

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Date Stamp

FEB 1 6 06 PM '93

Statement covers period

from 10-18-92 through 12-31-92

Date of Election if applicable:

(Month, Day, Year)

Nov. 3, 1992

Type or Print in Ink.

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

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

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

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- 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 OFFICHHOLDER OR CANDIDATE:

MARK LEYES

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

MAYOR OF GARDEN GROVE

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER

FRIENDS OF MARK LEYES FOR MAYOR 920914

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:

LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)

10222 JENNRICH AVENUE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92643 (714) 531-4246

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 1-31-93

DATE

AT Garden Grove CA

CITY AND STATE

By *[Signature]* SIGNATURE OF TREASURER

Signature of Officeholder or Candidate

By *[Signature]* SIGNATURE OF OFFICHHOLDER OR CANDIDATE

DATE 12-31-93

AT Garden Grove CA

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. State of California Fair Political Practices Commission.

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
FRIENDS OF MARK LEYES - 1990 902173

NAME OF TREASURER: CONTROLLED COMMITTEE?
LYNN HAMTIL YES NO

COMMITTEE ADDRESS: (NO. AND STREET)
10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1988 861695

NAME OF TREASURER: CONTROLLED COMMITTEE?
LYNN HAMTIL YES NO

COMMITTEE ADDRESS: (NO. AND STREET)
10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

Attach additional information on appropriately labeled continuation sheets.

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

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**

SEE INSTRUCTIONS ON REVERSE

Page 2 of 15
I.D. NUMBER 920914

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRIENDS OF MARK LEYES

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	\$ 9879	\$ 13150	\$ 23029
2. Loans Received..... Schedule B, Line 7	1500	2000	3500
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	11379	15150	26529
4. Non-monetary Contributions..... Schedule C, Line 3	375	1607	1982
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4	11754	16757	28511
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)..... Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6	11754	16757	28511

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5	\$ 12534	\$ 12177	\$ 24711
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9	12534	12177	24711
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	1698	2076	3774
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11	14232	14253	28485

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17	\$ 3030
14. Cash Receipts..... Column A, Line 3 above	11379
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	10
16. Cash Payments..... Column A, Line 10 above	12534
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	1885

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

Summary for Candidates in Both June and November Elections

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	\$ 7274		
21. Contributions Received.....	\$		
22. Expenditures Made.....	\$		

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

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 10-18-92
through 12-31-92
Page 3 of 15
I.D. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME, AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
10/19/92	CLARENCE B. LEYES 11662 MacMurray St Garden Grove CA	SELF LEES LOCK SERVICE	500	500	
10/19/92	Patricia Leyes 11662 MacMurray St Garden Grove CA	Controller, CR&R RECYCLING	500	500	
10/20/92	MANUFACTURED HOUSING EDUC. TRUST PAC P.O. Box 17666 Anaheim CA	ID # 820165	350	350	
10/22	Brenda Quintana 13520 Parise Drive La Mirada CA	Organizer, AFSCME (Labor Union)	500	500	
10/22	PET CITY GARDEN GROVE 11011 Brookhurst Garden Grove CA		100	100	

SUBTOTAL \$ 1950

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 9109
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 770
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9879

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

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

SCHEDULE A (cont.)

CALIFORNIA
1991 FORM **490**

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

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I.D. NUMBER
920914

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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	Anil K. Puri 19121 Barrett Lane Santa Ana CA	Professor, C.S.U., Fullerton	100	100	
10/25	Tim Golt 11812 Lamplighter Garden Grove CA	Forensic Specialist, L.A. Co. Sheriff	100	100	
10/26	DEMOCRATIC FOUNDATION 824 N. Broadway Santa Ana CA	ID # 830453	250	250	
10/26	FRIENDS OF MARK LEYES - 1990 10501 Clausen St Garden Grove CA	ID # 902173	2011	2011	
10/26	ROTEX CONSTRUCTION 3411 W. Olympic Blvd # 1500 Los Angeles CA 90019		999	999	
10/29	SOX HOSIERY Co. 10632 Trask Ave, #A Garden Grove CA		100	100	

SUBTOTAL \$ 3560

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

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 I.D. NUMBER
920914

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: FRIENDS OF MARK LEYES FOR MAYOR						
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
10/29/92	BEST SPORTSWEAR 7281 Garden Grove Bl., #C Garden Grove CA		100	100		
10/29	NATIONAL FOOD MARKET 9876 Garden Grove Blvd. Garden Grove CA		100	100		
10/29	STEPHEN H. PARK, M.D., INC. 11039 Acacia Pkwy Garden Grove CA		100	100		
10/29	UNION AUTO SALES, INC. 9943 Garden Grove Blvd. Garden Grove CA		100	100		
10/29	FHL ACUPUNCTURE CLINIC 9656 Garden Grove Blvd. Garden Grove CA		100	100		
10/29	REALTY WORLD - NEW STAR, INC. 9240 Garden Grove Blvd. #20 Garden Grove CA		100	100		

SUBTOTAL \$ 600

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

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: FRIENDS OF MARK LEYES FOR MAYOR						
DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
10/29/92	SUN HAI CHINESE FOOD 8942 Garden Grove Blvd. #114 Garden Grove CA		100	100		
11/2/92	K.D. HOME CENTER 9618 Garden Grove Blvd. Garden Grove CA		300	300		
11/2	Apartment Association of Orange County California Apartment Association PAC 1414 K Street #610 Sacramento CA	ID # 745208	250	250		
11/2	Building Industry Association of Southern California PAC 1330 S. Valley Vista Dr. Diamond Bar CA	ID # 741733	250	250		
11/9	RAMADA INN OF GARDEN GROVE 10022 Garden Grove Blvd. Garden Grove CA		999	999		
11/9	O GARM DO RESTAURANT & COFFEE SHOP 8851 Garden Grove Blvd. #101 Garden Grove CA		500	500		

SUBTOTAL \$ 2399

**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
through 12-31-92

CALIFORNIA
1991 FORM **490**

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
FRIENDS OF MARK LEYES FOR MAYOR

I.D. NUMBER

920914

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)
11/25/92	Calif. Real Estate PAC CREPAC/BORPAC CANDIDATE SUPPORT 525 S. Virgil Avenue Los Angeles CA	ID # 890106	500	500	
12/4	William C. Taormina P.O. Box 309 Anaheim CA	Owner Taormina Industries	100	600	

SUBTOTAL \$ 600

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

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I.D. NUMBER 920914

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

**Schedule B — Part I
Loans Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER IF NO I.D. NUMBER HAS BEEN ASSIGNED. ENTER 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
10/29/92	Mark Leyes 10501 Clausen ST Garden Grove CA 92640	Government Relations Orange County Water District		5000		7000
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*					

Enter (b) on Summary Page, Line 18 only

(a) **SUBTOTAL \$** _____ (b) **\$** _____

* See important instructions on reverse.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.)\$ 5000
- Loans under \$100 received this period. (Do not itemize.)\$ —
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$** 5000

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.)\$ 3500
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2.\$ —
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$** 3500
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** 1500

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

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
FRIENDS OF MARK LEYES FOR MAYOR

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
12/7/92	3/25/92	Mark Leyes	∅	2000	∅	∅
11/16/92	10/29/92	Mark Leyes	∅	500	4500	∅
12/7/92	10/29/92	Mark Leyes	∅	1000	3500	∅
				SUBTOTAL \$	3500	
					TOTAL INTEREST PAID THIS PERIOD \$	(c)

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.

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

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRIENDS OF MARK LEYES FOR MAYOR

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Mark Leyes	3/25/92	2000	Ø	Ø
Mark Leyes	10/29/92	5000	3500	Ø

Attach additional information on appropriately labeled continuation sheets. **TOTAL \$ 3500**

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.

CALIFORNIA
1991 FORM **490**

Statement covers period
from 10-18-92
through 12-31-92
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ID NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRIENDS OF MARK LEYES FOR MAYOR

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/30/92	OPERATING ENGINEERS LOCAL 12 150 EAST CORSON ST. PASADENA CA	ID # 743030	PRINTING	200	1032	—
10/23/92	SCOTT LEYES 920 N. KINGS RD # 330 LOS ANGELES CA	Graphic Designer November, Lazar Scher Inc.	Graphic Design	175	875	—
				SUBTOTAL \$	375.	

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.) \$ 375
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL \$** 375

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 12 of 15
ID. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FRIENDS OF MARK LEYES FOR MAYOR

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
L		U.S. POSTMASTER	7443
L		NON-PARTISAN CANDIDATE EVALUATION COUNCIL 9000 Sunset Blvd. #406 Los Angeles CA (ID # 588002)	840
L		VOTER EDUCATION PROJECT 1001 DOVE ST. #200 NEWPORT BEACH CA	500
L		THE WESSELL COMPANY/ OFFICIAL ABSENTEE VOTER GUIDE 4444 RIVERSIDE DR. #301 BURBANK CA	500

SUBTOTAL \$ 9283

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 12476
2. Payments made this period of under \$100. (Do not itemize.) \$ 58
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 \$ 12534**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FRIENDS OF MARK LEYES FOR MAYOR

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)

GARDEN GROVE JOURNAL
12140 BROOKHURST ST
GARDEN GROVE CA

TURR-FECT PRINT
729 N. TUSTIN
ORANGE CA

JET PRINTERS & ENVELOPE CO.
12804 NUTWOOD STREET
GARDEN GROVE CA

~~██████████~~
CITY OF GARDEN GROVE
11391 ACACIA PKWY
GARDEN GROVE CA

Type or Print in Ink.
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to whole dollars.

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

CALIFORNIA
1991 FORM **490**

Page 13 of 15

ID. NUMBER
920914

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N			1000
L			555
L			1508
		CANDIDATE STATEMENT: BALANCE DUE	130

SUBTOTAL \$ 3193

Statement covers period
 from 10-18-92
 through 12-31-92
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 I.D. NUMBER 920914

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FRIENDS OF MARK LEYES FOR MAYOR

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 THE ASSURER'S NAME & ADDRESS)

OPERATING ENGINEERS, LOCAL 12
 150 EAST CORSON STREET
 PASADENA CA (ID # 743030)

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

OR DESCRIPTION OF OUTSTANDING PAYMENT

CODE	OR	DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
L			1698

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.) \$ 1698

2. Accrued expenses this period of under \$100. (Do not itemize.) \$ 0

3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) **INCURRED TOTAL** \$ 1698

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** \$ 1698

May be a negative number.

Statement covers period

from 10-18-92

through 12-31-92

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

FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	(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

SUBTOTAL \$

Attach additional information on appropriately labeled continuation sheets.

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 0
- Increases to cash under \$100 this period.
(Do not itemize.) \$ 10
- Total of all interest received this period on loans made to others.
(Schedule H, Part II (b).) \$ 0
- Total miscellaneous increases to cash this period.
(Add Lines 1, 2 and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$ 10**

RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE

Date Stamp

FEB 1 6 06 PM '93

Statement covers period from 10-18-92 through 12-31-92
Date of Election if applicable: (Month, Day, Year) Nov. 6, 1990

Type or Print In Ink.
Officeholder, Candidate, and Controlled Committee and 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.)

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

NAME OF OFFICEHOLDER OR CANDIDATE: ~~MARK LEYES~~ MARK LEYES

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET): 10501 CLAUSSEN ST.

CITY: GARDEN GROVE CA ZIP CODE: 92640 (714) 534-3449 AREA CODE/DAYTIME PHONE: 902173

COMMITTEE NAME: FRIENDS OF MARK LEYES - 1990

COMMITTEE ADDRESS (NO AND STREET): 10501 CLAUSSEN ST.

CITY: GARDEN GROVE CA ZIP CODE: 92640 (714) 534-3449 AREA CODE/DAYTIME PHONE:

NAME OF TREASURER: LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER (NO AND STREET): 10222 JENNIRICH AVE.

CITY: GARDEN GROVE CA ZIP CODE: 92643 (714) 531-4246 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: FRIENDS OF MARK LEYES FOR MAYOR ID NUMBER: 920914

NAME OF TREASURER: LYNN HAMTIL CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO AND STREET): 10501 CLAUSSEN ST. ZIP CODE: 92640 (714) 534-3449 AREA CODE/DAYTIME PHONE:

CITY: GARDEN GROVE CA ZIP CODE: 92640 (714) 534-3449 AREA CODE/DAYTIME PHONE:

COMMITTEE NAME: FRIENDS OF MARK LEYES - 1988 ID NUMBER: 861695

NAME OF TREASURER: LYNN HAMTIL CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS (NO AND STREET): 10501 CLAUSSEN ST. ZIP CODE: 92640 (714) 534-3449 AREA CODE/DAYTIME PHONE:

CITY: GARDEN GROVE CA ZIP CODE: 92640 (714) 534-3449 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 1-31-93 at Garden Grove CA CITY AND STATE

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 12-31-93 at Garden Grove CA CITY AND STATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

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**

SEE INSTRUCTIONS ON REVERSE

Page 2 of 4

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

I.D. NUMBER

FRIENDS OF MARK LEYES - 1990

902173

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	300	300
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	0	300	300
4. Non-monetary Contributions..... Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	0	300	300
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	300	300

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	2011	571	2582
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	2011	571	2582
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	2011	571	2582

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	2311		
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	2011		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	300		

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

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

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED..... Schedule B, Part I, Column (b) \$	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 \$	300		
21. Contributions Received..... \$			
22. Expenditures Made..... \$			

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

**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 10-18-92
through 12-31-92

CALIFORNIA
1991 FORM **490**

Page 3 of 4
ID. NUMBER
902173

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRIENDS OF MARK LEYES - 1990

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Mark Leyes	8/8/90	1000	∅	∅
	10/29/90	1500	300	∅
	10/31/90	750	∅	∅
			TOTAL \$	300

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 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 4 of 4
I.D. NUMBER
902173

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FRIENDS OF MARK LEYES - 1990

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)

FRIENDS OF MARK LEYES FOR MAYOR
10501 CLAUSSEN ST.
GARDEN GROVE CA 92640 (FD# 920914)

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>CONTRIBUTION</u>	<u>2011</u>

SUBTOTAL \$ 2011

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2011
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 \$ 2011**

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
MARK LEYES

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
10501 CLAUSSEN ST.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1988 861695

COMMITTEE ADDRESS (NO. AND STREET) STATE ZIP CODE AREA CODE/DAYTIME PHONE
10501 CLAUSSEN ST GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER: PERMANENT ADDRESS OF TREASURER (NO. AND STREET) STATE ZIP CODE AREA CODE/DAYTIME PHONE
LYNN HAMTIL 10222 JENNIRICH AVE. GARDEN GROVE CA 92643 (714) 531-4246

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
FRIENDS OF MARK LEYES FOR MAYOR 920914

NAME OF TREASURER: COMMITTEE ADDRESS (NO. AND STREET) STATE ZIP CODE AREA CODE/DAYTIME PHONE CONTROLLED COMMITTEE?
LYNN HAMTIL 10501 CLAUSSEN ST. GARDEN GROVE CA 92640 (714) 534-3449 YES NO

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1990 902173

NAME OF TREASURER: COMMITTEE ADDRESS (NO. AND STREET) STATE ZIP CODE AREA CODE/DAYTIME PHONE CONTROLLED COMMITTEE?
LYNN HAMTIL 10501 CLAUSSEN ST. GARDEN GROVE CA 92640 (714) 534-3449 YES NO

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 1/31/93 at Garden Grove CA CITY AND STATE
By Lynn Hamtil 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 12-31-93 at Garden Grove CA CITY AND STATE
By Mark Leyes SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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

RECEIVED Date Stamp
CITY OF GARDEN GROVE CLERK'S OFFICE
6 06 PM '93

Page 1 of 3
A For Official Use Only

Date of Election (Month, Day, Year)
Nov. 8, 1988

**Campaign Disclosure Statement
Summary Page**

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 2 of 3
I.D. NUMBER
861695

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
FRIENDS OF MARK LEYES - 1988

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	3010	3010
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	0	3010	3010
4. Non-monetary Contributions..... Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	0	3010	3010
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	3010	3010

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	637		
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	0		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	637		

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 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 \$	3010		
21. Contributions Received..... \$			
22. Expenditures Made..... \$			

**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 10-18-92
through 12-31-92

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICERHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

FRIENDS OF Mark Leyes - 1988

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Mark Leyes	6/30/88	1000	810	Ø
KATHRYN LEYES	11/6/88	200	200	Ø
CAPENCE LEYES	6/26/90	1000	1000	Ø
PATRICIA LEYES	6/26/90	1000	1000	Ø

Attach additional information on appropriately labeled continuation sheets.	TOTAL \$ <u>3010</u>
---	-----------------------------

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

741-5205

Late Contribution Report

SEE INSTRUCTIONS ON REVERSE

Filer Must Check Applicable Box:

Reporting Late Contribution(s) Received:

Reporting Late Contribution(s) Made:

NAME OF FILER

Friends of Mark Leyes for Mayor

AREA CODE/PHONE NUMBER

(714) 534-3449

I.D. NUMBER (if applicable)

920914

STREET ADDRESS

10501 Claussen Street

CITY

Garden Grove

STATE

CA

ZIP CODE

92640

I Late Contribution(s) Received From:

NAME

Mark Leyes

I.D. NUMBER (if applicable)

ADDRESS

10501 Claussen Street Garden Grove CA 92640

CITY

Garden Grove CA 92640

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

Government Relations / Orange County Water District

DATE RECEIVED:

10 / 29 / 92

AMOUNT

\$ 5000.00 (Loan)

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

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

DATE RECEIVED:

AMOUNT

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

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

DATE RECEIVED:

AMOUNT

II Late Contribution(s) Made To:

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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

DATE MADE:

AMOUNT

DATE OF ELECTION

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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

DATE MADE:

AMOUNT

DATE OF ELECTION

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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

DATE MADE:

AMOUNT

DATE OF ELECTION

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.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

DATE STAMP
NOV 27 4 46 AM '92

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

DATE STAMP
NOV 27 4 46 AM '92

Complete Part: I

II

A For Official Use Only

Late Contribution Report

SEE INSTRUCTIONS ON REVERSE

Filer Must Check Applicable Box:

Reporting Late Contribution(s) Received:

Reporting Late Contribution(s) Made:

Complete Part: I

II

NAME OF FILER

Friends of Mark Leyes - 1990

AREA CODE/PHONE NUMBER

(714) 534-3449

I.D. NUMBER (if applicable)

902173

STREET ADDRESS

10501 Claussen Street

CITY

Garden Grove

STATE

CA

ZIP CODE

92640

I Late Contribution(s) Received From:

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

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

DATE RECEIVED:

AMOUNT

\$

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

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

DATE RECEIVED:

AMOUNT

\$

NAME

I.D. NUMBER (if applicable)

ADDRESS

CITY

STATE

ZIP CODE

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

DATE RECEIVED:

AMOUNT

\$

II Late Contribution(s) Made To:

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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

DATE MADE:

AMOUNT

\$ 2011.00

DATE MADE:

AMOUNT

\$ 2011.00

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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

DATE MADE:

AMOUNT

\$

NAME OF CANDIDATE OR COMMITTEE:

I.D. NUMBER

ADDRESS

CITY

STATE

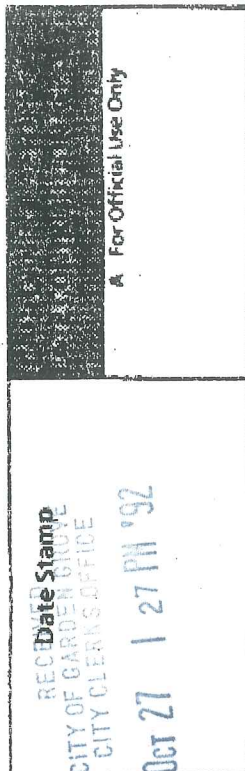
ZIP CODE

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

DATE MADE:

AMOUNT

\$



A For Official Use Only

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.

Late Contribution Report

SEE INSTRUCTIONS ON REVERSE

Filer Must Check Applicable Box:

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

NAME OF FILER

Friends of Mark Leyes for Mayor

AREA CODE/PHONE NUMBER (714) 534-3449 I.D. NUMBER (if applicable) 920914

I Late Contribution(s) Received From:

NAME Friends of Mark Leyes - 1990 I.D. NUMBER (if applicable) 902173

ADDRESS 10501 Claussen Street Garden Grove CA 92640

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

DATE RECEIVED: 10 / 26 / 92 AMOUNT \$ 2011.00

NAME I.D. NUMBER (if applicable)

ADDRESS CITY STATE ZIP CODE

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

DATE RECEIVED: AMOUNT \$

NAME I.D. NUMBER (if applicable)

ADDRESS CITY STATE ZIP CODE

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

DATE RECEIVED: AMOUNT \$

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

Date Stamp

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

OCT 27 1 27 PM '92

A For Official Use Only

STREET ADDRESS

10501 Claussen Street 92640

CITY Garden Grove CA 92640

II Late Contribution(s) Made To:

NAME OF CANDIDATE OR COMMITTEE: I.D. NUMBER

ADDRESS CITY STATE ZIP CODE

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

DATE MADE: AMOUNT \$ DATE OF ELECTION

NAME OF CANDIDATE OR COMMITTEE: I.D. NUMBER

ADDRESS CITY STATE ZIP CODE

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

DATE MADE: AMOUNT \$ DATE OF ELECTION

NAME OF CANDIDATE OR COMMITTEE: I.D. NUMBER

ADDRESS CITY STATE ZIP CODE

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

DATE MADE: AMOUNT \$ DATE OF ELECTION

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.

Date Stamp: D
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Statement covers period from 10-1-92 through 10-17-92

Date of Election (Month, Day, Year) NOV. 8, 1988

Date Stamp: OCT 22 5 17 PM '92

Officeholder, Candidate, and Controlled Committee and 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
OFFICE SOUGHT OR FIELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
COMMITTEE NAME

MARK LEYES
GARDEN GROVE CITY COUNCIL
10501 CLAUSSEN STREET
GARDEN GROVE CA 92640 (714) 534-3449
FRIENDS OF MARK LEYES - 1988
861695

10501 CLAUSSEN STREET
GARDEN GROVE CA 92640 (714) 534-3449
FRIENDS OF MARK LEYES - 1990
902173

10501 CLAUSSEN STREET
GARDEN GROVE CA 92640 (714) 534-3449
LYNN HAMTIL
10222 JENNIFER AVENUE
GARDEN GROVE CA 92643 (714) 531-4246

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: FRIENDS OF MARK LEYES FOR MAYOR ID NUMBER: 920914
NAME OF TREASURER: LYNN HAMTIL CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS: 10501 CLAUSSEN STREET CITY: GARDEN GROVE CA 92640 (714) 534-3449
COMMITTEE NAME: FRIENDS OF MARK LEYES - 1990 ID NUMBER: 902173
NAME OF TREASURER: LYNN HAMTIL CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS: 10501 CLAUSSEN STREET CITY: GARDEN GROVE CA 92640 (714) 534-3449

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 10-22-92 at Garden Grove CA CITY AND STATE
By Lynn Hamtil SIGNATURE OF TREASURER
Mick Feyert 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**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES - 1988

Statement covers period
from 10-1-92
through 10-17-92

Page 2 of 2

I.D. NUMBER

861695

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	3010	3010
3. SUBTOTAL CASH CONTRIBUTIONS.....	0	3010	3010
4. Non-monetary Contributions.....	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).....	0	3010	3010
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below).....	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED.....	0	3010	3010

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance.....	637	Previous Summary Page, Line 17 \$
14. Cash Receipts.....	0	Column A, Line 3 above
15. Miscellaneous Increases to Cash.....	0	Schedule I, Line 4
16. Cash Payments.....	0	Column A, Line 10 above
17. ENDING CASH BALANCE	637	Add Lines 13 + 14 + 15, then subtract Line 16 \$

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

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

Cash Equivalents and Outstanding Debts

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

20. Outstanding Debts.....
 3010 | 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.....
 1/1 thru 6/30 | 7/1 to Date |

Received..... \$

22. Expenditures Made..... \$

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

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

Type or Print In Ink.

Statement covers period from 10-1-92 through 10-17-92

City of Garden Grove City Clerk's Office

CALIFORNIA 1991 FORM 490

Page 1 of 2

A For Official Use Only

Date Stamp
OCT 22 5 21 PM '92

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 OFFICIAL, HOLDER OR CANDIDATE

MARK LEYES

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

GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE

GARDEN GROVE CA 92640 (714) 534-3449

AREA CODE/DAYTIME PHONE

ID NUMBER 902173

COMMITTEE NAME:

10501 CLAUSSEN STREET

CITY STATE ZIP CODE

GARDEN GROVE CA 92640 (714) 534-3449

AREA CODE/DAYTIME PHONE

NAME OF TREASURER:

LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

10222 JENNRICH AVENUE

CITY STATE ZIP CODE

GARDEN GROVE CA 92643 (714) 531-4246

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

FRIENDS OF MARK LEYES FOR MAYOR

NAME OF TREASURER:

LYNN HAMTIL

COMMITTEE ADDRESS (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE

GARDEN GROVE CA 92640 (714) 534-3449

AREA CODE/DAYTIME PHONE

COMMITTEE NAME:

FRIENDS OF MARK LEYES - 1988

NAME OF TREASURER:

LYNN HAMTIL

COMMITTEE ADDRESS (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE

GARDEN GROVE CA 92640 (714) 534-3449

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 10-22-92 at Garden Grove CA CITY AND STATE

By Lynn Hamtil 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 10-22-92 at Garden Grove CA CITY AND STATE

By Mark Leys SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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

CALIFORNIA 1991 FORM 490

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES - 1990

Statement covers period from 10-1-92 through 10-17-92

Page 2 of 2

ID. NUMBER 902173

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	\$ 300	\$ 300
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 0	\$ 300	\$ 300
4. Non-monetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4	\$ 0	\$ 300	\$ 300
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	\$ 300	\$ 300

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5	\$ 0	\$ 571	\$ 571
9. Loans Made..... Schedule H, Line 7	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9	\$ 0	\$ 571	\$ 571
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	\$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11	\$ 0	\$ 571	\$ 571

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17	\$ 2311
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	\$ 0
17. ENDING CASH BALANCE..... Add Lines 13 + 14 + 15, then subtract Line 16	\$ 2311

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	\$ 0
20. Outstanding Debts..... Add Line 2 + Line 11 in Column C above	\$ 300

*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.....		

CALIFORNIA
1991 FORM **490**
Page 1 of 8
A For Official Use Only

Date Stamp
Oct 22 5 21 PM '92

Statement covers period
from 10-1-92
through 10-17-92
Date of Election
if applicable:
(Month, Day, Year)
Nov. 3, 1992

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

Type or Print in Ink.

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

NAME OF FICTIONALIZER OR CANDIDATE
MARK LEYES

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

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)
10501 CLAUSSEN STREET

CITY
GARDEN GROVE CA

STATE
CA

ZIP CODE
92640

AREA CODE/DAYTIME PHONE
(714) 534-3449

ID NUMBER
920914

COMMITTEE NAME:
FRIENDS OF MARK LEYES FOR MAYOR

COMMITTEE ADDRESS (NO. AND STREET)
10501 CLAUSSEN STREET

CITY
GARDEN GROVE CA

STATE
CA

ZIP CODE
92640

AREA CODE/DAYTIME PHONE
(714) 534-3449

NAME OF TREASURER:
LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)
10222 JENNIFER AVENUE

CITY
GARDEN GROVE CA

STATE
CA

ZIP CODE
92643

AREA CODE/DAYTIME PHONE
(714) 531-4246

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

COMMITTEE NAME
FRIENDS OF MARK LEYES - 1990

NAME OF TREASURER
LYNN HAMTIL

COMMITTEE ADDRESS (NO. AND STREET)
10501 CLAUSSEN STREET

CITY
GARDEN GROVE CA

STATE
CA

ZIP CODE
92640

AREA CODE/DAYTIME PHONE
(714) 534-3449

ID NUMBER
861695

CONTROLLED COMMITTEE?
 YES NO

CONTROLLED COMMITTEE?
 YES NO

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 10-22-92 at GARDEN GROVE CA

DATE
10-22-92

CITY AND STATE
GARDEN GROVE CA

By Lynn Hamtil

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.

**Campaign Disclosure Statement
Summary Page**

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

Statement covers period
from 10-1-92
through 10-17-92

CALIFORNIA
1991 FORM **490**

Page 2 of 8
I.D. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3 \$	2574	10576	13150
2. Loans Received..... Schedule B, Line 7	0	2000	2000
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	2574	12576	15150
4. Non-monetary Contributions..... Schedule C, Line 3	1032	575	1607
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	3606	13151	16757
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	3606	13151	16757

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	5750	6427	12177
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	5750	6427	12177
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	2076	0	2076
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	7826	6427	14253

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	6206
14. Cash Receipts..... Column A, Line 3 above	2574
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
16. Cash Payments..... Column A, Line 10 above	5750
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	3030

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

Summary for Candidates in Both June and November Elections

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	Received..... \$	
20. Outstanding Debts..... Add Line 2 + Line 11 in Column C above \$	4076	22. Expenditures Made..... \$	

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 10-1-92
through 10-17-92

CALIFORNIA
1991 FORM **490**

Page 3 of 8
I.D. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
10/12/92	BEVERLY SINGER 9802 STANFORD AVE GARDEN GROVE CA	HOUSEWIFE	125	175	
10/2/92	MICHAEL D. RAY 2699 WHITE RD. SUITE 150 IRVINE CA	BUILDER/ DEVELOPER	300	550	
10/1/92	THOMAS SMOTRICK 4957 CALVIN AVE TARZANA CA	DEVELOPER DEVELOPER	250	250	
9/24/92	RELATED PROTECT MANAGEMENT SERVICES GUTTON CENTER DR # 270 SANTA ANA CA		125	125	
10/1/92	EMERALD ISLE MOBILEHOME PARK 13741 CLINTON AVE GARDEN GROVE CA		150	150	

SUBTOTAL \$ 950

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2524
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2574**

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 10-1-92
through 10-17-92

Page 4 of 8
CALIFORNIA
1991 FORM **490**

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

ID. NUMBER
920914

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)
10/2/92	NOSSAMAN GUTMNER KNOX & ELLIOTT 18101 VON KARMAN #1800 IRVINE CA		250	250	
10/2/92	ROOE WAY INN 12052 GARDEN GROVE BL GARDEN GROVE CA		399	399	
10/5/92	GLENHAVEN MOBILODGE 13181 LAMPSON AVE GARDEN GROVE CA		300	300	
10/5/92	PSOMAS & ASSOCIATES 3420 OCEAN PARK BL SANTA MONICA CA		125	125	
10/7/92	P&D TECHNOLOGIES 1100 TOWN & COUNTRY RD #300 ORANGE CA		250	250	
10/2/92	SOUTHLAND LIFE + FLEET 1890 BETMOR LANE ANAHEIM CA		250	750	

SUBTOTAL \$ 1574

Statement covers period
from 10-1-92
through 10-17-92

I.D. NUMBER
920914

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:
MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & 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)
10/15/92	SCOTT LEYES 920 N. KINGS RD. #330 LOS ANGELES CA	GRAPHIC DESIGNER NOVEMBER, LAZAR, SCHNER INC.	GRAPHIC DESIGN	125	700	
10/16/92	OPERATING ENGINEERS LOCAL 12 150 E. CARSON ST. PASADENA CA	FD # 743030	PRINTING	832 832	832 832	
				SUBTOTAL \$	957	

Attach additional information on appropriately labeled continuation sheets.

Non-Monetary Contributions Summary

1. Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 957
2. Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 75
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 \$ 1032**

**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 10-1-92
through 10-17-92

CALIFORNIA
1991 FORM **490**

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

ID. NUMBER

920914

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
L		MAILING & MARKETING 324 324 W. BLUERIDGE AV ORANGE CA	2500
L		THE BROADWAY GROUP 826 N. BROADWAY SANTA ANA CA	676
L		JET PRINTERS 12804 NUTWOOD GARDEN GROVE	528
L		U.S. POSTMASTER	738 738

SUBTOTAL \$ 4442

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5523
2. Payments made this period of under \$100. (Do not itemize.) \$ 227
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 \$ 5750**

Statement covers period
 from 10-1-92
 through 10-17-92

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 OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

I.D. NUMBER
920914

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
REPUBLIC COMMUNICATIONS 20675 S. WESTERN AVE #204 TORRANCE CA IO # 588006	L			850
DATA + IMAGINATION 5430 VAN NUYS BLVD VAN NUYS CA	L			108
BUILDERS EMPORIUM 12662 CHAPMAN AVE GARDEN GROVE CA	O			123

SUBTOTAL \$ 1081

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

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

CALIFORNIA
1991 FORM **490**

Statement covers period
from 10-1-92
through 10-17-92

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

ID NUMBER

920914

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 THE ASSURER'S NAME & ADDRESS)

INTERNATIONAL UNION OF OPERATING
ENGINEERS LOCAL 12
150 E. CORSON ST., PASADENA CA
IO # 743030

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

CODE OR DESCRIPTION OF OUTSTANDING PAYMENT

AMOUNT ACCRUED

CODE OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
L	2076

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2076

Accrued Expenses Summary

1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$ 2076
2. Accrued expenses this period of under \$100. (Do not itemize.) \$ 0
3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) **INCURRED TOTAL \$ 2076**
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 \$ 2076**

May be a negative number.

RECEIVED

CALIFORNIA 1991 FORM 490

CITY OF DATE Stamp GROVE CITY CLERK'S OFFICE

OCT 5 5 53 PM '92

Page 1 of 2 A For Official Use Only

Statement covers period

from 7-1-92

through 9-30-92

Date of Election

if applicable:

(Month, Day, Year)

Nov. 1988

Type or Print in Ink.

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

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

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

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

Officeholder, Candidate, and Controlled Committee Included in this Statement

MARK LEYES
OFFICE SOUGHT OR HELD: GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS: 10501 CLAUSSEN STREET GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: FRIENDS OF MARK LEYES - 1988
COMMITTEE ADDRESS: 10501 CLAUSSEN STREET GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER: LYNN HAMTIL
PERMANENT ADDRESS OF TREASURER: 10222 JENN RICK AVENUE GARDEN GROVE CA 92643 (714) 531-4246

DATE: Oct. 5 1992
CITY AND STATE: Garden Grove CALIF.

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. 5 1992 at Garden Grove CALIF.
By Lynn Hamtil, 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: FRIENDS OF MARK LEYES FOR MAYOR
ID NUMBER: 920914

NAME OF TREASURER: LYNN HAMTIL
COMMITTEE ADDRESS: 10501 CLAUSSEN STREET GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: FRIENDS OF MARK LEYES - 1990
ID NUMBER: 902173

NAME OF TREASURER: LYNN HAMTIL
COMMITTEE ADDRESS: 10501 CLAUSSEN STREET GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: FRIENDS OF MARK LEYES - 1990
ID NUMBER: 902173

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. 5 1992 at Garden Grove CA
By Mark Leyes, Signature of Officeholder or Candidate

Campaign Disclosure Statement Summary Page

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

Statement covers period
from 7-1-92
through 9-30-92

CALIFORNIA **490**
1991 FORM

Page 2 of 2
I.D. NUMBER
861695

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
Mark Leyes / Friends of Mark Leyes - 1988

	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	\$ 3010	\$ 3010
3. SUBTOTAL CASH CONTRIBUTIONS.....	\$ 0	\$ 3010	\$ 3010
4. Non-monetary Contributions.....	\$ 0	\$ 0	\$ 0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).....	\$ 0	\$ 3010	\$ 3010
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below).....	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED.....	\$ 0	\$ 3010	\$ 3010

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

	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)
13. Beginning Cash Balance.....	637	0	637
14. Cash Receipts.....	0	0	0
15. Miscellaneous Increases to Cash.....	0	0	0
16. Cash Payments.....	0	0	0
17. ENDING CASH BALANCE.....	637	0	637

17. ENDING CASH BALANCE..... Add Lines 13 + 14 + 15, then subtract Line 16 \$
If this is a Termination Statement, Line 17 must be zero.

18. LOAN GUARANTEES RECEIVED.....	\$ 0	1/1 thru 6/30	7/1 to Date
21. Contributions Received.....	\$ 0		
22. Expenditures Made.....	\$ 3010		

19. Cash Equivalents..... See instructions on reverse \$ 0
20. Outstanding Debts..... Add Line 2 + Line 11 in Column C above \$ 3010

*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

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:
[X] Pre-election Statement
[] Supplemental Pre-election Statement
[] Semi-annual Statement
[] Termination Statement

RECEIVED CITY OF GARDEN GROVE CITY CLERK'S OFFICE

CALIFORNIA 1991 FORM 490

Page 1 of 11 A For Official Use Only

Date Stamp OCT 5 5 54 PM '92

Statement covers period from 7-1-92 through 9-30-92
Date of Election if applicable: (Month, Day, Year) Nov. 3, 1992

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

MARK LEYES
MAYOR, CITY OF GARDEN GROVE
10501 CLAUSSEN STREET
GARDEN GROVE CA 92640 (714) 534-3449
FRIENDS OF MARK LEYES FOR MAYOR
10501 CLAUSSEN STREET
GARDEN GROVE CA 92640 (714) 534-3449
LYNN HAMTIL
10222 JENNRICK AVENUE
GARDEN GROVE CA 92643 (714) 531-4246

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.

FRIENDS OF MARK LEYES - 1990
LYNN HAMTIL
10501 CLAUSSEN
GARDEN GROVE CA 92640 (714) 534-3449
FRIENDS OF MARK LEYES - 1988
LYNN HAMTIL
10501 CLAUSSEN
GARDEN GROVE CA 92640 (714) 534-3449

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. 5, 1992 at GARDEN GROVE, CALIF.
By Lynn Hamtil 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. 5, 1992 at Garden Grove, CA
By Mark Leyes SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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

CALIFORNIA 1991 FORM **490**

Statement covers period from 7-1-92 through 9-30-92 Page 1 of 110

I.D. NUMBER 920 914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>5953</u>	<u>4623</u>	\$ <u>10576</u>
2. Loans Received.....	Schedule B, Line 7 <u>0</u>	<u>2000</u>	<u>2000</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>5953</u>	<u>6623</u>	\$ <u>12576</u>
4. Non-monetary Contributions.....	Schedule C, Line 3 <u>325</u>	<u>250</u>	<u>575</u>
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).....	Add Lines 3 + 4 \$ <u>6278</u>	<u>6873</u>	\$ <u>13151</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>6278</u>	<u>6873</u>	\$ <u>13151</u>

Expenditures Made

8. Cash Payments (Other than Loans Made).....	Schedule E, Line 5 \$ <u>4737</u>	<u>1690</u>	\$ <u>6427</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>4737</u>	<u>1690</u>	\$ <u>6427</u>
11. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 5 <u>0</u>	<u>0</u>	<u>0</u>
12. TOTAL EXPENDITURES MADE.....	Add Lines 10 + 11 \$ <u>4737</u>	<u>1690</u>	\$ <u>6427</u>

Current Cash Statement

13. Beginning Cash Balance.....	Previous Summary Page, Line 17 \$ <u>4955</u>
14. Cash Receipts.....	Column A, Line 3 above <u>5953</u>
15. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>35</u>
16. Cash Payments.....	Column A, Line 10 above <u>4737</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16 \$ <u>6206</u>

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 \$ <u>0</u>
20. Outstanding Debts.....	Add Line 2 + Line 11 in Column C above \$ <u>2000</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
22. Expenditures Made.....		

Statement covers period from 7-1-92 through 9-30-92

Page 23 of 110
ID. NUMBER 920914

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

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)
8/5/92	DIANE VALENTINO 13352 ONTARIO DRIVE GARDEN GROVE CA	SALESPERSON GANAHL LUMBER	100	—	
9/29/92	DIANE VALENTINO 13352 ONTARIO DR GARDEN GROVE CA	SALESPERSON GANAHL LUMBER	50	150	
8/3	[REDACTED] 420 CENTER ST LAGUNA BEACH CA	ATTORNEY LAW OFFICES OF SUEAN TRAGER	200	200	
7/27	LUCKY INVESTMENT CO. 310 HILGARD LOS ANGELES CA		250	250	
7/25	KATHRYN FISCHER 214 W. NOBEL SANTA ANA CA	COUNSELOR CSULB	250	250	

SUBTOTAL \$ 850.

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals)..... \$ 4200
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 1753
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$ 5953**

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

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

NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
Mark Leyes / Friends of Mark Leyes for Mayor

ID. NUMBER
920914

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)
8/3	DANA W. REED 3151 AIRWAY AVE SUITE M-1 COSTA MESA CA	ATTORNEY - SELF REED & DAVIDSON	100	100	
8/12	KBLCOM INC. ██████████ MEMORIAL CITY PLAZA ONE 800 GESSNER SUITE 700 HOUSTON, TEXAS		250	250	
9/11	GOOD GOVERNMENT CLUB P.O. BOX 876 AGOURA HILLS CA	ID # 790703	125	125	
9/21	C. MICHAEL STOCKSTILL 10 BAYVIEW IRVINE CA	PUBLIC AFFAIRS TRANSPORTATION CORRIDOR AGENCIES	50	100	
9/22	AMERICAN WEST MARKETING 2002 E. MCFADDEN #250 SANTA ANA CA		125	375	
9/15	LAWRENCE J. CAPALBO 11252 CHAPMAN AVE GARDEN GROVE CA	PRESIDENT / OWNER FLAME-GUARDS, INC.	250	250	

SUBTOTAL \$ 900

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

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

Statement covers period
from 7-1-92
through 9-30-92

CALIFORNIA
1991 FORM **490**

Page 5 of 10

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Mark Leyes / Friends of Mark Leyes for Mayor

I.D. NUMBER

920914

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)
9/22	WYLIE A. AITKEN 3 IMPERIAL PROMENADE #800 SANTA ANA CA	ATTORNEY - SELF	125	375	
9/23	LEIGHTON & ASSOCIATES 2121 ALTON PKWY IRVINE CA		125	125	
9/11	PACIFIC ENTERPRISES STATE POLITICAL ASSISTANCE COMMITTEE 801 SO. GRAND LOS ANGELES CA	ID # 842008	150	150	
9/25	GANNETT FLEMING, INC. P.O. BOX 1963 HARRISBURG PA		125	125	
9/15	THE RICHARD A. HALL CO. 3187-H AIRWAY AVE. COSTA MESA CA		250	349	
9/16	KATHRYN G. THOMPSON P.O. BOX 19634 IRVINE CA 92713	SELF - KATHRYN G. THOMPSON DEVELOPMENT Co.	250	250	

SUBTOTAL \$ 1025

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

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

Statement covers period
from 7-1-92
through 9-30-92

CALIFORNIA
1991 FORM **490**

Page 6 of 119

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Mark Leyes / Friends of Mark Leyes for Mayor

ID NUMBER

920914

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 THE ASSESSOR'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)
8/31	KENNETH H. WITT 1176 N. PUENTE ST. BREA CA	RETIRED	100	100	
9/16	FREEDOM FIREWORKS P.O. Box 1170 NORWALK CA		125	375	
9/17	GENE WOODCOMBE 10732 QUADRILLE PL. SANTA ANA CA	OWNER McDONALD'S/WOODCOMBE ENTERPRISES	100	100	
9/29	WENDY YOO 24362 CHRISANTA DR MISSION VIEJO CA	PUBLIC AFFAIRS AMI/GARDEN GROVE MEDICAL CENTER	125	125	
9/29	PAUL C. McDONNELL JR. 1400 SUNSET AVE SANTA MONICA CA	VICE PRESIDENT SUTRO CORP.	125	125	
9/29	DR. JOHN J. SULZBACH 10131 CHAPMAN GARDEN GROVE CA	SELF	100	100	

SUBTOTAL \$ 675

**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 7-1-92
through 9-30-92

CALIFORNIA
1991 FORM **490**

Page 7 of 11

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Mark Leyes / Friends of Mark Leyes for Mayor

ID NUMBER

920914

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)
9/14	HOWARD ADLER MANAGEMENT 27241 LAPAZ ROAD LAGUNA NIGUEL CA		125	125	
9/15	PLANNER'S ANNEX 404 W. FOURTH ST SANTA ANA CA		125	125	
9/16	TAYLOR FREEZERS OF SO. CALIF. 6825 E. WASHINGTON BLVD. CITY OF COMMERCE CA		250	250	
9/11	SMITH PUBLIC AFFAIRS 17801 CARTWRIGHT ROAD IRVINE CA		250	250	

SUBTOTAL \$ 750

Statement covers period from 7-1-92 through 9-30-92

Page 8 of 11
I.D. NUMBER 920914

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:

MARK LEYES / Friends of Mark Leyes for Mayor

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)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/15	SCOTT LEYES 920 N. KINGS ROAD #330 LOS ANGELES CA	GRAPHIC DESIGNER NOVEMBER, LAZAR, SUEP INC	GRAPHIC DESIGN	325	575	
				SUBTOTAL \$	325.	

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.) \$ 325
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL \$ 325**

**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 7-1-92
through 9-30-92

CALIFORNIA
1991 FORM **490**

Page 9 of 118
I.D. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Mark Leyes / Friends of Mark Leyes for Mayor

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)

U.S. POSTMASTER

AMERICAN PRESS
10625 LAHSON RIVER AVE.
FOUNTAIN VALLEY CA

PRICE CLUB
900 S. HARBOR BLVD
FULLERTON CA

CITY OF GARDEN GROVE
11391 ACACIA PKWY
GARDEN GROVE

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		POSTAGE	394
L			353
G			969
		CANDIDATE STATEMENT DEPOSIT	600

SUBTOTAL \$ 2316

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 4432
2. Payments made this period of under \$100. (Do not itemize.) \$ 305
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 \$ 4737**

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

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

Statement covers period
from 7-1-92
through 9-30-92

CALIFORNIA
1991 FORM **490**

Page 110 of 119

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Mark Leyes / Friends of Mark Leyes for Mayor

ID. NUMBER

920914

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)

DESCRIPTION OF PAYMENT

AMOUNT PAID

CODE

OR

<p>COLBY POSTER 1332 W. 12TH PLACE LOS ANGELES CA</p>	<p>0</p>	<p>536</p>
<p>MCLOGAN SUPPLY 711 S. EAST ANAHEIM CA</p>	<p>0</p>	<p>399</p>
<p>THE BROADWAY GROUP 826 N. BROADWAY SANTA ANA CA</p>	<p>P</p>	<p>1041</p>
<p>ZLAKETS MARKET 12921 MAIN ST GARDEN GROVE CA</p>	<p>F</p>	<p>140</p>

SUBTOTAL \$ 2116

Statement covers period

from 7-1-92

through 9-30-92

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

Schedule I Miscellaneous Increases to Cash

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER, HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NOT I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$ 0

Attach additional information on appropriately labeled continuation sheets.

Miscellaneous Increases to Cash Summary

- 1. Increases to cash of \$100 or more this period..... \$ 0
- 2. Increases to cash under \$100 this period. (Do not itemize.) \$ 35
- 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 \$ 35

RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
OCT 5 5 53 PM '92

Type or Print in Ink.

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

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

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

- Pre-election Statement
- Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
- 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:
MARK LEYES

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):
GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)
10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1990 902173

COMMITTEE ADDRESS: (NO. AND STREET) AREA CODE/DAYTIME PHONE
10501 CLAUSSEN STREET 92640 (714) 534-3449

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:
LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET) AREA CODE/DAYTIME PHONE
10222 JENNIFER AVENUE (714) 531-4246

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

Statement covers period from

7-1-92
through **9-30-92**

Date of Election if applicable:

(Month, Day, Year)
Nov. 1990

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
FRIENDS OF MARK LEYES FOR MAYOR 920914

NAME OF TREASURER: CONTROLLED COMMITTEE?
LYNN HAMTIL YES NO

COMMITTEE ADDRESS: (NO. AND STREET) ZIP CODE AREA CODE/DAYTIME PHONE
10501 CLAUSSEN STREET 92640 (714) 534-3449

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1988 861695

NAME OF TREASURER: CONTROLLED COMMITTEE?
LYNN HAMTIL YES NO

COMMITTEE ADDRESS: (NO. AND STREET) ZIP CODE AREA CODE/DAYTIME PHONE
10501 CLAUSSEN STREET 92640 (714) 534-3449

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

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. 5, 1992** at **Garden Grove, CALIF.**
DATE CITY AND STATE

By **Lynn Hamtil**
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. 5, 1992** at **Garden Grove CA**
DATE CITY AND STATE

By **Mark Leyes**
SIGNATURE OF OFFICER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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

Statement covers period
from 7-1-92
through 9-30-92

CALIFORNIA
1991 FORM **490**

Page 2 of 2
I.D. NUMBER 902173

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER, CANDIDATE OR COMMITTEE

Mark Leyes / Friends of Mark Leyes

1990

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	300	300
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	0	300	300
4. Non-monetary Contributions..... Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	0	300	300
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	300	300

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	0	571	571
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	0	571	571
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	0	571	571

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	2311		
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	0		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	2311		

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

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 \$	300		

*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..... \$		

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
CITY OF GARDEN GROVE
CITY CLERKS OFFICE

A Public Document

AUG 12 2 05 PM '92

1991/92

PLEASE TYPE OR PRINT IN INK

NAME

MARK LEYES

TELEPHONE NUMBER

(714) 534-3449

MAILING ADDRESS

STREET

CITY

ZIP CODE

10501 CLAUSSEN STREET

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: CITY OF 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 MARK LEYES

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 <u>Not</u> Held Through A Business Entity Or Trust)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule B - INTERESTS IN REAL PROPERTY <i>(Which Are <u>Not</u> Held Through A Business Entity Or Trust)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule C-1 - INTERESTS IN REAL PROPERTY HELD BY A BUSINESS ENTITY OR TRUST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule C-2 - INVESTMENTS HELD BY A BUSINESS ENTITY OR TRUST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule D - INCOME <i>(Other Than Loans, Gifts And Honoraria)</i>	<input type="checkbox"/>	<input 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 AUGUST 12, 19 92, at GARDEN GROVE, CA
(month, day) (year) (city and state)

SIGNATURE Mark Leyes

NAME MARK LEYES

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

(SEE INSTRUCTIONS ON PRECEDING PAGE)

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

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

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

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

NAME MARK LEYES

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

(SEE INSTRUCTIONS ON PRECEDING PAGE)

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

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

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

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

NAME MARK LEYES

Schedule C-1 - Interests In Real Property Held By A Business Entity Or Trust

(SEE INSTRUCTIONS ON PRECEDING PAGE)

INTERESTS IN REAL PROPERTY HELD BY:

(Name Of Business Entity Or Trust Holding The Real Property)*

STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	
STREET ADDRESS OR PRECISE LOCATION OF PROPERTY		CITY	FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INTEREST, E.G., OPTION, OWNERSHIP, LEASEHOLD, DEED OF TRUST			
If Acquired Or Disposed During The Reporting Period You Must Indicate Month, Day And Year:		Date Acquired: _____ Date Disposed: _____	

*Your investment in this business entity must be reported on Schedule A-Investments.

If additional space is needed, check box and attach an additional Schedule C-1.

NAME MARK LEYES

Schedule C-2 - Investments Held By A Business Entity Or Trust
(SEE INSTRUCTIONS ON PRECEDING PAGE)

INVESTMENTS HELD BY: _____
(Name Of Business Entity Or Trust Holding The Investment(s))*

NAME OF BUSINESS ENTITY		FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
NAME OF BUSINESS ENTITY		FAIR MARKET VALUE <input type="checkbox"/> \$1,000-\$10,000 <input type="checkbox"/> \$10,001-\$100,000 <input type="checkbox"/> Over \$100,000
NATURE OF INVESTMENT, E.G., COMMON STOCK, PARTNERSHIP	If Acquired Or Disposed During The Reporting Period, You Must Indicate Month, Day And Year: Date Acquired: _____ Date Disposed: _____	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY		

*Your investment in this business entity must be reported on Schedule A-Investments.

If additional space is needed, check box and attach an additional Schedule C-2.

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:

MARK LEYES

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

GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: I.D. NUMBER

FRIENDS OF MARK LEYES - 1990 902173

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:

LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)

10222 JENNIFER AVENUE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92643 (714) 531-4246

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 July 23, 1992 AT Garden Grove, CA

DATE

CITY AND STATE

By Lynn Hamtil SIGNATURE OF TREASURER

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.

LONG FORM

RECEIVED

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA 1991 FORM 490

JUL 27 9 53 AM '92

Page 1 of 3

A For Official Use Only

Statement covers period

from 5-17-92

through 6-30-92

Date of Election if applicable:

(Month, Day, Year)

Nov. 6, 1990

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:

FRIENDS OF MARK LEYES FOR MAYOR

I.D. NUMBER

920914

NAME OF TREASURER:

LYNN HAMTIL

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME:

FRIENDS OF MARK LEYES - 1988

I.D. NUMBER

861695

NAME OF TREASURER:

LYNN HAMTIL

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

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 July 23, 1992 AT Garden Grove, CA

DATE

CITY AND STATE

By Lynn Hamtil 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**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES - 1990

Statement covers period
from **5-17-92**

through **6-30-92**

Page **2** of **3**

I.D. NUMBER

902173

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	300	300
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	0	300	300
4. Non-monetary Contributions Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) Add Lines 3 + 4 \$	0	300	300
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	300	300

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5 \$	90	481	571
9. Loans Made Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 \$	90	481	571
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 \$	90	481	571

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17 \$	2401		
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	90		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	2311		

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 \$	300		

*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 covers period from 5-17-92 through 6-30-92 Page 3 of 3

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

Schedule E Payments and Contributions (Other Than Loans) Made

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES - 1990

I.D. NUMBER

902173

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

Table with 3 columns: Code/Description of Payment, Amount Paid, and Subtotal. The table is currently empty.

SUBTOTAL \$ 0

Payments and Contributions Made Summary

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0
2. Payments made this period of under \$100. (Do not itemize.) \$ 90
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 \$ 90

RECEIVED
CITY Date Stamp
CITY CLERK'S OFFICE

CALIFORNIA
1991 FORM
490

JUL 27 9 53 AM '92

Page 1 of 5
A For Official Use Only

Statement covers period
from 5-17-92 through 6-30-92
Date of Election
if applicable:
(Month, Day, Year)
Nov. 3, 1992

Type or Print in Ink.
Officeholder, Candidate, and Controlled Committee Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)
SEE INSTRUCTIONS ON REVERSE
Check one of the following boxes to indicate the type of statement being filed:
 Pre-election Statement
 Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
 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:

MARK LEYES

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

MAYOR OF GARDEN GROVE

RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: I.D. NUMBER

FRIENDS OF MARK LEYES FOR MAYOR 920914

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:

LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)

10222 JENNRICH AVENUE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92643 (714) 531-4246

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

FRIENDS OF MARK LEYES - 1990

NAME OF TREASURER:

LYNN HAMTIL

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: I.D. NUMBER

FRIENDS OF MARK LEYES - 1988 861695

NAME OF TREASURER:

LYNN HAMTIL

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

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

July 23, '92

At Garden Grove, CA

By

Lynn Hamtil

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

July 23, '92

At Garden Grove, CA

By

Mark Leyes

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 5-17-92
through 6-30-92

Page 2 of 5

I.D. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions..... Schedule A, Line 3 \$	1100	3523	4623
2. Loans Received..... Schedule B, Line 7	0	2000	2000
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	1100	5523	6623
4. Non-monetary Contributions..... Schedule C, Line 3	0	250	250
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	1100	5773	6873
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	1100	5773	6873

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	95	1595	1690
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	95	1595	1690
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	95	1595	1690

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	3932		
14. Cash Receipts..... Column A, Line 3 above	1100		
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	18		
16. Cash Payments..... Column A, Line 10 above	95		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	4955		

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

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 \$	2000		

*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 covers period
from 5-17-92
through 6-30-92

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

**Schedule A
Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

I.D. NUMBER

920914

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)
5/18/92	TAE SOO KIM 9832 GARDEN GROVE BLVD. GARDEN GROVE CA 92644	TOM KIM INSURANCE	300	300	
5/19/92	OCAW INTERNATIONAL UNION COPE P.O. Box 2812 DENVER, CO 80201	ID# 850447	500	500	
5/21/92	FREEDOM FIREWORKS 13500 EXCELSIOR DRIVE NORWALK CA		250	250	

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1050
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 50
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1100**

**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 5-17-92
through 6-30-92

CALIFORNIA
1991 FORM **490**

Page 4 of 5
I.D. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

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 \$ 0

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0
2. Payments made this period of under \$100. (Do not itemize.) \$ 95.00
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 \$** 95

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 5-17-92
through 6-30-92

Page 5 of 5
I.D. NUMBER
920914

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

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

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

SUBTOTAL \$ 0

Attach additional information on appropriately labeled continuation sheets.

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 0
- Increases to cash under \$100 this period.
(Do not itemize.) \$ 18
- Total of all interest received this period on loans made to others.
(Schedule H, Part II (b)). \$ 0
- Total miscellaneous increases to cash this period.
(Add Lines 1, 2 and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$** 18

Date Received by FPPC

FORM 721

Date Received by Filing Official

STATEMENT OF ECONOMIC INTERESTS

A Public Document

1991/92

MAR 31 5 49 PM '92

PLEASE TYPE OR PRINT IN INK

NAME

MARK LEYES

TELEPHONE NUMBER

(714) 534-3449

MAILING ADDRESS

STREET

CITY

ZIP CODE

10501 CLAUSSEN STREET 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 COUNCILMEMBER 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~~ ^{DECEMBER 3, 1990} 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 Alex LEYES

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule D-1 - INCOME -- TRAVEL PAYMENTS, ADVANCES, REIMBURSEMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule E - INCOME -- LOANS <i>(Received Or Outstanding During The Reporting Period)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schedule F - INCOME -- GIFTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule G - INCOME -- HONORARIA	<input checked="" type="checkbox"/>	<input 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 31, 19 92, at GARDEN GROVE, CALIF.
(month, day) (year) (city and state)

SIGNATURE Alex Leyes

NAME MARK LEYES

Schedule D - Income
(Other Than Loans, Gifts And Honoraria)
(SEE INSTRUCTIONS ON PRECEDING PAGE)

GROSS INCOME RECEIVED:

NAME OF THE SOURCE OF INCOME <u>ORANGE COUNTY WATER DISTRICT</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>10500 ELLIS AVENUE FOUNTAIN VALLEY CA 92728</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>PUBLIC WATER AGENCY - GROUNDWATER MANAGEMENT</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>SALARY</u>	
NAME OF THE SOURCE OF INCOME <u>P&D TECHNOLOGIES, INC.</u>	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> Over \$10,000
ADDRESS <u>1100 TOWN & COUNTRY ROAD, SUITE 300, ORANGE, CA 92668</u>	
NATURE OF BUSINESS ACTIVITY, IF ANY <u>PLANNING/ENGINEERING CONSULTING</u>	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED <u>SALARY</u>	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
NAME OF THE SOURCE OF INCOME	<input type="checkbox"/> \$250 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> Over \$10,000
ADDRESS	
NATURE OF BUSINESS ACTIVITY, IF ANY	
DESCRIPTION OF THE CONSIDERATION FOR WHICH INCOME WAS RECEIVED	

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

NAME MARK LEYES

Schedule F - Income -- Gifts
(SEE INSTRUCTIONS ON PRECEDING PAGE)

	DATE(S) RECEIVED: (mo, day & yr)	VALUE(S):	DESCRIPTION OF GIFT(S):
NAME OF SOURCE J. L. MANAGEMENT COMPANY	5/7/91	\$90 ⁰⁰	DINNER & SHOW
ADDRESS 2245 W. WHITTIER BLVD. LA HABRA 90631		\$136⁷⁵	
NATURE OF BUSINESS ACTIVITY, IF ANY DEVELOPER		\$90 ⁰⁰ (WIFE)	
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.

NAME MARK LEYES

Schedule G - Income -- Honoraria
(SEE INSTRUCTIONS ON PRECEDING PAGE)

	DATE(S): (mo, day & yr)	AMOUNT(S):	DESCRIPTION OF SERVICES:
NAME OF SOURCE <i>LOS ANGELES TIMES</i>	<i>10/13/91</i>	<i>\$250</i>	<i>GUEST COLUMN/ EDITORIAL</i>
ADDRESS <i>1375 SUNFLOWER AVENUE COSTA MESA 92626</i>			
NATURE OF BUSINESS ACTIVITY, IF ANY <i>NEWSPAPER</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 G.

920914

STATEMENT OF ORGANIZATION
CALIFORNIA 1991 FORM 410
A For Official Use Only
RECEIVED AND FILED
MAR 17 1992
MAR 26 1992
REGISTRAR OF VOTERS

Date Stamp
RECEIVED AND FILED
MAR 17 1992
MAR 26 1992
REGISTRAR OF VOTERS

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

Date qualified as Committee: (Month, Day, Year)
MAR 17 1992
MARCH FUNG EU, Secretary of State
[X] Check box if not yet qualified

SEE INSTRUCTIONS ON REVERSE
Type or Print in Ink.
30

I Committee Information
NAME OF COMMITTEE:
FRIENDS OF MARK LEYES FOR MAYOR
ADDRESS OF COMMITTEE: (NOT P.O. BOX) NO. AND STREET
10501 CLAUSSEN STREET
CITY ORANGE
STATE CA
ZIP CODE 92640
MAILING ADDRESS: (IF DIFFERENT) NO. AND STREET OR P.O. BOX
GARDEN GROVE
STATE CA
ZIP CODE 92640
CITY GARDEN GROVE
STATE CA
ZIP CODE 92640
AREA CODE/PHONE NUMBER

II Treasurer and Other Principal Officers
NAME OF TREASURER
LYNN HAMTIL
MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)
10222 JENNIRICH AVENUE
GARDEN GROVE CA 92640
STATE CA
ZIP CODE 92640
AREA CODE/DAYTIME PHONE (714) 531-4246
MAILING ADDRESS: (IF DIFFERENT THAN COMMITTEE'S)
CITY GARDEN GROVE
STATE CA
ZIP CODE 92640
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.)
[X] 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.
MARK LEYES, MAYOR, CITY OF GARDEN GROVE (OFFICE SOUGHT)

Attach additional information on appropriately labeled continuation sheets
MAR 30 9 5 AM '92
Attach additional information on appropriately labeled continuation sheets.
You must complete the Verification on Page 2.
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.

STATEMENT OF ORGANIZATION

CALIFORNIA 1991 FORM **410**

Page 2

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

NAME OF COMMITTEE

FRIENDS OF MARK LEYES FOR MAYOR

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)

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

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

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.

GIRLS CLUB OF GARDEN GROVE

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 MARCH 10, 1992 DATE AT GARDEN GROVE, CA CITY AND STATE

By [Signature] SIGNATURE OF THE ASSURER

Executed on MARCH 10, 1992 DATE AT GARDEN GROVE, CA CITY AND STATE

By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE AT _____ CITY AND STATE

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

Executed on _____ DATE AT _____ CITY AND STATE

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

Campaign Bank Account Type or Print in Ink

Check One: Initial Amendment Termination

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)
 LEYES MARK ALBERT
 ADDRESS: (NO. AND STREET) 10501 CLAUSSEN STREET
 CITY GARDEN GROVE STATE CA ZIP CODE 92640
 AREA CODE/DAYTIME PHONE (714) 534-3449
 SPECIFIC OFFICE SOUGHT: MAYOR - CITY OF GARDEN GROVE
 DATE OF ELECTION NOVEMBER 3, 1992

II Account Information

FINANCIAL INSTITUTION: CAPITAL BANK
 ADDRESS: (NO. AND STREET) 11050 GARDEN GROVE BLVD.
 CITY GARDEN GROVE STATE CA ZIP CODE 92642
 ACCOUNT NUMBER 761-610-899
 DATE OPENED MARCH 25, 1992

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 MARCH 26, 1992 at GARDEN GROVE CA By Mark A. Leys
 DATE CITY AND STATE SIGNATURE OF CANDIDATE

Type or Print in Ink

Initial
 Amendment
 Termination

I Candidate Information
 FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)
 LEYES MARK ALBERT
 ADDRESS: (NO. AND STREET)
 10501 CLAUSSEN STREET
 GARDEN GROVE CA
 AREA CODE/DAYTIME PHONE
 (714) 534-3449
 ZIP CODE
 92640

II Specific Office Sought
 SPECIFIC OFFICE:
 MAYOR
 PUBLIC AGENCY NAME:
 CITY OF GARDEN GROVE
 JURISDICTION AND LOCATION:
 State
 County of: GARDEN GROVE
 Multi-County Jurisdiction:

DISTRICT NUMBER: _____
 DATE OF ELECTION
 NOVEMBER 3, 1992

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 MARCH 26, 1992 DATE
GARDEN GROVE CA CITY AND STATE
 By Mark A. Leizer SIGNATURE OF CANDIDATE

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/ELDER OR CANDIDATE
MARK LEYES

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)
10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1988 861695

COMMITTEE ADDRESS (NO AND STREET) AREA CODE/DAYTIME PHONE
10501 CLAUSSEN STREET 92640 (714) 534-3449

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:
LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER (NO AND STREET)
10222 JENNRICH AVENUE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92643 (714) 531-4246

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 July 23 '92 at Garden Grove CA
DATE CITY AND STATE

By Lynn Hamtil SIGNATURE OF TREASURER
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

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

LONG FORM

CALIFORNIA 1991 FORM **490**

Statement covers period from 5-17-92 through 6-30-92
Date Stamp: JUL 27 9 53 AM '92

Page 1 of 2
A For Official Use Only

Date of Election if applicable: (Month, Day, Year)
Nov. 8, 1988

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
FRIENDS OF MARK LEYES FOR MAYOR 920914

NAME OF TREASURER: CONTROLLED COMMITTEE?
LYNN HAMTIL YES NO

COMMITTEE ADDRESS (NO AND STREET) AREA CODE/DAYTIME PHONE
10501 CLAUSSEN STREET 92640 (714) 534-3449

CITY STATE ZIP CODE
GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER
FRIENDS OF MARK LEYES - 1990 902173

NAME OF TREASURER: CONTROLLED COMMITTEE?
LYNN HAMTIL YES NO

COMMITTEE ADDRESS (NO AND STREET) AREA CODE/DAYTIME PHONE
10501 CLAUSSEN STREET 92640 (714) 534-3449

CITY STATE ZIP CODE
GARDEN GROVE CA 92640 (714) 534-3449

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 JULY 23, 1992 at GARDEN GROVE CA
DATE CITY AND STATE

By Mark Leyes SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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

CALIFORNIA 1991 FORM **490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES - 1988

Statement covers period from 5-17-92 through 6-30-92

Page 2 of 2

I.D. NUMBER

861695

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	3010	3010
3. SUBTOTAL CASH CONTRIBUTIONS.....	0	3010	3010
4. Non-monetary Contributions.....	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).....	0	3010	3010
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below).....	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED.....	0	3010	3010

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance.....	637	Previous Summary Page, Line 17 \$
14. Cash Receipts.....	0	Column A, Line 3 above
15. Miscellaneous Increases to Cash.....	0	Schedule I, Line 4
16. Cash Payments.....	0	Column A, Line 10 above
17. ENDING CASH BALANCE.....	637	Add Lines 13 + 14 + 15, then subtract Line 16 \$

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

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

18. LOAN GUARANTEES RECEIVED.....

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 \$ 3010

Summary for Candidates in Both June and November Elections

21. Contributions Received..... \$

22. Expenditures Made..... \$

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

RECEIVED

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

JUL 13 2 13 PM '92

Statement covers period from 3-18-92 through 5-16-92

Date of Election if applicable: (Month, Day, Year) Nov. 3, 1992

Type or Print in Ink.

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

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

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

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

Officeholder, Candidate, and Controlled Committee Included in this Statement

NAME OF OFFICER HOLDER OR CANDIDATE: MARK LEYES
OFFICE SOUGHT OR FIELD: MAYOR OF GARDEN GROVE

RESIDENTIAL OR BUSINESS ADDRESS: 10501 CLAUSSEN STREET, GARDEN GROVE CA 92640

COMMITTEE NAME: FRIENDS OF MARK LEYES FOR MAYOR

COMMITTEE ADDRESS: 10501 CLAUSSEN STREET, GARDEN GROVE CA 92640

NAME OF TREASURER: LYNN HAMTIL
PERMANENT ADDRESS OF TREASURER: 10222 JENNRICH AVENUE, GARDEN GROVE CA 92643

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: FRIENDS OF MARK LEYES - 1990
NAME OF TREASURER: LYNN HAMTIL
COMMITTEE ADDRESS: 10501 CLAUSSEN ST, GARDEN GROVE CA 92640

COMMITTEE NAME: FRIENDS OF MARK LEYES - 1988
NAME OF TREASURER: LYNN HAMTIL
COMMITTEE ADDRESS: 10501 CLAUSSEN ST, GARDEN GROVE CA 92640

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 May 18, 1992 at Garden Grove, CA
By Lynn Hamtil, 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 May 18, 1992 at Garden Grove, California
By Mark Leves, Officeholder or Candidate

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

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

Statement covers period

from 3-18-92

through 5-16-92

CALIFORNIA
1991 FORM **490**

Page **2** of **8**

ID NUMBER

920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3 \$	3573	0	3573
2. Loans Received Schedule B, Line 7	2000	0	2000
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	5573	0	5573
4. Non-monetary Contributions Schedule C, Line 3	250	0	250
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) Add Lines 3 + 4 \$	5773	0	5773
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED Add Lines 5 + 6 \$	5773	0	5773

Expenditures Made

8. Cash Payments (Other than Loans Made) Schedule E, Line 5 \$	1595	0	1595
9. Loans Made Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9 \$	1595	0	1595
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE Add Lines 10 + 11 \$	1595	0	1595

Current Cash Statement

13. Beginning Cash Balance Previous Summary Page, Line 17 \$	0		
14. Cash Receipts Column A, Line 3 above	5573		
15. Miscellaneous Increases to Cash Schedule I, Line 4	4		
16. Cash Payments Column A, Line 10 above	1595		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	3932		

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 \$
 2000 |

*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 \$

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 3-18-92
through 5-16-92

CALIFORNIA
1991 FORM **490**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICE/ENDORSE OR CANDIDATE AND CONTROLLED COMMITTEE:
MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

ID NUMBER
920914

Page **3** of **8**

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 THE ASHIERS 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)
4/9/92	SOUTHLAND LIFE + FLEET 1890 BETMORE LANE ANAHEIM, CA		500	500	
4/23/92	WYLIE A. AITKEN 3 IMPERIAL PROMENADE, STE. 800 SANTA ANA, CA	LAW OFFICES OF WYLIE A. AITKEN	250	250	
4/14/92	CHAD McWHINNEY P.O. Box 4423 HUNTINGTON BEACH CA	McWHINNEY BERRIES	100	100	
4/28/92	EDWARD KUO 12661 SUNSWEPT AVE GARDEN GROVE CA	GOLDEN RENCOS, INC	250	250	
4/28/92	GROVE PARK APARTMENT 12661 SUNSWEPT AVE GARDEN GROVE CA		250	250	
SUBTOTAL \$			1350		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more:
(Include all Schedule A subtotals) \$ 3150
- Amount received this period — contributions of less than \$100.
(Do not itemize) \$ 373
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) **TOTAL \$** 3523

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 3-18-92
 through 5-16-92

CALIFORNIA
 1991 FORM **490**

SCHEDULE A (cont.)

Page 4 of 8

NAME OF OFFICER, CANDIDATE OR COMMITTEE AND CONTROLLED COMMITTEE: MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR ID NUMBER 9220914

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)
4/28/92	MICHAEL D. RAY 2699 WHITE RD, STE. 150 IRVINE CA	SPANDERSON - J. RAY CORP.	250	250	
4/22/92	I. B. E. W. EDUCATIONAL COMMITTEE 1125 15th STREET, N.W. WASHINGTON D.C. 20005		200	200	
5/1/92	WILLIAM C. THOMMINA P.O. Box 309 ANNHEIM CA	THOMMINA INDUSTRIES	500	500	
4/28/92	TUDDOR GROVE APARTMENT 12661 SUNSWEST AVE GARDEN GROVE CA		500	500	
5/10/92	MELVILLE SINGER 9802 STANFORD AVE GARDEN GROVE CA	MELVILLE SINGER, M.D. PEDIATRIC CARDIOLOGY	100	100	
5/8/92	AMERICAN WEST MARKETING 2002 E. McFADDEN #250 SANTA ANA CA		250	250	

SUBTOTAL \$ 1800

Statement covers period from **3-18-92** through **5-16-92**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

ID NUMBER

920914

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND ID NUMBER IF NO ID 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
3/25/92	MARK LEYES 10501 CLAUSSEN STREET GARDEN GROVE CA 92640	GOVERNMENT RELATIONS ORANGE COUNTY WATER DISTRICT	— INTEREST RATE ϕ	2000	2000	2000
	<input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*					
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*					

Enter (b) on Summary Page Line 18 only

(a) **SUBTOTAL \$ 2000**

(b) **\$ 0**

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ **2000**
- Loans under \$100 received this period. (Do not itemize.) \$ **0**
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$ 2000**

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 \$ 2000**

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

Statement covers period from 3-18-92 through 5-16-92

Page 6 of 8

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:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

Table with 7 columns: DATE RECEIVED, FULL NAME AND ADDRESS OF CONTRIBUTOR, OCCUPATION AND EMPLOYER, DESCRIPTION OF GOODS OR SERVICES, FAIR MARKET VALUE, CUMULATIVE TO DATE CALENDAR YEAR, CUMULATIVE TO DATE OTHER. Row 1: 3/18/92, SCOTT LEYES, GRAPHIC DESIGNER, GRAPHIC DESIGN, 250, 250.

SUBTOTAL \$ 250

Non-Monetary Contributions Summary

- 1. Amount received this period — non-monetary contributions of \$100 or more. (Include all Schedule C subtotals.) \$ 250
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 \$ 250

Attach additional information on appropriately labeled continuation sheets.

**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 3-18-92
through 5-16-92

CALIFORNIA
1991 FORM **490**

Page 7 of 8
ID. NUMBER
920914

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

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 THE ASSURER'S NAME & ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN PRESS 18312 WARD STREET FOUNTAIN VALLEY CA 92708	L		331
U.S. POSTMASTER		POSTAGE	145
THE BROADWAY GROUP 826 N. BROADWAY SANTA ANA CA 92701	P		1000

SUBTOTAL \$ 1476

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1476
2. Payments made this period of under \$100. (Do not itemize.) \$ 119
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 \$ 1595**

**Schedule I
Miscellaneous Increases to Cash**

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

CALIFORNIA
1991 FORM **490**

Statement covers period
from 3-18-92
through 5-16-92

Page 8 of 8
ID NUMBER 920914

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE.

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

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

SUBTOTAL \$ 0

Attach additional information on appropriately labeled continuation sheets.

Miscellaneous Increases to Cash Summary

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

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

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

Type or Print in Ink.

- 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)

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

Statement covers period from 3-18-92 through 5-16-92

Date of Election if applicable: (Month, Day, Year) Nov. 6, 1990

RECEIVED

CITY OF GARDEN IMPROVE CITY CLERKS OFFICE

JUL 13 2 14 PM '92

CALIFORNIA 1991 FORM 490

Page 1 of 5

A For Official Use Only

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

NAME OF OFFICER HOLDER OR CANDIDATE

MARK LEYES

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

GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME ID NUMBER

FRIENDS OF MARK LEYES - 1990 902173

COMMITTEE ADDRESS (NO AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER

LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER (NO AND STREET)

10222 JENNRICH AVENUE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 531-4246

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

FRIENDS OF MARK LEYES FOR MAYOR

NAME OF TREASURER

LYNN HAMTIL

COMMITTEE ADDRESS (NO AND STREET)

10501 CLAUSSEN ST

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME

FRIENDS OF MARK LEYES - 1988

NAME OF TREASURER

LYNN HAMTIL

COMMITTEE ADDRESS (NO AND STREET)

10501 CLAUSSEN ST

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

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 May 18 1992

Garden Grove Ca

DATE

CITY AND STATE

By Lynn Hamtil

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 May 18 1992

GARDEN GROVE CALIFORNIA

DATE

CITY AND STATE

By Mark Leyes

SIGNATURE OF OFFICER HOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

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

Statement covers period

from 3-18-92

through 5-16-92

CALIFORNIA
1991 FORM **490**

Page 2 of 5

ID NUMBER

902173

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES - 1990

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	ϕ	ϕ	ϕ
2. Loans Received	<1000>	1300	300
3. SUBTOTAL CASH CONTRIBUTIONS	<1000>	1300	300
4. Non-monetary Contributions	ϕ	ϕ	ϕ
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)	<1000>	1300	300
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	ϕ	ϕ	ϕ
7. TOTAL CONTRIBUTIONS RECEIVED	<1000>	1300	300

Expenditures Made

8. Cash Payments (Other than Loans Made)	104	377	481
9. Loans Made	ϕ	ϕ	ϕ
10. SUBTOTAL CASH PAYMENTS	104	377	481
11. Accrued Expenses (Unpaid Bills)	ϕ	ϕ	ϕ
12. TOTAL EXPENDITURES MADE	104	377	481

Current Cash Statement

13. Beginning Cash Balance	3505		
14. Cash Receipts	<1000>		
15. Miscellaneous Increases to Cash	ϕ		
16. Cash Payments	104		
17. ENDING CASH BALANCE	2401		

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 \$

22. Expenditures Made \$

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See instructions on reverse \$

20. Outstanding Debts Add Line 2 + Line 11 in Column C above \$ 300

Statement covers period
 from 3-18-92
 through 5-16-92

Page 3 of 5
 I.D. NUMBER 902173

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

**Schedule B - Part I
 Loans Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER, HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

MARK LEYES / FRIENDS OF MARK LEYES - 1990

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		CUMULATIVE TO DATE		GUARANTOR INFORMATION		
			DUE DATE / INTEREST RATE	AMOUNT OF LOAN	CALENDAR YEAR	OTHER	AMOUNT GUARANTEED	CALENDAR YEAR	OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*			/				/	
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*			/				/	
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*			/				/	

* See important instructions on reverse. SUBTOTAL \$ (a) 0 (b) 0 Enter (b) on Summary Page, Line 18 only

Loans Received - Part I Summary

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

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.) \$ 1000
- 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 \$ 1000
- Net change this period. (Subtract Line 6 from Line 3.) Enter the net here and on the Summary Page, Column A, Line 2. NET \$ <1000

Statement covers period
from 3-18-92 through 5-16-92
Page 4 of 5

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

MARK LEYES / FRIENDS OF MARK LEYES - 1990

ID NUMBER

902173

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGING)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
3/25/92	10/29/90	MARK LEYES 10501 CLAUSSEN ST., GARDEN GROVE, CA	ϕ	\$550	ϕ	ϕ
3/25/92	10/31/90	"	ϕ	\$450	\$300	ϕ

SUBTOTAL \$ 1000 (c)

TOTAL INTEREST PAID THIS PERIOD \$ (c) ϕ

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 3-18-92
through 5-16-92

CALIFORNIA
1991 FORM **490**

Page 5 of 5
ID. NUMBER
902173

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES - 1990

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 THE ASSIGNEE'S NAME & ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIA DEMOCRATIC PARTY 2424 "K" STREET, SUITE 100 SACRAMENTO CA 95816			DUES, REGISTRATION FOR ANNUAL CONVENTION	\$ 104

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 104
2. Payments made this period of under \$100. (Do not itemize.) \$ Ø
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).) \$ Ø
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$ Ø
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 \$** 104

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
1991 FORM **490**

Page **1** of **2**
A For Official Use Only

Statement covers period
from **3-18-92**
through **5-16-92**
Date of Election
if applicable:
(Month, Day, Year)
Nov. 8, 1988

**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:
MARK LEYES
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
GARDEN GROVE CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO AND STREET)
10501 CLAUSSEN STREET
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449
ID NUMBER
861695

COMMITTEE NAME:
FRIENDS OF MARK LEYES - 1988
COMMITTEE ADDRESS (NO AND STREET)
10501 CLAUSSEN STREET
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:
LYNN HAMTIL
PERMANENT ADDRESS OF TREASURER (NO AND STREET)
10222 JENNRICH AVENUE
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 531-4246

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 **May 18, 1992** at **Garden Grove, CA**
DATE CITY AND STATE
By **Lynn Hamtil** SIGNATURE OF TREASURER

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
FRIENDS OF MARK LEYES FOR MAYOR 920914
NAME OF TREASURER
LYNN HAMTIL
COMMITTEE ADDRESS (NO AND STREET) CONTROLLED COMMITTEE?
10501 CLAUSSEN ST YES NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE ID NUMBER
GARDEN GROVE CA 92640 (714) 534-3449
COMMITTEE NAME
FRIENDS OF MARK LEYES - 1990 902173
NAME OF TREASURER
LYNN HAMTIL
COMMITTEE ADDRESS (NO AND STREET) CONTROLLED COMMITTEE?
10501 CLAUSSEN ST YES NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
GARDEN GROVE CA 92640 (714) 534-3449
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 **MAY 18, 1992** at **GARDEN GROVE, CALIFORNIA**
DATE CITY AND STATE
By **Mark Leyes** 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**

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICER, HOLDER, OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / **FRIENDS OF MARK LEYES - 1988**

Statement covers period

from **3-18-92**

through **5-16-92**

Page **2** of **2**

ID NUMBER

861695

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.....	∅	∅	∅
2. Loans Received.....	∅	3010	3010
3. SUBTOTAL CASH CONTRIBUTIONS.....	∅	3010	3010
4. Non-monetary Contributions.....	∅	∅	∅
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises).....	∅	3010	3010
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below).....	∅	∅	∅
7. TOTAL CONTRIBUTIONS RECEIVED.....	∅	3010	3010

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance.....	637	∅	∅
14. Cash Receipts.....	∅	∅	∅
15. Miscellaneous Increases to Cash.....	∅	∅	∅
16. Cash Payments.....	∅	∅	∅
17. ENDING CASH BALANCE	637	∅	∅

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).

18. LOAN GUARANTEES RECEIVED..... Schedule B, Part I, Column (b) \$ ∅ 1/1 thru 6/30 7/1 to Date

Cash Equivalents and Outstanding Debts

19. Cash Equivalents.....	∅	∅	∅
20. Outstanding Debts.....	∅	3010	3010

Summary for Candidates in Both June and November Elections

21. Contributions Received.....\$

22. Expenditures Made.....\$

RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
Date Stamp: JUL 13 2 12 PM '92
Statement covers period from 3-10-92 through 3-17-92
Page 1 of 2
A For Official Use Only

Statement covers period from 3-10-92 through 3-17-92
Date of Election if applicable: (Month, Day, Year)

Officeholder, Candidate, and Controlled Committee and 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.)

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: FRIENDS OF MARK LEYES - 1988
ID NUMBER: 861695
NAME OF TREASURER: LYNN HAMTIL
CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS: 10501 CLAUSSEN
CITY: GARDEN GROVE CA ZIP CODE: 92640 AREA CODE/DAYTIME PHONE: 534-3449
COMMITTEE NAME: FRIENDS OF MARK LEYES - 1990
ID NUMBER: 902173
NAME OF TREASURER: LYNN HAMTIL
CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS: 10501 CLAUSSEN
CITY: GARDEN GROVE CA ZIP CODE: 92640 AREA CODE/DAYTIME PHONE: 534-3449

I Officeholder, Candidate, and Controlled Committee Included in this Statement
NAME OF OFFICEHOLDER OR CANDIDATE: MARK LEYES
OFFICE SOUGHT OR HELD: (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY OF GARDEN GROVE
RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)
10501 CLAUSSEN STREET
CITY: GARDEN GROVE CA STATE: CA ZIP CODE: 92640 AREA CODE/DAYTIME PHONE: (714) 534-3449
COMMITTEE NAME: FRIENDS OF MARK LEYES FOR MAYOR
ID NUMBER: 920914
COMMITTEE ADDRESS: 10501 CLAUSSEN STREET
CITY: GARDEN GROVE CA STATE: CA ZIP CODE: 92640 AREA CODE/DAYTIME PHONE: (714) 534-3449
NAME OF TREASURER: LYNN HAMTIL
PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)
10222 JENNIFER AVENUE
CITY: GARDEN GROVE CA STATE: CA ZIP CODE: 92643 AREA CODE/DAYTIME PHONE: (714) 531-4246

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 4/26/92 at Garden Grove, California
By Lynn Hamtil
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 April 26 1992 at Garden Grove CALIF.
By Mark A. Leves
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period
from 3-10-92
through 3-17-92

CALIFORNIA
1991 FORM **490**

Page 2 of 2
I.D. NUMBER
920914

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

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES FOR MAYOR

Contributions Received

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

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance.....	Previous Summary Page, Line 17 \$ <u>0</u>
14. Cash Receipts.....	Column A, Line 3 above <u>0</u>
15. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>0</u>
16. Cash Payments.....	Column A, Line 10 above <u>0</u>

17. **ENDING CASH BALANCE**..... Add Lines 13 + 14 + 15, then subtract Line 16 \$ 0
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..... \$ _____

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

JUL 13 2 13 PM '92

Statement covers period from 1-1-92 through 3-17-92
Date of Election if applicable: (Month, Day, Year)

Officeholder, Candidate, and Controlled Committee and 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: MARK LEYES
 OFFICE SOUGHT OR HELD: (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 GARDEN GROVE CITY COUNCILMEMBER
 RESIDENTIAL OR BUSINESS ADDRESS: (NO. AND STREET)
 10501 CLAUSSEN STREET STATE CA ZIP CODE 92640 (714) 534-3449
 CITY GARDEN GROVE CA AREA CODE/DAYTIME PHONE 902173
 COMMITTEE NAME: FRIENDS OF MARK LEYES - 1990
 COMMITTEE ADDRESS: (NO. AND STREET)
 10501 CLAUSSEN STREET STATE CA ZIP CODE 92640 (714) 534-3449
 CITY GARDEN GROVE CA AREA CODE/DAYTIME PHONE 920914
 NAME OF TREASURER: LYNN HAMTIL
 PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)
 10222 JENNRICH AVENUE STATE CA ZIP CODE 92643 (714) 531-4246
 CITY GARDEN GROVE CA 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: FRIENDS OF MARK LEYES - 1988 ID NUMBER 861695
 NAME OF TREASURER: LYNN HAMTIL CONTROLLED COMMITTEE? YES NO
 COMMITTEE ADDRESS: (NO. AND STREET)
 10501 CLAUSSEN ST. STATE CA ZIP CODE 92640 (714) 534-3449
 CITY GARDEN GROVE CA AREA CODE/DAYTIME PHONE 920914
 COMMITTEE NAME: FRIENDS OF MARK LEYES FOR MAYOR
 NAME OF TREASURER: LYNN HAMTIL CONTROLLED COMMITTEE? YES NO
 COMMITTEE ADDRESS: (NO. AND STREET)
 10501 CLAUSSEN STATE CA ZIP CODE 92640 (714) 534-3449
 CITY GARDEN GROVE CA 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 4-26-92 at Garden Grove, California
 By *Lynn Hamtil* SIGNATURE OF TREASURER
 DATE 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 APRIL 26 1992 at GARDEN GROVE, CALIF
 By *Mark A. Leves* SIGNATURE OF OFFICEHOLDER OR CANDIDATE
 DATE CITY AND STATE

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:

MARK LEYES / FRIENDS OF MARK LEYES - 1990

Statement covers period
from 1-1-92
through 3-17-92

Page 2 of 5
I.D. NUMBER
902173

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	<1000>	2300	1300
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	<1000>	2300	1300
4. Non-monetary Contributions..... Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	<1000>	2300	1300
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	<1000>	2300	1300

Expenditures Made

8. Cash Payments (Other than Loans Made)..... Schedule E, Line 5 \$	377	0	377
9. Loans Made..... Schedule H, Line 7	0	0	0
10. SUBTOTAL CASH PAYMENTS..... Add Lines 8 + 9 \$	377	0	377
11. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 5	0	0	0
12. TOTAL EXPENDITURES MADE..... Add Lines 10 + 11 \$	377	0	377

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	4882		
14. Cash Receipts..... Column A, Line 3 above	<1000>		
15. Miscellaneous Increases to Cash..... Schedule I, Line 4	0		
16. Cash Payments..... Column A, Line 10 above	377		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	3505		

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 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 \$	1300		
21. Contributions Received..... \$			
22. Expenditures Made..... \$			

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

**Schedule B — Part I
 Loans Received**

Statement covers period
 from 1-1-92
 through 3-17-92

Page 3 of 5
 I.D. NUMBER
902173

SEE INSTRUCTIONS ON REVERSE
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
MARK LEYES / FRIENDS OF MARK LEYES - 1990

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	
			AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE/ INTEREST RATE	DUE DATE/ INTEREST RATE	CALENDAR YEAR	OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE	DUE DATE INTEREST RATE	CALENDAR YEAR	OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE	DUE DATE INTEREST RATE	CALENDAR YEAR	OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE	DUE DATE INTEREST RATE	CALENDAR YEAR	OTHER

* See important instructions on reverse.
 SUBTOTAL \$ 0 (a) 0 (b) 0
 Enter (b) on Summary Page, Line 18 only.

Loans Received — Part I Summary

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

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.) \$ 1000
- 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 \$** 1000
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$** <1000>

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 II
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party

Statement covers period
 from 1-1-92
 through 3-17-92

Page 4 of 5
 I.D. NUMBER 902173

SEE INSTRUCTIONS ON REVERSE
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
MARK LEYES / FRIENDS OF MARK LEYES - 1990

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
3/17/92	8/8/90	MARK LEYES 10501 CLAUSSEN STREET GARDEN GROVE CA 92640	∅	\$ 50	∅	∅
3/17/92	10/29/90		∅	\$ 950	\$ 550	∅
			(c)	1000		
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL \$		TOTAL INTEREST PAID THIS PERIOD \$	(d) 0

*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.

SEE INSTRUCTIONS ON REVERSE
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
MARK LEYES / FRIENDS OF MARK LEYES - 1990

NAME AND ADDRESS OF PAYEE, EDITOR, 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
<u>HAVE-A-HEART FOUNDATION 12141 LEWIS AVENUE GARDEN GROVE CA 92641</u>		OR	<u>CHARITABLE CONTRIBUTION</u>	<u>\$ 100</u>

**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.**

SUBTOTAL \$	
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>100</u>
2. Payments made this period of under \$100. (Do not itemize.)	\$ <u>277</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column(d).)	\$ <u>0</u>
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ <u>0</u>
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>377</u>

Payments and Contributions Made Summary

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:

MARK LEYES

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

GARDEN GROVE CITY COUNCIL MEMBER

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

10501 CLAUSSEN STREET

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

COMMITTEE NAME: ID NUMBER

FRIENDS OF MARK LEYES - 1988 861695

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 534-3449

NAME OF TREASURER:

LYNN HAMTIL

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)

10222 JENNIFER AVENUE

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

GARDEN GROVE CA 92640 (714) 531-4246

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 4-26-92 at Garden Grove, California
DATE CITY AND STATE

By [Signature] 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

RECEIVED

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

JUL 13 2 13 PM '92

Statement covers period

from 1-1-92

through 3-17-92

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

CALIFORNIA
1991 FORM **490**

Page 1 of 2

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:

FRIENDS OF MARK LEYES - 1990

NAME OF TREASURER:

LYNN HAMTIL

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN ST.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Garden Grove CA 92640 534-3449

COMMITTEE NAME:

FRIENDS OF MARK LEYES FOR MAYOR 920914

NAME OF TREASURER:

LYNN HAMTIL

COMMITTEE ADDRESS: (NO. AND STREET)

10501 CLAUSSEN ST

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Garden Grove CA 92640 534-3449

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 APRIL 26, 1992 at GARDEN GROVE CALIF.
DATE CITY AND STATE

By Mark A. Leves 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 1-1-92
through 3-17-92

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

MARK LEYES / FRIENDS OF MARK LEYES - 1988

Page 2 of 2
I.D. NUMBER
861695

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	3010	3010
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 \$	0	3010 OK	3010
4. Non-monetary Contributions..... Schedule C, Line 3	0	0	0
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises)..... Add Lines 3 + 4 \$	0	3010 OK	3010
6. Enforceable Promises (Excludes Loan Guarantees, Line 18 below) Schedule D, Line 7	0	0	0
7. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 5 + 6 \$	0	3010 OK	3010

Expenditures Made

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

Current Cash Statement

13. Beginning Cash Balance..... Previous Summary Page, Line 17 \$	637
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	0
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16 \$	637

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

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

Summary for Candidates in Both June
and November Elections

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

1/1 thru 6/30

7/1 to Date