREASURER

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

Statement covers period

from 1-1-93

through 6-30-93

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

11-3-92

Date Stamp

9 47 AM '93

CALIFORNIA 1991 FORM 490

Page 1 of 9

A For Official Use Only

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

COMMITTEE NAME _____ ID NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME _____ ID NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 7/26/93 at Garden Grove CA CITY AND STATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
1991 FORM **490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kesslee

Statement covers period

from 1-1-93

through 6-30-93

Page 2 of 9

I.D. NUMBER

881-451

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3 \$	4750.00	-0-	4750.00
2. Loans Received..... Schedule B, Line 7	200.00	200.00	-0-
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	4550.00	200.00	4750.00
4. Non-monetary Contributions..... Schedule C, Line 3	-0-	-0-	-0-
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	4550.00	200.00	4750.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)..... Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	4550.00	200.00	4750.00

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	943.89	-0-	943.89
9. Loans Made..... Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	943.89	-0-	943.89
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	-0-	-0-	-0-
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	943.89	-0-	943.89

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	1291.00
14. Cash Receipts..... Column A, Line 3 above	4550.00
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	+ 356.43
16. Cash Payments..... Column A, Line 10 above	943.89
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	5253.54

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED..... Schedule B, Part I, Column (b) \$

If this is a Termination Statement, Line 17 must be zero.

Cash Equivalents and Outstanding Debts

19. Cash Equivalents..... See instructions on reverse \$ -0-

20. Outstanding Debts..... Add Line 2 + Line 11 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

21. Contributions Received..... \$ -0- 1/1 thru 6/30 7/1 to Date

22. Expenditures Made..... \$ -0-

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 1-1-93
through 6-30-93

CALIFORNIA
1991 FORM **490**

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICE HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Francis Richard Kessler

ID NUMBER
881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
4/5/93	Glenhaven Mobilodge 13181 LAMPSON GG	mobile home park	300.00		
4/21/93	RAMADA INN 10022 GG BLVD GG CA 92644	Hotel	1150.00		
4/21	Suh Enterprises 9618 GG BLVD GG CA 92644	Business	1150.00		
4/22	Seoul B.B.Q. 13828 Redhill TUSTIN CA 92680	Resturant	300.00		
4/21	Silver Star Realty 9638 GG BLVD STE 6 92644	Realtor	200.00		

SUBTOTAL \$ 3100.00

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 4750.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ -0-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 4750.00**

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

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

Statement covers period
from 1-1-93
through 6-30-93

Page 4 of 9
ID. NUMBER
881-451

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Richard Francis Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID. NUMBER OR, IF NO ID. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
4/21	Jung Duk Kin 9338 Donegal Dr CC 92644	Business	200.00		
4/21	Raymond Linna Choi 451 S. Mountain Glen Anaheim Hills 92807	Business	100.00		
4/21	Korea House 12118 Brookhurst St CC 92643	Resturant	200.00		
4/21	O Garm Do Restaurant 8851 GG Blvd #101 CC. 92644	Resturant	500.00		
4/21	Tae Soo Kin 9877 GG Blvd CC CA 92644	Business	200.00		
4/21	Chang Auto Repair 9825 GG Blvd #2641 CC CA	Auto Repair	200.00		

SUBTOTAL \$ 1400.00

Statement covers period
 from **1-1-93**
 through **6-30-93**

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

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

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
1/4	Don Dimond + Sons 10630 E. CHAPMAN AVE C. O. 92640	mortiation	250.00		

SUBTOTAL \$ 250.00

Statement covers period
from 1-1-93
through 6-30-93
Page 6 of 9

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE.

Francis Richard Keoplen

I.D. NUMBER

881-451

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

SUBTOTAL \$	(a)	(b)	Enter (b) on Summary Page, Line 18 only
--------------------	------------	------------	---

* See important instructions on reverse.

Loans Received — Part I Summary

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

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 200.00
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0.00
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** 200.00
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** (200.00)

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

Statement covers period from 1-1-93 through 6-30-93

Page 7 of 9
I.D. NUMBER 881-451

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

Schedule B — Part II Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
<u>4/23</u>	<u>8/10/92</u>	<u>Frank Kessler</u>	<u>-0-</u>	<u>200.00</u>	<u>-0-</u>	<u>-0-</u>
SUBTOTAL \$				(c) <u>200.00</u>	TOTAL INTEREST PAID THIS PERIOD \$ (d) <u>-0-</u>	

Attach additional information on appropriately labeled continuation sheets.

*IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

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

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

Statement covers period
from 1-1-93
through 6-30-93

CALIFORNIA
1991 FORM **490**

Page 8 of 9
ID. NUMBER
881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

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

Lithographics
10531 Acacia Ave
66 CA 92640

City of Garden Grove
11391 Acacia Parkway
66 CA 92640

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>S</u>			<u>465.00</u>
		<u>Campaign Statement fees increase</u>	<u>129.89</u>

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 594.89
2. Payments made this period of under \$100. (Do not itemize.) \$ 349.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) \$.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ _____
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$** 943.89

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 1-1-93
through 6-30-93

CALIFORNIA
1991 FORM **490**

Page 9 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Keosler

I.D. NUMBER

881.451

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER IT HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<i>1/4/93</i>	<i>City of Garden Grove 11531 Alacia Ct</i>	<i>Refund on Campaign Statement</i>	<i>356.43</i>

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ *356.43***

Miscellaneous Increases to Cash Summary

1. Increases to cash of \$100 or more this period. \$ *356.43*
2. Increases to cash under \$100 this period.
(Do not itemize.) \$ *-0-*
3. Total of all interest received this period on loans made to others.
(Schedule H, Part II (b).) \$ *-0-*
4. Total miscellaneous increases to cash this period.
(Add Lines 1, 2 and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$ *356.43***

NAME Francis Richard Kessler
 CITY, COUNTY, COURT OR AGENCY Garden Grove
 PERIOD COVERED Jan 1 92 - Dec 31 92

Date Received by Filing Official
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 JUN 29 4 03 PM '93

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

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

VERIFICATION

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

Executed on 29 Jun, 19 93, at Garden Grove Ca
(month, day) (year) (city and state)
 SIGNATURE [Signature]

NAME Francis Richard Kessler
 CITY, COUNTY, COURT OR AGENCY Garden Grove
 PERIOD COVERED Jan 1 92 - Dec 31 92

Date Received by Filing Official
 CITY OF GARDEN GROVE
 CITY CLEVERLY
 JUN 29 4 03 PM '93

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

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

VERIFICATION

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

Executed on 29 June, 19 93, at Garden Grove, CA
(month, day) (year) (city and state)
 SIGNATURE [Signature]

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1992/93

PLEASE TYPE OR PRINT IN INK

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

MAR 18 10 01 AM '93

NAME <i>Francis Richard Kessler</i>				TELEPHONE NUMBER <i>(714) 638 5924</i>
MAILING ADDRESS <i>11352</i>	STREET <i>Bixler</i>	CITY <i>Garden Grove</i>	ZIP CODE <i>92640</i>	

OFFICE HELD OR SOUGHT (See instructions on reverse.):

STATE OF CALIFORNIA OFFICE: _____ DISTRICT: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COMMISSIONER REFEREE PRO-TEM RETIRED JUDGE

COUNTY OF: _____ OFFICE/POSITION: _____

CITY OF *Garden Grove* OFFICE/POSITION: *Council/MAYOR*

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

TYPE OF STATEMENT (Check the Appropriate Box): (See instructions on reverse for deadlines and information concerning your disclosure requirements.)

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

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

_____ mo. day yr.

ELECTED OFFICIAL

APPOINTED OFFICIAL

ANNUAL STATEMENT The period covered is January 1, 1992 through December 31, 1992.

LEAVING OFFICE STATEMENT

Date Left Office: _____
mo. day yr.

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

CANDIDATE STATEMENT

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

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

Executed on *March 17*, 19 *93*, at *Garden Grove Calif.*
(month, day) (year) (city and state)

SIGNATURE

NAME Francis R Kessler

The Following Summary Must Be Completed By All Filers

DO NOT COMPLETE THIS SUMMARY PAGE UNTIL YOU HAVE CAREFULLY REVIEWED ALL SCHEDULES AND THE INSTRUCTIONS FOR EACH SCHEDULE.

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

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

You must complete the verification at the bottom of the cover page. An unsigned statement is considered an unfiled statement and you may be subject to late filing penalties.

NAME Francis R. Kessie

Schedule E - Income -- Loans
 (Received or Outstanding During the Reporting Period)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

		AMOUNT OF HIGHEST BALANCE DURING THE REPORTING PERIOD:	
NAME OF LENDER <u>Randall Hanshaw</u>		<input checked="" type="checkbox"/>	\$250 - \$1,000
ADDRESS <u>10921 Westminister GE 92643</u>		<input type="checkbox"/>	\$1,001 - \$10,000
NATURE OF BUSINESS ACTIVITY, IF ANY <u>Development in Ariz</u>	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Over \$10,000
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		INTEREST RATE <input checked="" type="checkbox"/> NONE	
NAME OF LENDER		<input type="checkbox"/>	\$250 - \$1,000
ADDRESS		<input type="checkbox"/>	\$1,001 - \$10,000
NATURE OF BUSINESS ACTIVITY, IF ANY	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Over \$10,000
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		INTEREST RATE <input type="checkbox"/> NONE	
NAME OF LENDER		<input type="checkbox"/>	\$250 - \$1,000
ADDRESS		<input type="checkbox"/>	\$1,001 - \$10,000
NATURE OF BUSINESS ACTIVITY, IF ANY	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Over \$10,000
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		INTEREST RATE <input type="checkbox"/> NONE	
NAME OF LENDER		<input type="checkbox"/>	\$250 - \$1,000
ADDRESS		<input type="checkbox"/>	\$1,001 - \$10,000
NATURE OF BUSINESS ACTIVITY, IF ANY	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	Over \$10,000
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		INTEREST RATE <input type="checkbox"/> NONE	

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

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

Page 1 of 10

A For Official Use Only

FEB 18 34 AM '92 881-451

Statement covers period from 10-18-92 through 12-31-1992 Date of Election if applicable: (Month, Day, Year) 11-3-92

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

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

- Pre-election Statement
Supplemental Pre-election Statement
Semi-annual Statement
Termination Statement

Officeholder, Candidate, and Controlled Committee Included in this Statement

Name of Officeholder or Candidate: Francis Richard Kessler
Office Sought or Held: 11357 Bixler Dr
Residential or Business Address: Garden Grove CA 92640 714-638-5924

Committee Name: Committee to Elect Kessler
Committee Address: 11352 Bixler Dr
Committee Treasurer: Suzanne Kessler
Permanent Address of Treasurer: 11357 Bixler Dr Garden Grove CA 92640 714-638-5924

Verification

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

Executed on 1-28-92 at Garden Grove Ca
By Suzanne Kessler Signature of Treasurer

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

Committee Name, ID Number, Name of Treasurer, Committee Address, City, State, ZIP Code, Area Code/Daytime Phone, Controlled Committee? (Yes/No)

Attach additional information on appropriately labeled continuation sheets.

Officeholder or Candidate:

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

Executed on 1-28-93 at Garden Grove CA
By Signature of Officeholder or Candidate

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
1991 FORM **490**

Statement covers period
from 10-18-92
through 12-31-92

Page 2 of 11
I.D. NUMBER
881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Keeler

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3 \$	6145.00	13,500	19,645.00
2. Loans Received..... Schedule B, Line 7	0	200	200.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	6145.00	13700	19,845.00
4. Non-monetary Contributions..... Schedule C, Line 3	1161.00	3780	4941.00
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	7306.00	17480	24,786.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	7306.00	17480	24,786.00

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	9935.00	10,760	20,695.00
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	9935.00	10,760	20,695.00
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	465	0	465.00
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	10,400.00	10,760	21,160.00

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	5081		
14. Cash Receipts..... Column A, Line 3 above	6145		
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	0		
16. Cash Payments..... Column A, Line 10 above	9935		
17. ENDING CASH BALANCE..... Add Lines 13 + 14 + 15, then subtract Line 16 \$	1291.00		

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

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

Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received..... \$		24,786.00
22. Expenditures Made..... \$		21,160.00

Cash Equivalents and Outstanding Debts

19. Cash Equivalents..... See instructions on reverse \$	465.00	
20. Outstanding Debts..... Add Line 2 + Line 11 in Column C above \$	6145.00	

**Schedule A
Monetary Contributions Received**

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

CALIFORNIA
1991 FORM **490**

Statement covers period
from 10-18-92
through 12-31-92

Page 3 of 11
I.D. NUMBER
881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME, AND ADDRESS. ENTER I.D. NUMBER OR, IF NO I.D. NUMBER WAS BEING ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/23/92	Don Diamond 10630 Chapman 6692640	Funeral Home	400.00		
10/21/92	KD Home Center 9618 66 Blvd 66 92644	Business Center	500.00		
10/21/92	Motor Car Dealer 3151 Airway Costa Mesa 92626	Car Assoc.	350.00		
10/21/92	Lincoln Club 2344A Pullman SA 92705	Political Group	200.00		
10/21/92	George Widdicombs 10752 Quadrillo SA CA 92705	Business Owner	100.00		

SUBTOTAL \$ 1550.00

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5350.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 795.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 6145.00**

**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 10-18-92

CALIFORNIA
1991 FORM **490**

through 12-31-92

Page 4 of 70

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/25/92	Realty World NewStar 9240 Co Blvd 92644	Real Estate Office	300.00		
10/25/92	MHET PAC PO Box 17666 Anaheim 92817	Mobile Home Realty PAC	350.00		
10/30/92	Jong J Kim 338 Monroe Duvine 92720	Korean Business man	100.00		
10/30/92	Medix Medical 12252 Evelyn GG 92640	"	100.00		
10/30/92	Kitaik Chung 13011 Brookhurst BB	"	100.00		
10/30	Jong Park 55 Freemont LA	"	100.00		

SUBTOTAL \$ 1050.00

SCHEDULE A (cont.)

CALIFORNIA
1991 FORM **490**

Statement covers period
from 10-18-92
through 12-31-92

Page 5 of 11
ID. NUMBER
881451

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

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

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/30/92	Rotex Const. 3711 W Olympic LA 90019	Hotel Operator	500.00		
10/30/92	John Pang 12501 Peppers Creek Cerritos 90701	Korean Businessman	100.00		
10/30/92	Kyoung 12665 GG Blvd GG 92647	"	100.00		
10/30/92	Chang Anita Repin 9825 GG Blvd GG 92641	"	100.00		
10/30/92	Frank You Forest 22801 Lake Forest L.F. 92630	"	100.00		
10/30/92	Michael Holmen 5556 Bahia Fr La Jolla 91027	Developer	250.00		

SUBTOTAL \$ 1150.00

SCHEDULE A (cont.)

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

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

Statement covers period
from 10-18-92
through 12-31-92

CALIFORNIA
1991 FORM **490**

Page 6 of 18
I.D. NUMBER
881 451

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/21/92	Safi Qureshey 7 Foxboro Dunsmuir 92714	Manufactures	250. ⁰⁰		
10/30/92	Commercial Ind Development Service 2230 W Chapman Orange	Association	250. ⁰⁰		
10/30/92	Dun Nam Chuang 11362 Westminster 06 - CA 92643	Korean Business	100. ⁰⁰		
10/25/92	CREPAC/BOPAC 525 S Virgile LA 90020	Real Estate Assoc	1000. ⁰⁰		

SUBTOTAL \$ 1600.⁰⁰

**Schedule B — Part III
Annual Report of Outstanding Loans Received**

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

CALIFORNIA
1991 FORM **490**

Page 7 of 16

ID. NUMBER

881457

Statement covers period
from 28 Oct 92
through 31 Oct 92

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
<i>Francis Richard Kessler</i>	<i>8/10/92</i>	<i>200⁰⁰</i>	<i>200⁰⁰</i>	<i>- - 0 -</i>
TOTAL \$			<i>200⁰⁰</i>	

Attach additional information on appropriately labeled continuation sheets.

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.

**Schedule C
Non-Monetary Contributions Received**

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

Statement covers period
from 10-18-92
through 12-31-92

Page 8 of 19
I.D. NUMBER
881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	<u>GG FIRE ASSOC P.O. Box 117 GG</u>	<u>FIRE Union</u>	<u>Printing Cost</u>	<u>1161.57</u>	<u>4,741.57</u>	
				SUBTOTAL \$	<u>1161.57</u>	

Non-Monetary Contributions Summary

Attach additional information on appropriately labeled continuation sheets.

- Amount received this period — non-monetary contributions of \$100 or more. (Include all Schedule C subtotals.) \$ 1161.57
- Amount received this period — non-monetary contributions of less than \$100. (Do not itemize.) \$ _____
- Total non-monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL** \$ 1161.57

SCHEDULE E

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

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

Statement covers period
from 10.18.92
through 12.31.92

CALIFORNIA
1991 FORM **490**

Page 89 of 118
I.D. NUMBER
881-451

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

Francis Richard Fessler

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

*Garden Grove Journal
GG 92641*

*Orange County News
GG 92641*

*Garden Grove
US Post Office
Stanford Station*

*GG US Post Office
Stanford GG*

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
L		Ad	1000.00
L		Ad	338.63
L		Postage	2919.56
L		Mailin	793.66

SUBTOTAL \$ 5,052

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 9935.00
2. Payments made this period of under \$100. (Do not itemize.) \$ 0
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ 0
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$** 9935.00

Statement covers period
from 10-18-92
through Dec 31-92

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Gances Richard Resoler

I.D. NUMBER

881-451

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Hostlers Mailing Service 4142 Willow Westminster</i>	<i>L</i>		<i>Mailing Service</i>	<i>273.00</i>
<i>Waeking Man 801 E 6th LA 90021</i>	<i>L</i>		<i>Mailing walked not sent by mail</i>	<i>910.00</i>
<i>Authographics 10531 Acacia 66 98640</i>	<i>L</i>		<i>Printing</i>	<i>3700.00</i>

SUBTOTAL \$ 4883.00

SCHEDULE F

Schedule F

Accrued Expenses (Unpaid Bills)

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

Statement covers period

from 10-18-92

through 12-31-92

CALIFORNIA
1991 FORM **490**

Page 16 of 18

ID NUMBER

881-451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Garcia Richard Kessler

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

Lithographs
10531 Acacia
66 92640

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT REITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD

DESCRIPTION OF OUTSTANDING PAYMENT

L Printing

AMOUNT ACCRUED

465.00

Attach additional information on appropriately labeled continuation sheets.

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$ 465.00
2. Accrued expenses this period of under \$100. (Do not itemize.) \$ 465.00
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) **INCURRED TOTAL** \$ 465.00
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) **PAID TOTAL** \$ 0
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) **NET** \$ 465.00

May be a negative number.

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

(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

- Check one of the following boxes to indicate the type of statement being filed:
- Pre-election Statement
 - Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)
 - Semi-annual Statement
 - Termination Statement (Attach a completed Form 415 to this statement)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Francis Richard Kessler

OFFICE Sought OR FIELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

11352 Bixler Dr

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)

GARDEN GROVE CA 92640 714 6385924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Committee to Elect Kessler

COMMITTEE NAME

ID NUMBER

11352 Bixler Dr

COMMITTEE ADDRESS (NO AND STREET)

GARDEN GROVE CA 92640 714 638 5924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

SUZANNE KESSLER

NAME OF TREASURER

11352 Bixler Dr

PERMANENT ADDRESS OF TREASURER (NO AND STREET)

GARDEN GROVE CA 92640 714 6385924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Statement covers period

from Oct 1 1992

through Oct 17 1992

Date of Election

If applicable: (Month, Day, Year)

11-3-92

Date Stamp

10/20/92
6:42pm

CALIFORNIA 1991 FORM

490

Page 1 of 6

A For Official Use Only

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

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

(NO AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

(NO AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

Treasurer:

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

Executed on Oct 20 1992 at Garden Grove Calif

DATE CITY AND STATE

By Suzanne Kessler

SIGNATURE OF TREASURER

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 20 1992 at Garden Grove Calif

DATE CITY AND STATE

By [Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

**Campaign Disclosure Statement
Summary Page**

CALIFORNIA
1991 FORM **490**

Page 2 of 6
ID. NUMBER
881-451

Statement covers period
from Oct 1, 1992
through Oct 18, 1992

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRANCIS RICHARD KESSLER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3 \$	<u>1665</u>	<u>11835</u>	<u>13500</u>
2. Loans Received..... Schedule B, Line 7	<u>0</u>	<u>200</u>	<u>200</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	<u>1665</u>	<u>12035</u>	<u>13700</u>
4. Non-monetary Contributions..... Schedule C, Line 3	<u>2105</u>	<u>1675</u>	<u>3780</u>
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	<u>3770</u>	<u>13710</u>	<u>17480</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	<u>3770</u>	<u>13710</u>	<u>17480</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	<u>2622</u>	<u>8138</u>	<u>10760</u>
9. Loans Made..... Schedule H, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	<u>2622</u>	<u>8138</u>	<u>10760</u>
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	<u>2622</u>	<u>0</u>	<u>0</u>
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	<u>2622</u>	<u>8138</u>	<u>10760</u>

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	<u>5776</u>		
14. Cash Receipts..... Column A, Line 3 above	<u>1665</u>		
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>262</u>		
16. Cash Payments..... Column A, Line 10 above	<u>2622</u>		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	<u>5081</u>		

If this is a Termination Statement, Line 17 must be zero.

18. LOAN GUARANTEES RECEIVED..... Schedule B, Part I, Column (b) \$

Cash Equivalents and Outstanding Debts

19. Cash Equivalents..... See instructions on reverse \$			
20. Outstanding Debts..... Add Line 2 + Line 11 in Column C above \$			<u>10760</u>

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

Summary for Candidates in Both June and November Elections

21. Contributions Received..... \$	1/1 thru 6/30	7/1 to Date
	<u>17480</u>	<u>17480</u>
22. Expenditures Made..... \$		<u>10760</u>

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from Oct-1-92
through Oct 18 92

CALIFORNIA
1991 FORM **490**

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRANCIS RICHARD KESSLER

ID. NUMBER

881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/10	Dr Sheldon Singer 12672 Kona Dr E.G. 92640	Self	100.00		
10/4	Emerald Isle Mobile Park 13741 Clinton E.G. 92643	MOBILE HOME PARK	150.00		
10/6	FJ Hanshaw 10925 Westminster Westminster	Shopping Center Developer	995.00		
10/8	JOE LACKO 629 Camino De las Mias San Clemente 92673	Developer	225.00		

SUBTOTAL \$ 1470.

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1470.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 195.
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1665**

Statement covers period
from Oct 1, 1991
through Oct 18, 1992
Page 4 of 6

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

**Schedule C
Non-Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

ID NUMBER

881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/16	GG Fire Assoc. P.O. Box 114 GG	Fire Union	Printing Costs	2105	3580.	

SUBTOTAL \$ 2105

Non-Monetary Contributions Summary

Attach additional information on appropriately labeled continuation sheets.

1. Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2105
2. Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0-
3. Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL** \$ 2105

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

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

Statement covers period
from Oct 1 - 1992
through Oct 18 1992

CALIFORNIA
1991 FORM **490**
Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

ID. NUMBER

881-451

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

Calif Democrats
 Voters check list
 704 Sansome St SF 94111
 Political Data Inc
 P.O. Box 1706
 Burbank CA 91509

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
L		Advertising	2,000.00
L		Mailing list	368.00
L		Stamps	110.00

SUBTOTAL \$ 2478.00

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2478.
2. Payments made this period of under \$100. (Do not itemize.) \$ 144.
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d)) \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ 2682
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$ 2622**

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 10-1-92
through 10-18-92

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

ID NUMBER

881-451

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/8	Jays Catering	Return on Items Not Used	262.00

SUBTOTAL \$ 262.00

Attach additional information on appropriately labeled continuation sheets.

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 262.00
- Increases to cash under \$100 this period.
(Do not itemize.) \$ 0
- Total of all interest received this period on loans made to others.
(Schedule H, Part II (b).) \$ _____
- Total miscellaneous increases to cash this period.
(Add Lines 1, 2 and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$** 262.00

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

(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

- Check one of the following boxes to indicate the type of statement being filed:
- Pre-election Statement
 - Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
 - Semi-annual Statement
 - Termination Statement (Attach a completed Form 415 to this statement.)

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE:

Francis Richard Kessler

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

11357 Bixler Dr

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)

GARDEN GROVE CAL 92640 7146385924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Committee to Elect Kessler

COMMITTEE NAME:

11352 Bixler Dr

COMMITTEE ADDRESS: (NO. AND STREET)

GARDEN GROVE CALIF 92640 7146385924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Suzanne Kessler

NAME OF TREASURER:

11357 Bixler Dr

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)

GARDEN GROVE CAL 92640 7146385924

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

III Verification

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

Executed on Oct 4, 1992 at Garden Grove Calif

By Suzanne Kessler SIGNATURE OF TREASURER

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

State of California Fair Political Practices Commission.

Statement covers period from July 1, 1992 through Sept 30, 1992

Date Stamp: CITY OF GARDEN GROVE, CITY CLERK'S OFFICE, 5 10 51 AM '92

Date of Election: 11-3-92

Page 1 of 23

A For Official Use Only

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

COMMITTEE NAME: _____ I.D. NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ I.D. NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ I.D. NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ I.D. NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ I.D. NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ I.D. NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 22, 1992 at Garden Grove Calif

By Suzanne Kessler SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

State of California Fair Political Practices Commission.

**Allocation Page — Part II
Contributions and Independent Expenditures
Made From Personal Funds**

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

Statement covers period
from July 1 1999
through Sept 30 1999

CALIFORNIA
1991 FORM **490**
Page 3 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE:

FRANCIS R KESSLER

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP.*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		SUPPORT	OPPOSE				
	NA						
						SUBTOTAL \$	

* See reverse regarding independent expenditures.

Allocation — Part II Summary

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.) \$
- Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.) \$
- Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.) **TOTAL \$**

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA 1991 FORM **490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

Statement covers period from July 1 1992 through Sept 30 1992

Page 4 of 23

I.D. NUMBER

881451

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3 \$	<u>11835.</u>		<u>11835</u>
2. Loans Received Schedule B, Line 7	<u>200.</u>		<u>200</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	<u>12035.</u>		<u>12035.</u>
4. Non-monetary Contributions Schedule C, Line 3	<u>1675.</u>		<u>1675.</u>
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) Add Lines 3 + 4 \$	<u>13710.</u>		<u>13710.</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	<u>0</u>		<u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6 \$	<u>13710.00</u>		<u>13710.</u>

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5 \$	<u>8138</u>		<u>8138</u>
9. Loans Made Schedule H, Line 7			<u>0</u>
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 \$	<u>8138</u>		<u>8138</u>
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5			<u>0</u>
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 \$	<u>8138</u>		<u>8138</u>

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17 \$	<u>204</u>		
14. Cash Receipts Column A, Line 3 above	<u>12035.00</u>		
15. Miscellaneous Increases to Cash Schedule I, Line 4	<u>1675.00</u>		
16. Cash Payments Column A, Line 10 above	<u>8138</u>		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	<u>5776</u>		

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See instructions on reverse \$

20. Outstanding Debts Add Line 2 + Line 11 in Column C above \$

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

Summary for Candidates in Both June and November Elections

21. Contributions Received \$ 13710. 1/1 thru 6/30 7/1 to Date

22. Expenditures Made \$ 8051.

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

**Schedule A
Monetary Contributions Received**

CALIFORNIA
1991 FORM **490**

Statement covers period
from July 1 1992
through Sept 30 1992 Page 5 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881751

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/21/92	Brian Holt P.O. Box 1017 GG 92642	Plumbing Contractor	100. ⁰⁰		
8/14/92	Randy Nanshaw 9492 Villa Isle Villa Park 92667	Nanshaw Liquor	995. ⁰⁰		
9/27/92	Sol Kandel PO Box 4586 Palm Springs 92263	Retired	200. ⁰⁰		
8/29/92	Bert Ashland 1516 N Sycamore S.A. 92701	The Ashland Group (owner)	350. ⁰⁰		
8/27/92	Dorothy Lake 12591 Euclid GG 92642	Retired	100. ⁰⁰		

SUBTOTAL \$ 1745.⁰⁰

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 7550.⁰⁰
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 4285.⁰⁰
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 11835.⁰⁰**

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

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

Statement covers period
from July 1 1992
through Sept 30 1992

CALIFORNIA
1991 FORM **490**

Page 6 of 23
I.D. NUMBER
81451

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/19/92	Wilbur Horber 5320 E and St Long Beach 90802	Developer Equity Management	200. ⁰⁰		
9/1/92	Martin Mayer 110 Ocean Long Beach 90802	Attorney	100. ⁰⁰		
8/19/92	James Boyce 202 Oakland S. Pasadena 91030	Doctor	180. ⁰⁰		
9/29/92	MARK Meyers 19242 Barrett Lane S.A 92705	Administrator Med Center GG	150. ⁰⁰		
8/15/92	Jerry Morrison 11151 Huber GG Calif 92641	Retired	100. ⁰⁰		
8/26/92	Paragon Cable 800 Gessner St Houston Texas 77024	Cable TV	250. ⁰⁰		

SUBTOTAL \$ 980.⁰⁰

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

Statement covers period
from July 1, 1992
through Sept 30, 1992

Page 7 of 23

I.D. NUMBER

884451

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

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Francis Richard Kessler

FULL NAME AND ADDRESS OF CONTRIBUTOR
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS,
ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED,
ENTER TREASURER'S NAME & ADDRESS)

CUMULATIVE TO DATE
OTHER
(IF APPLICABLE)

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN 1 - DEC 31)

AMOUNT RECEIVED
THIS PERIOD

OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED ENTER
NAME OF BUSINESS)

DATE
RECEIVED

Beatrice Wm. Socher
4625 Libbit
Excelsior CAI

Retail Centers
In workers

7/24/92

975.00

Lifefleet Ambulance
1890 Betmor Lane
Anaheim 92805

Ambulance
Service

8/21/92

1250.00

GG Storage
29095 Halladay
S.A. 92705

Developer

8/29/92

200.00

Dorothy Dean
1920 E. Warner
SA 92705

Developer

9/10/92

100.00

Carl Richardson
11752 Kathy Ln
GG

Care Ambulance
owner

8/26/92

250.00

Myron Robinson
805 E Barkley
Orange 92667

Retired

8/19/92

250.00

SUBTOTAL \$ 2025.00

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

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

Statement covers period
from July 1, 1992
through Sept 30, 1992

Page 8 of 22
I.D. NUMBER
881451

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/7/92	Patricia Farahnick 9689 1/2 Olympic B.H. 90212	Shopping Center In workers	975.00		
8/12/92	Scott Freorick 44 N Golden Springs Diamond Bar 91765	Businessman	250.00		
8/15/92	RE Gall 13203 Gilbert GG 92644	Retired	100.00		
9/20	Garden Grove Fire Assoc. PO Box 114 GG 92642	Firefighters Garden Grove	1475.00		

SUBTOTAL \$ 2,800.00

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

**Schedule B — Part I
Loans Received**

Statement covers period
from July 1 1992
through Sept 30 1992 Page 9 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881451

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER BUSINESS NAME)	LENDER INFORMATION		GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	AMOUNT GUARANTEED	CUMULATIVE TO DATE
<u>8/10/92</u>	<u>Francis R Kessler 11852 Bixler Dr 66 92640</u>	<u>Retired</u>	<u>After Election</u>	<u>200.00</u>		
			<u>0</u> %			

(a)		(b)	
SUBTOTAL \$		\$	

* See important instructions on reverse.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.)\$ 200.00
- Loans under \$100 received this period. (Do not itemize.)\$ 0
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 200.00

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.)\$ 0
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2.\$ 0
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** 0
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** 200.00

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

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

**Schedule B — Part I (Continuation Sheet)
 Loans Received**

Statement covers period
 from July 1, 1992
 through Sept 30, 1992

Page 10 of 23

DATE RECEIVED	NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: <u>Francis Rochaco Kessler</u>	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE ENTER FULL NAME, ADDRESS AND I.D. NUMBER, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS) <u>N/A</u>	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER BUSINESS NAME)	LENDER INFORMATION		GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	AMOUNT GUARANTEED	CUMULATIVE TO DATE
				DUE DATE		CALENDAR YEAR	OTHER
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE _____ %		\$	
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR	OTHER
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE _____ %		\$	
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR	OTHER
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE _____ %		\$	
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR	OTHER
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE _____ %		\$	
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR	OTHER
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE _____ %		\$	
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR	OTHER
		<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		INTEREST RATE _____ %		\$	

I.D. NUMBER 881451

(a) **SUBTOTAL \$** _____

(b) Enter (b) on Summary Page, Line 18 only. **\$** _____

* See important instructions on reverse of page 1 of Schedule B, Part I.

Schedule B — Part II
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party

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

CALIFORNIA
1991 FORM **490**

Statement covers period
from July 1, 1992
through Sept 30, 1992

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881 451

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL* (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
		<u>NA</u>				
				(c)		
				(c)		
				TOTAL INTEREST PAID THIS PERIOD \$		(d)

Attach additional information on appropriately labeled continuation sheets.

*IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

**Schedule B — Part III
Annual Report of Outstanding Loans Received**

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

Statement covers period
from July 1, 1992
through Sept 30, 1992

CALIFORNIA
1991 FORM **490**

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I.D. NUMBER
881451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
N/A				

TOTAL \$				

Attach additional information on appropriately labeled continuation sheets.

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 2.

Schedule C

Non-Monetary Contributions Received

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

Statement covers period
from July 1, 1992
through September 30, 1992

CALIFORNIA
1991 FORM **490**

Page 13 of 23
I.D. NUMBER
881 451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRANCIS RICHARD KESSLER

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/26/92	FADDOL & BAIRD 550 S HILL LA 90013	Jewelry Manufacturer	Rings (2) Bracelet(1)	350.00		
9/26/92	Doobie D. Enterprise 11441 MARKON 66 CA 92641	furniture Manufacturer	tables & CHAIRS	811.00		
9/19/92	Garage Sale	Misc	Items	314.00		
				SUBTOTAL \$	1475.00	

Attach additional information on appropriately labeled continuation sheets.

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals) \$ 1475.00
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 200.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL** \$ 1675.00

Statement covers period
from July 1, 1992
through Sept 30, 1992

Page 14 of 23
I.D. NUMBER
881-451

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

Schedule D
Enforceable Promises Received (Other than Loan
Guarantees, Loan Endorsements, and Loan Security)

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B — NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	N/A					
SUBTOTALS \$			(a)	(b)		

Attach additional information on appropriately labeled continuation sheets.

Enforceable Promises Received Summary

- Promises received of \$100 or more this period (Column (a))..... \$ _____
- Promises received under \$100 this period.
(Do not itemize.) \$ _____
- Total promises received this period.
(Add Lines 1 and 2.) **TOTAL \$** _____
- Payments received on promises of \$100 or more this period.
(Column (b))..... \$ _____
- Payments received on promises under \$100 this period.
(Do not itemize. Also include on Schedule A Summary, Line 2.)..... \$ _____
- Total payments received.
(Add Lines 4 and 5.) **TOTAL \$** _____
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) **NET \$** _____

May be a negative number.

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

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

Statement covers period
from July 1, 1992
through Sept 30, 1992

CALIFORNIA
1991 FORM
490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

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I.D. NUMBER

881451

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

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G		Filing fee City of Garden Grove	600. ⁰⁰
L		Jet Printer .12804 Notwood 66 92640	136.84
L		Post Office	337. ⁰⁰
D		Signs 1041 Old Center Rd Belmont CA	4029. ⁰⁰

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7327.⁰⁰
2. Payments made this period of under \$100. (Do not itemize.) \$ 811.⁰⁰
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) \$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ 8138.⁰⁰
5. Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$ 8138.⁰⁰**

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

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

CALIFORNIA
1991 FORM **490**

Statement covers period
from July 1 1992
through Sept 30 1992

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRANCIS RICHARD KESSLER

I.D. NUMBER

881451

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lithographics 10531 Deacia EE 92040	L		Flyers	458. ⁰⁰
Adage Signs 1200 N Las Brisas Anaheim 92800	O		Signs	302. ⁰⁰
Costco Costco Dr G.G.	F		Food + supplies Kickoff Party	195. ⁰⁰
Jays Catering Garden Grove Blvd GG	F		Food + Rentals Funrasier	1269. ⁰⁰

SUBTOTAL \$ 2224.⁰⁰

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

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period
from July 1, 1992
through Sept 30, 1992

Page 17 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881 451

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

N/A

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT REITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.

AMOUNT ACCRUED

CODE OR DESCRIPTION OF OUTSTANDING PAYMENT

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$ _____
2. Accrued expenses this period of under \$100. (Do not itemize.) \$ _____
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) **INCURRED TOTAL \$** _____
4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) **PAID TOTAL \$** _____
5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) **NET \$** _____

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of an Officeholder or
Candidate)**

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

CALIFORNIA
1991 FORM **490**

Statement covers period
from July 1, 1992
through Sept 30, 1992

Page 14 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

I.D. NUMBER

881 451

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the candidate.

**Schedule H — Part I
Loans Made to Others**

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

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I.D. NUMBER
881 451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRANCIS RICHARD KESSLER

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT
	<u>N/A</u>			

SUBTOTAL \$

Loans Made to Others — Part I Summary

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

Loan Repayments Received — Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$
- Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$
- Total loan payments received this period.
(Add Lines 4 and 5.) **TOTAL \$**
- Net change this period. (Subtract Line 6 from Line 3.
Enter the net here and on the Summary Page, Column A, Line 9.) **NET \$**

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from July 1, 1992
through Sept 30, 1992

Page 23 of 23
I.D. NUMBER
881 451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS. ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/26/92	FADDOL & BAIRD 550 SHUN LA 90017	Auction Rugs + Bracelet	350.00
9/26/92	Double D Enterprises 11441 Markham GG	Auction table + Chairs	811.00
9/19/92	Sarge State	Misc used items	314.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1475.00

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 1475.00
- Increases to cash under \$100 this period.
(Do not itemize.) \$ 200.00
- Total of all interest received this period on loans made to others.
(Schedule H, Part II (b).) \$
- Total miscellaneous increases to cash this period.
(Add Lines 1, 2 and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$ 1675.00**

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1991/92

PLEASE TYPE OR PRINT IN INK

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Aug 6 5 03 PM '92

NAME

Francis Richard Kessler

TELEPHONE NUMBER

(714) 638-5924

MAILING ADDRESS

STREET

CITY

ZIP CODE

1352 Bixler Garden Grove Ca 92640

OFFICE HELD OR SOUGHT (Check One):

STATE OF CALIFORNIA OFFICE: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COURT COMMISSIONER

COUNTY OFFICE: _____ COUNTY: _____

CITY OFFICE: *Mayor* CITY: *Garden Grove*

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

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

ELECTED OFFICIAL (Other than elected state officers assuming office in December or January). File no later than 30 days after assuming office. Date Assumed Office _____ mo. day yr.

APPOINTED OFFICIAL

Not subject to confirmation by the State Senate or the Commission on Judicial Appointments. File no later than 10 days after assuming office. Date Appointed _____ mo. day yr.

Subject to confirmation by the State Senate or the Commission on Judicial Appointments. File no later than 10 days after appointment or nomination.

Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of assuming office. In addition, on Schedules D, D-1, E, F, G and H-1 through H-3, report income received during the 12 months prior to the date you assumed office.

ANNUAL STATEMENT

State officers and all judges and court commissioners file between January 1 and March 1. State and local officials and employees who manage public investments, and city and county officials file between January 1 and April 1.

PERIOD COVERED: Disclose all reportable interests held or received during the period from January 1, 1991 through December 31, 1991.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

LEAVING OFFICE STATEMENT

Date Left _____ mo. day yr.

File no later than 30 days after leaving office. The period covered is January 1, 19 ____, through the date of leaving office.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

CANDIDATE STATEMENT

File no later than the final filing date for your declaration of candidacy.

Complete only schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of filing.

*INCUMBENT OFFICEHOLDERS WHO ARE RE-ELECTED OR RE-APPOINTED WITHOUT A BREAK IN SERVICE SHOULD NOT COMPLETE AN ASSUMING OFFICE STATEMENT.

NAME Francis R. Kessler

The Following Summary Must Be Completed By All Filers

DO NOT COMPLETE THIS SUMMARY PAGE UNTIL YOU HAVE CAREFULLY REVIEWED ALL SCHEDULES AND THE INSTRUCTIONS FOR EACH SCHEDULE.

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

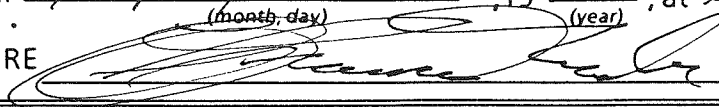
NOTE: AFTER THE SUMMARY PAGE HAS BEEN COMPLETED, PLEASE DISCARD THOSE SCHEDULES ON WHICH YOU HAVE NO REPORTABLE INTERESTS.

VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

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

Executed on 4 August, 1982, at Garden Grove Calif.
(month, day) (year) (city and state)

SIGNATURE 

Amendment to Campaign Disclosure Statement

Type or Print in Ink

RECEIVED
CITY OF GARDEN STAMPOVE
CITY CLERK'S OFFICE

JUL 29 11 32 AM '92

AMENDMENT

CALIFORNIA 1991 FORM **405**

A For Official Use Only

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

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

I Name of Filer (See important information on reverse)

NAME OF FILER: Francis Richard Kessler I.D. NUMBER (IF APPLICABLE) 881451
 MAILING ADDRESS OF FILER: (NO. AND STREET) 1352 Bixler STATE Ca ZIP CODE 92640
 CITY Garden Grove
 AREA CODE/DAYTIME PHONE NUMBER 714 638 5924

NAME OF TREASURER IF RECIPIENT COMMITTEE:

Suzie Kessler
 PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) 1352 Bixler STATE Ca ZIP CODE 92640
 CITY Garden Grove
 AREA CODE/DAYTIME PHONE NUMBER 714 638 5924

II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 490 executed on 7-26-92 for the period 1-2-92 through 6-30-92 (MO, DAY, YR.) (MO, DAY, YR.)

B. The amended information affects items on the:
 Cover Page Allocation Page Summary Page
 Schedule(s) Part(s)

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

III Verification (See important information on reverse)

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

Executed on 7/29/92 DATE Al Garden Grove Calif CITY AND STATE
 By [Signature] SIGNATURE OF TREASURER OR FILER

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/29/92 DATE Al Garden Grove Calif CITY AND STATE
 By [Signature] SIGNATURE OF OFFICERHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on _____ DATE Al _____ CITY AND STATE
 By _____ SIGNATURE OF OFFICERHOLDER, CANDIDATE, OR PROPONENT

Executed on _____ DATE Al _____ CITY AND STATE
 By _____ SIGNATURE OF OFFICERHOLDER, CANDIDATE, OR PROPONENT

Statement covers period
from 1-1-72 through 8-30-92

Date Stamp

Date of Election if applicable:
(Month, Day, Year)
11-8-88

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

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

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

I Officeholder, Candidate, and Controlled Committee Included in this Statement
 NAME OF OFFICER OR CANDIDATE: Francis Richard Kessler
 OFFICE SOUGHT OR HELD: (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET) 1352 Bixler
 CITY: Garden Grove Ca 92640 STATE: CA ZIP CODE: 92640 AREA CODE/DAYTIME PHONE: 714 638 5924

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

COMMITTEE NAME: _____ ID NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ ID NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

COMMITTEE NAME: _____ ID NUMBER: _____

NAME OF TREASURER: _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS: (NO. AND STREET) _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/DAYTIME PHONE _____

Attach additional information on appropriately labeled continuation sheets.

III Verification
Treasurer:
 I have used all reasonable diligence in preparing this statement and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 7/29/92 at Garden Grove Calif
 By: [Signature] SIGNATURE OF OFFICER OR CANDIDATE
 [Signature] SIGNATURE OF TREASURER

Schedule E Payments and Contributions (Other Than Loans) Made

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

Statement covers period
from 1 Jan 92
through 30 Jun 92

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

RANDI Richard Kessler

Page 3 of 3

ID. NUMBER

881457

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

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

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

SUBTOTAL \$

Payments and Contributions Made Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$
- Payments made this period of under \$100. (Do not itemize.) \$ 194.00
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) \$
- Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$
- Total payments made this period. (Add Lines 1, 2, 3 and 4. Enter here and on the Summary Page, Column A, Line 8.) **TOTAL \$** 194.00

A For Official Use Only

RECEIVED

CITY OF GARDEN
CITY CLERK'S OFFICE

Date Stamp
JUL 20 10 44 AM '92

Statement covers period from Jan 92 through 30 Jun 92
Date of Election if applicable: (Month, Day, Year) 11-8-88

Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE

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

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

Type or Print in Ink.

I Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICER OR CANDIDATE: Francis Richard Kessler
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): 1352 Boxler
 RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET) Garden Grove Ca STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE 7146385924
 CITY Garden Grove
 COMMITTEE NAME: Committee to Elect Kessler I.D. NUMBER 88451
 COMMITTEE ADDRESS: (NO. AND STREET) 1352 Boxler STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE 7146385924
 CITY Garden Grove
 NAME OF TREASURER: Francis Richard Kessler
 PERMANENT ADDRESS OF TREASURER: (NO. AND STREET) 1352 Boxler STATE CA ZIP CODE 92640 AREA CODE/DAYTIME PHONE 7146385924
 CITY Garden Grove

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

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

Attach additional information on appropriately labeled continuation sheets.

III Verification

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

Executed on 7/20/92 at Garden Grove Ca
By [Signature] SIGNATURE OF TREASURER

Officeholder or Candidate:

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 7/20/92 at Garden Grove Ca
By [Signature] SIGNATURE OF OFFICER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
1991 FORM **490**

Statement covers period

from 1 Jan 92

through 30 June 92

Page 1 of 3

I.D. NUMBER
881451

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Francis Richard Kessler

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3 \$	0		0
2. Loans Received Schedule B, Line 7	0		0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	0		0
4. Non-monetary Contributions Schedule C, Line 3	0		0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) Add Lines 3 + 4 \$	0		0
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0		0
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6 \$	0		0

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5 \$	194.00		194.00
9. Loans Made Schedule H, Line 7	0		0
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 \$	194.00		194.00
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	0		0
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 \$	194.00		194.00

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17 \$	398.00		
14. Cash Receipts Column A, Line 3 above	0		
15. Miscellaneous Increases to Cash Schedule I, Line 4	0		
16. Cash Payments Column A, Line 10 above	194.00		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	204.00		

If this is a Termination Statement, Line 17 must be zero.

18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b) \$	0		
Cash Equivalents and Outstanding Debts			
19. Cash Equivalents See instructions on reverse \$	0		
20. Outstanding Debts Add Line 2 + Line 11 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), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

21. Contributions Received \$	1/1 thru 6/30	7/1 to Date
22. Expenditures Made \$		

Statement of Organization Recipient Committee

(Government Code Sections 84101-84103)

Type or Print in Ink.

30

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with:

Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:

The city or county officer, if any, who receives the committee's original campaign disclosure statements.

I Committee Information

NAME OF COMMITTEE:

COMMITTEE TO ELECT KESSLER

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

11352 Bixler drive

CITY

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

CITY

STATE

ZIP CODE

714 638 5924
AREA CODE/PHONE NUMBER

COUNTY:

Orange

STATE ZIP CODE

Ca 92640

STATEMENT OF ORGANIZATION

CALIFORNIA 1991 FORM 410

RECEIVED AND FILED

In the Office of the Secretary of State of the State of California
APR 27 1992

MAY 15 1992

REGISTRAR OF VOTERS

For Official Use Only
LKS

II Treasurer and Other Principal Officers

NAME OF TREASURER

SUZIE KESSLER

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEES')

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEES')

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

III Controlled Committee

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

Yes (Complete the following) No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

FRANCIS RICHARD KESSLER MAYOR CITY OF GARDEN GROVE

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

Attach additional information on appropriately labeled continuation sheets.

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

State of California Fair Political Practices Commission

Statement of Organization Recipient Committee

Type or Print in Ink.

CALIFORNIA
1991 FORM **410**

Page 2

SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets.

NAME OF COMMITTEE:

COMMITTEE TO ELECT KESSLER

IV Broad Based Committee (See definition and important information on reverse)

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

- Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) _____
- Sponsored Committee** Is this a sponsored committee? Yes No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.) If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

ADDRESS OF SPONSOR:

NO. AND STREET

CITY

STATE

ZIP CODE

VI Primarily Formed Committee

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

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

FRANCIS RICHARD KESSLER	MAYOR	SUPPORT	OPPOSE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>

VII Committee's Primary Activity if Not Primarily Formed

If not supporting or opposing specific candidates or measures, see instructions on reverse and check ONE box to indicate if this is a: CITY Committee or COUNTY Committee or STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

VIII Disposition of Surplus Funds

You must specify what disposition will be made of surplus funds in the event of termination.

Return to donors

IX 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 22 Apr 92 AI San Diego CITY AND STATE

By Francis Richard Kessler SIGNATURE OF INSURER

Executed on 27 Apr 92 AI San Diego CITY AND STATE

By Francis Richard Kessler SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ AI _____ CITY AND STATE

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

Executed on _____ AI _____ CITY AND STATE

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

CANDIDATE INTENTION

AK

FPPC Form 501

1989 - 1

Type or Print

Check One: Initial Amendment Termination

OFFICE USE ONLY

FULL NAME OF CANDIDATE:

Last: Kessler First: Francis Middle: Richard

ADDRESS:

11352 Bixler
Garden Grove Ca 92640 Daytime Phone: (714) 638 5924

SPECIFIC OFFICE SOUGHT

SPECIFIC OFFICE:

MAYOR District # _____ Date Of Election NOV 3 1992

PUBLIC AGENCY NAME AND JURISDICTION LOCATION:

City of Garden Grove Specify Jurisdiction and Location
11391 acacia
Garden Grove 92640
 State County City Garden Grove Other _____

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

Executed on 26 May 92
DATE
Garden Grove Ca
CITY AND STATE

88 50576

CANDIDATE'S SIGNATURE

CAMPAIGN BANK ACCOUNT

AK

FPPC Form 502

1989 - 1

Type or Print

Check One: Initial Amendment

OFFICE USE ONLY

FULL NAME OF CANDIDATE:

Last: Kessler First: FRANCIS Middle: Richard

ADDRESS:

11352 Bixler dr
Garden Grove Ca 92640 Daytime Phone: (714) 638 5924

SPECIFIC OFFICE SOUGHT:

MAYOR Date Of Election NOV 3 1992

ACCOUNT INFORMATION

FINANCIAL INSTITUTION:

Farmers & Merchants Bank

ACCOUNT NO.:

04079396

ADDRESS:

11352 Garden Grove
Cal Business Phone: (714) 953 4000

DATE OPENED:

april 21 1992

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

Executed on 26 May 92
DATE
Garden Grove Cal
CITY AND STATE

CANDIDATE'S SIGNATURE

Candidate Intention

or Print in Ink

CANDIDATE INTENTION

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **501**

Office Use Only

I Candidate Information

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

ADDRESS: (NO. AND STREET) KESSLER, FRANCIS RICHARD

AREA CODE/DAYTIME PHONE

11352 Bixler

(714) 6385924

CITY

STATE

ZIP CODE

garden grove

Ca.

92640

II Specific Office Sought

SPECIFIC OFFICE:

DISTRICT NUMBER

DATE OF ELECTION

COUNCILMAN

NOV# 3, 1992

PUBLIC AGENCY NAME:

CITY OF GARDEN GROVE

JURISDICTION AND LOCATION:

State

County of: _____

City of: GARDEN GROVE

Multi-County Jurisdiction: _____

III Certification

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

Executed on Apr 22, 1992 GARDEN GROVE, CA By [Signature]

SIGNATURE OF CANDIDATE

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

91 60506

State of California Fair Political Practices Commission

Campaign Bank Account

or Print in Ink

CAMPAIGN BANK ACCOUNT

Check One: Initial Amendment Termination

CALIFORNIA 1991 FORM **502**

Office Use Only

I Candidate Information

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

ADDRESS: (NO. AND STREET) KESSLER, FRANCIS RICHARD

AREA CODE/DAYTIME PHONE

11352 Bixler

(714) 638 5924

CITY

STATE

ZIP CODE

SPECIFIC OFFICE SOUGHT:

councilman

DATE OF ELECTION

Nov 8, 1988

II Account Information

FINANCIAL INSTITUTION:

FARMERS & MERCHANTS BANK

ADDRESS: (NO. AND STREET)

AREA CODE/PHONE NUMBER

10422 Garden Grove Ca

(714) 953 4000

ACCOUNT NUMBER

04 07564 1

CITY

STATE

ZIP CODE

GARDEN GROVE

CA

92643

DATE OPENED

Sept 1988

III Certification

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

Executed on 22 Apr 92 At Garden Grove, Ca By [Signature]

SIGNATURE OF CANDIDATE

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

91 60506

State of California Fair Political Practices Commission

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1991/92

MAR 27 11 11 AM '92

PLEASE TYPE OR PRINT IN INK

NAME

Francis Richard Kessler

TELEPHONE NUMBER

(714) 6385924

MAILING ADDRESS

STREET

CITY

ZIP CODE

11352 Bixler Garden Grove Ca 92640

OFFICE HELD OR SOUGHT (Check One):

STATE OF CALIFORNIA OFFICE: _____

JUDICIAL BRANCH COUNTY: _____ COURT: _____

CHECK ONE: JUDGE COURT COMMISSIONER

COUNTY OFFICE: _____ COUNTY: _____

CITY OFFICE: City Council CITY: Garden Grove

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

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

ELECTED OFFICIAL (Other than elected state officers assuming office in December or January). File no later than 30 days after assuming office. Date Assumed Office _____
mo. day yr

APPOINTED OFFICIAL

Not subject to confirmation by the State Senate or the Commission on Judicial Appointments. File no later than 10 days after assuming office.

Subject to confirmation by the State Senate or the Commission on Judicial Appointments. File no later than 10 days after appointment or nomination. Date Appointed _____
mo. day yr

Complete Schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of assuming office. In addition, on Schedules D, D-1, E, F, G and H-1 through H-3, report income received during the 12 months prior to the date you assumed office.

ANNUAL STATEMENT

State officers and all judges and court commissioners file between January 1 and March 1. State and local officials and employees who manage public investments, and city and county officials file between January 1 and April 1.

PERIOD COVERED: Disclose all reportable interests held or received during the period from January 1, 1991 through December 31, 1991.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

LEAVING OFFICE STATEMENT

Date Left _____
mo. day yr

File no later than 30 days after leaving office. The period covered is January 1, 19 ____, through the date of leaving office.

Complete all schedules disclosing investments and interests in real property held and income received at any time during the period covered by the statement.

CANDIDATE STATEMENT

File no later than the final filing date for your declaration of candidacy

Complete only schedules A, B, C-1 and C-2 disclosing investments and interests in real property held on the date of filing.

*INCUMBENT OFFICEHOLDERS WHO ARE RE-ELECTED OR RE-APPOINTED WITHOUT A BREAK IN SERVICE SHOULD NOT COMPLETE AN ASSUMING OFFICE STATEMENT.

NAME _____

The Following Summary Must Be Completed By All Filers

DO NOT COMPLETE THIS SUMMARY PAGE UNTIL YOU HAVE CAREFULLY REVIEWED ALL SCHEDULES AND THE INSTRUCTIONS FOR EACH SCHEDULE.

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

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

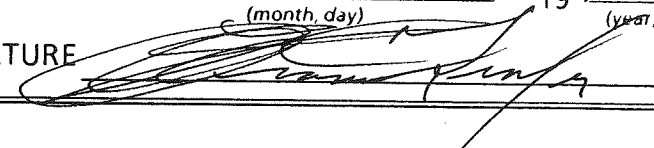
VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

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

Executed on March 25 1992 at San Diego

(month, day) (year) (city and state)

SIGNATURE 

NAME Francis R Kessler

Schedule E - Income -- Loans
(Received or Outstanding During the Reporting Period)

(SEE INSTRUCTIONS ON PRECEDING PAGE)

		AMOUNT OF HIGHEST BALANCE DURING THE REPORTING PERIOD:
NAME OF LENDER <u>Randall Hanshaw</u>		<input type="checkbox"/> \$250 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS <u>10921 Westminster GG 92643</u>		
NATURE OF BUSINESS ACTIVITY, IF ANY <u>Development in Arizona</u>	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		
NAME OF LENDER <u>John Cannon</u>		<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>9057 Royal Palm GG 92641</u>		
NATURE OF BUSINESS ACTIVITY, IF ANY <u>None</u>	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <u>295254 Camino Del Rio, Bullhead AZ</u> <input type="checkbox"/> NONE		
NAME OF LENDER		<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS		
NATURE OF BUSINESS ACTIVITY, IF ANY	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		
NAME OF LENDER		<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS		
NATURE OF BUSINESS ACTIVITY, IF ANY	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		
NAME OF LENDER		<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS		
NATURE OF BUSINESS ACTIVITY, IF ANY	WAS THE ENTIRE LOAN REPAID DURING THE REPORTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIFIC SECURITY FOR LOAN INCLUDING GUARANTOR (If Real Property, Provide Address) <input type="checkbox"/> NONE		

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

NAME Francis Richard Kerster

Schedule F - Income -- Gifts

(SEE INSTRUCTIONS ON PRECEDING PAGE)

	DATE(S) RECEIVED: (mo, day & yr)	VALUE(S):	DESCRIPTION OF GIFT(S):
NAME OF SOURCE <i>J. J. Management</i>	<i>May 7, 91</i>	<i>95⁰⁰ Me</i> <i>95⁰⁰ wife</i>	<i>Dennis</i> <i>Shaw</i>
ADDRESS <i>2245 W Whittier La Habra</i> <i>Whittier,</i>			
NATURE OF BUSINESS ACTIVITY, IF ANY <i>Developer</i>			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			
NAME OF SOURCE			
ADDRESS			
NATURE OF BUSINESS ACTIVITY, IF ANY			

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