

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM
460

Page 1 of 7

For Official Use Only

Date Stamp

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2006 FEB -1 A 9:19

Date of election if applicable:

(Month, Day, Year)

November 5, 2002

Statement covers period

from 7/1/2005

through 12/31/2005

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1239124

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

Friends of Mark Leyes

Treasurer(s)

NAME OF TREASURER

Mark Leyes

MAILING ADDRESS

9061 Imperial Avenue

CITY

Garden Grove

STATE

CA

ZIP CODE

92844

AREA CODE/PHONE

714-534-3449

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/30/2006 Date
 Executed on 1/30/2006 Date
 Executed on _____ Date
 Executed on _____ Date

Mark Leyes
 Signature of Treasurer or Assistant Treasurer
 Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 Signature of Controlling Officerholder, Candidate, State Measure Proponent
 Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
Mark Leyes for Assembly	1232304	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
9061 Imperial Avenue		
CITY	STATE	ZIP CODE AREA CODE/PHONE
Garden Grove	CA	92844 714-534-3449
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
Mark Leyes for Mayor	1267277	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
9061 Imperial Avenue		
CITY	STATE	ZIP CODE AREA CODE/PHONE
Garden Grove	CA	92844 714-534-3449

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 7/1/2005

through 12/31/2005

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0	\$ 0
2. Loans Received	Schedule B, Line 3 2,500.00	4,150.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 2,500.00	\$ 4,150.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 2,500.00	\$ 4,150.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 463.02	\$ 1,065.18
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 463.02	\$ 1,065.18
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 (391.02)	2,711.41
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 72.00	\$ 2,783.41

Expenditure Limit Summary for State Candidates

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

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

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 210.07
13. Cash Receipts	Column A, Line 3 above 2,500.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 463.02
15. Cash Payments	Column A, Line 8 above 2,247.05
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 6,861.41

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

*Amounts in this section may be different from amounts reported in Column B.

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

**Schedule B - Part 1
Loans Received**

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Statement covers period
from 7/1/2005
through 12/31/2005

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD * <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD n/a % RATE	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilman City of Garden Grove	\$ 0	\$ 2,500.00	\$ 0	\$ 2,500.00	n/a %	\$ 2,500	CALENDAR YEAR \$ 3,150.00 PER ELECTION ** n/a
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilman City of Garden Grove	\$ 150.00	\$ 0	\$ 0	\$ 150.00	n/a %	\$ 150.00	CALENDAR YEAR \$ 3,150.00 PER ELECTION ** n/a
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilman City of Garden Grove	\$ 500.00	\$ 0	\$ 0	\$ 500.00	n/a %	\$ 500.00	CALENDAR YEAR \$ 3,150.00 PER ELECTION ** n/a
SUBTOTALS \$		\$ 2,500.00	\$ 2,500.00	\$ 0	\$ 4,150.00	\$ 0	\$ 0	

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

Schedule B Summary

- Loans received this period \$ 2,500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 2,500.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Statement covers period
 from 7/1/2005
 through 12/31/2005

Page 5 of 7
 I.D. NUMBER
1239124

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
Friends of Mark Leyes

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 500.00	\$ 0	\$ 0	\$ 500.00	n/a %	\$ 500	n/a
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 300.00	\$ 0	\$ 0	\$ 300.00	n/a %	\$ 150.00	n/a
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 200.00	\$ 0	\$ 0	\$ 200.00	n/a %	\$ 500.00	n/a
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$					0 \$	0 \$	4,150.00 \$	0

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

Schedule B Summary

- Loans received this period \$ ---
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ ---
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** ---
 Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2005
through 12/31/2005

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I.D. NUMBER
1239124

NAME OF FILER
Friends of Mark Leyes

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC			391.02
-- --				-- --
-- --				-- --
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				391.02

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	391.02
2. Unitemized payments made this period of under \$100	\$	72.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e))	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	463.02

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Friends of Mark Leyes
I.D. NUMBER: 1239124

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC	\$ 1,038.91	0	\$ 391.02	\$ 647.89
SUBVENDOR Fry's Electronics (\$ 1,000.00) FOR ABOVE 10800 Kalama River Ave. Fountain Valley CA 92708	OFC	-- --	-- --	-- --	-- --
Probolsky & Associates 23276 South Pointe Drive, #206 Laguna Hills CA 92653	PHO	\$ 2,063.52	0	0	\$ 2,063.52
SUBTOTALS \$		3,102.43 \$	0 \$	391.02 \$	2,711.411

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 391.02

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (391.02)
May be a negative number

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM
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Date Stamp
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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2006 FEB -1 A 9:20

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Date of election if applicable:
(Month, Day, Year)
November 2, 2004

Statement covers period
from 7/1/2005
through 12/31/2005

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1267277

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

Mark Leyes for Mayor

Treasurer(s)

NAME OF TREASURER

Mark Leyes

MAILING ADDRESS

9061 Imperial Avenue

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue
CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 714-534-3449
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 714-534-3449
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/30/2006 Date
Executed on 1/30/2006 Date
Executed on _____ Date
Executed on _____ Date

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

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue	
CITY	STATE ZIP CODE AREA CODE/PHONE
Garden Grove	CA 92844 714-534-3449
COMMITTEE NAME	I.D. NUMBER
Friends of Mark Leyes	1239124
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mark Leyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue	
CITY	STATE ZIP CODE AREA CODE/PHONE
Garden Grove	CA 92844 714-534-3449

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 7/1/2005
through 12/31/2005

CALIFORNIA
FORM **460**

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I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 25.00	\$ 275.00
2. Loans Received	0	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 25.00	\$ 1,275.00
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 25.00	\$ 1,275.00

Expenditures Made

6. Payments Made	\$ 512.08	\$ 14,539.15
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	\$ 512.08	\$ 14,539.15
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	\$ 512.08	\$ 14,539.15

Current Cash Statement

12. Beginning Cash Balance	\$ 521.62
13. Cash Receipts	25.00
14. Miscellaneous Increases to Cash	.09
15. Cash Payments	512.08
16. ENDING CASH BALANCE	34.63

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 1,000.00

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

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

Expenditure Limit Summary for State Candidates

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 7/1/2005
through 12/31/2005

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$	-- --	

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 25.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 25.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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

**Schedule B - Part 1
Loans Received**

Statement covers period
from 7/1/2005
through 12/31/2005

**CALIFORNIA 460
FORM**

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
								CALENDAR YEAR	PER ELECTION **
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilman City of Garden Grove	\$ 1,000.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,000.00	n/a %	\$ 1,000.00	n/a	
-- --	-- --	\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ ---	---	\$ ---	---	
-- --	-- --	\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ ---	---	\$ ---	---	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ ---	---	\$ ---	---	
SUBTOTALS \$							0 \$	1,000.00 \$	0

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.

Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** if required.

Statement covers period
from 7/1/2005
through 12/31/2005
Page 6 of 7
I.D. NUMBER
1267277

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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cingular Wireless P.O. Box 755 Atwater CA 95301	OFC			198.08
US Storage 10881 Dale Street Stanton CA 90680	OFC			179.00
City of Garden Grove 11300 Stanford Avenue Garden Grove CA 92840	MTG			120.00
SUBTOTAL \$				497.08

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 497.08
- Unitemized payments made this period of under \$100 \$ 15.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 512.08**

Schedule I Miscellaneous Increases to Cash

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

Statement covers period
from 7/1/2005
through 12/31/2005

Page 7 of 7

I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

--- --

Schedule I Summary

- Itemized increases to cash this period. \$ 0
- Unitemized increases to cash of under \$100 this period. \$.09
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$.09

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Date Stamp
 RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 2006 FEB -1 A 9:19

Date of election if applicable:
 (Month, Day, Year)
 November 2, 2004

Statement covers period
 from 1/1/2005
 through 6/30/2005

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Amendment (Explain below)

To amend page 3 of 8: Summary Page (Lines 15 and 16) and
 To amend page 5 of 8: Schedule B - Part I (column f)

2. Type of Statement:

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Friends of Mark Leyes

I.D. NUMBER
 1239124

Treasurer(s)

NAME OF TREASURER
 Mark Leyes

MAILING ADDRESS
 9061 Imperial Avenue
 Garden Grove
 CA 92844

STATE ZIP CODE AREA CODE/PHONE
 CA 92844 714-534-3449

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
 9061 Imperial Avenue

CITY STATE ZIP CODE AREA CODE/PHONE
 Garden Grove CA 92844 714-534-3449

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1/30/2006
 Date

Executed on 1/30/2006
 Date

Executed on _____
 Date

Executed on _____
 Date

By _____
 Signature of Treasurer or Assistant Treasurer

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

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

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

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
 State of California

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

1/1/2005

CALIFORNIA
FORM

460

from 1/1/2005

Page 3 of 8

through 6/30/2005

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0	\$ 0
2. Loans Received	Schedule B, Line 3 650.00	1,650.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 650.00	\$ 1,650.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 650.00	\$ 1,650.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 602.16	\$ 602.16
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 602.16	\$ 602.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 (530.16)	3,102.43
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 72.00	\$ 3704.59

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 162.23
13. Cash Receipts	Column A, Line 3 above 650.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 602.16
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 210.07

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 4,752.43

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

20. Contributions Received	\$ n/a	\$ n/a	7/1 to Date
21. Expenditures Made	\$ n/a	\$ n/a	

Expenditure Limit Summary for State Candidates

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

*Amounts in this section may be different from amounts reported in Column B.

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA 460
FORM**

Statement covers period
from 1/1/2005
through 6/30/2005

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page 5 of 8

I.D. NUMBER

Friends of Mark Leyes

1239124

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 300.00	\$ 0	\$ 0	\$ 300.00	n/a %	\$ 300.00	n/a
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 200.00	\$ 0	\$ 0	\$ 200.00	n/a %	\$ 200.00	n/a
SUBTOTALS \$					0 \$	0 \$	500.00 \$	0

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

Schedule B Summary

- Loans received this period \$ ---
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ ---
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** ---
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Date Stamp
2005 AUG -2 A 8:53

Type or print in ink.

Statement covers period
from 1/1/2005
through 6/30/2005

Date of election if applicable:
(Month, Day, Year)
November 5, 2002

SEE INSTRUCTIONS ON REVERSE

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

2. Type of Statement:
 Preelection Statement
 Semi-annual Statement
 Termination Statement (Also file a Form 410 Termination)
 Amendment (Explain below)
 Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Mark Leyes
I.D. NUMBER
1239124

Treasurer(s)
NAME OF TREASURER
Mark Leyes
MAILING ADDRESS
9061 Imperial Avenue
CITY
Garden Grove
STATE
CA
ZIP CODE
92844
AREA CODE/PHONE
(714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
STATE
ZIP CODE
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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

Executed on July 29, 2005
Date
By Mark Leyes
Signature of Treasurer or Assistant Treasurer

Executed on July 29, 2005
Date
By Mark Leyes
Signature of Controlling Officer/holder, Candidate/State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date
By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____
Date
By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on _____
Date
By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Garden Grove City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
Mark Leyes for Assembly	1232304	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Lysa Ray		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
9061 Imperial Avenue		
CITY STATE ZIP CODE AREA CODE/PHONE		
Garden Grove CA 92844 (714) 534-3449		
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
Mark Leyes for Mayor	1267277	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
9061 Imperial Avenue		
CITY STATE ZIP CODE AREA CODE/PHONE		
Garden Grove CA 92844 (714) 534-3449		

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/1/2005
through 6/30/2005

CALIFORNIA FORM **460**

Page 3 of 8

I.D. NUMBER
1239124

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 0
2. Loans Received	\$ 650.00	\$ 1,650.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 650.00	\$ 1,650.00
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 650.00	\$ 1,650.00

Expenditures Made

6. Payments Made	\$ 602.16	\$ 602.16
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 602.16	\$ 602.16
9. Accrued Expenses (Unpaid Bills)	\$ (530.16)	\$ 3,102.43
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 72.00	\$ 3,704.59

Current Cash Statement

12. Beginning Cash Balance	\$ 162.23
13. Cash Receipts	\$ 650.00
14. Miscellaneous Increases to Cash	\$ 0
15. Cash Payments	\$ 602.16
16. ENDING CASH BALANCE	\$ 444.36
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED	\$ 367.370
18. Cash Equivalents	\$ 210.07
19. Outstanding Debts	\$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 4,752.43

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

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

Expenditure Limit Summary for State Candidates

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

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

*Amounts in this section may be different from amounts reported in Column B.

**Schedule B - Part 1
Loans Received**

Statement covers period
from 1/1/2005
through 6/30/2005

**CALIFORNIA
FORM
460**

Page 4 of 8
I.D. NUMBER
1239124

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 0	\$ 150.00	\$ 0	\$ 150.00	n/a %	\$ 150.00	\$ 650.00
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 0	\$ 500.00	\$ 0	\$ 500.00	n/a %	\$ 500.00	\$ 650.00
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 500.00	\$ 0	\$ 0	\$ 12/31/05	n/a %	\$ 500.00	\$ n/a
SUBTOTALS \$		\$ 500.00	\$ 650.00	\$ 0	\$ 1,150.00	\$ 0	\$ 1,150.00	\$ 0

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

Schedule B Summary

- Loans received this period \$ 650.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 650.00
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

* Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B - Part 1
Loans Received**

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

CALIFORNIA
FORM **460**

Statement covers period
from 1/1/2005
through 6/30/2005

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1239124

Friends of Mark Leyes

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
									PERIOD
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 300.00	\$ 0	\$ 0	\$ 300.00	n/a %	\$ 300.00 5-7-04 1/1/05	n/a PER ELECTION**	
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 200.00	\$ 0	\$ 0	\$ 200.00 12/31/05	n/a %	\$ 200.00 1-1-04 3/16/05	n/a PER ELECTION**	
		\$	\$	\$	\$	%	\$	\$	
SUBTOTALS \$							0 \$	0 \$	500.00 \$

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

Schedule B Summary

- Loans received this period \$ ---
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ ---
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** ---
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC			\$ 530.16

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

SUBTOTAL \$ 530.16

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 530.16
- Unitemized payments made this period of under \$100 \$ 72.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 602.16

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

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

CALIFORNIA
FORM
460

Statement covers period
from 1/1/2005
through 6/30/2005

Page 7 of 8
I.D. NUMBER
1239124

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Mark Leyes

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC	\$ 1,569.07	0	\$ 530.16	\$ 1,038.91
SUBVENDOR The Political Scientists (\$ 800.00) FOR ABOVE 924 16th Street Hermosa Beach CA 90254	LIT	---	---	---	---
SUBVENDOR Fry's Electronics (\$ 1,000.00) FOR ABOVE 924 16th Street Fountain Valley CA 92708	OFC	---	---	---	---

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

SUBTOTALS \$ 1,569.07 \$ 0 \$ 530.16 \$ 1,038.91

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 530.16
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (530.16)
May be a negative number

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

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

Statement covers period
from 1/1/2005
through 6/30/2005

Page 8 of 8

I.D. NUMBER
1239124

NAME OF FILER
Friends of Mark Leyes

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Probolsky & Associates 23276 South Pointe Drive, #206 Laguna Hills CA 92653	PHO		\$ 2,063.52	0	0	\$ 2,063.52
SUBTOTALS \$			\$ 2,063.52	0	0	\$ 2,063.52

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

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

2005 AUG -2 A 8:53

Date of election if applicable:
(Month, Day, Year)
November 2, 2004

Statement covers period
from 1/1/2005
through 6/30/2005

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental/Preelection Statement - Attach Form 495

3. Committee Information

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

I.D. NUMBER
1267277

Treasurer(s)

NAME OF TREASURER
Mark Leyes

MAILING ADDRESS
9061 Imperial Avenue
Garden Grove
CA 92844 (714) 534-3449

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue
CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 (714) 534-3449



MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on July 29, 2005 Date
Executed on July 29, 2005 Date
Executed on _____ Date
Executed on _____ Date

By  Signature of Treasurer or Assistant Treasurer
By  Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER Lysa Ray	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844 (714) 534-3449	

COMMITTEE NAME	I.D. NUMBER
Friends of Mark Leyes	1239124
NAME OF TREASURER Mark Leyes	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844 (714) 534-3449	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 1/1/2005
through 6/30/2005

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 250.00	\$ 250.00
2. Loans Received Schedule B, Line 3	0	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 250.00	\$ 1,250.00
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 250.00	\$ 1,250.00

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 14,147.73	\$ 14,147.73
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 14,147.73	\$ 14,147.73
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 14,147.73	\$ 14,147.73

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 14,414.12
13. Cash Receipts Column A, Line 3 above	250.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	5.23
15. Cash Payments Column A, Line 8 above	14,147.73
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 521.62

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0
--------------------	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 1,000.00

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

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

Expenditure Limit Summary for State Candidates

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

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

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1267277

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER RELECTION TO DATE (IF REQUIRED)
2/17/2005	Chapman Restaurants LLC 2725 Rocky Mountain Avenue, #200 Loveland CO 80538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
---	---	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		---	---	---
---	---	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		---	---	---
---	---	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		---	---	---
---	---	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		---	---	---
SUBTOTAL \$				250.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 250.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 250.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

Statement covers period
from 1/1/2005
through 6/30/2005

Page 5 of 8

I.D. NUMBER

1267277

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PER ELECTION**	
									CALENDAR YEAR	PER ELECTION**
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 1,000.00	\$ 0	\$ 0	\$ 1,000.00	n/a %	\$ 1,000	\$ n/a	\$ n/a	\$ n/a
IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					12/31/06		7/29/04			
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
SUBTOTALS \$ 1,000.00 \$ 0 \$ 1,000.00 \$ 0						(Enter (e) on Schedule E, Line 3)				

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

* Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

Statement covers period
from 1/1/2005
through 6/30/2005

Page 6 of 8
I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mark Leyes for Assembly, ID# 1232304 9061 Imperial Avenue Garden Grove CA 92844	TSF			\$ 12,849.00
Cingular Wireless P.O. Box 755 Atwater CA 95301	OFC			\$ 443.75
SBC P.O. Box 989029 West Sacramento CA 95798	OFC			\$ 151.65

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

SUBTOTAL \$ 13,444.40

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 14,003.14
- Unitemized payments made this period of under \$100 \$ 144.59
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 14,147.73

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

SCHEDULE E (CONT)

Statement covers period
from 1/1/2005
through 6/30/2005

CALIFORNIA **460**
FORM

Page 7 of 8
I.D. NUMBER
1267277

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Post Office - Business Mail Acceptance Unit 3101 Sunflower Santa Ana CA 92799	POS			\$ 150.00
Garden Grove Elks Lodge #1952 11551 Trask Avenue Garden Grove CA 92843	CVC			\$ 135.00
U.S. Storage 10881 Dale Avenue Stanton CA 90680	OFC			\$ 160.00
Orange County Register 625 N. Grand Avenue Santa Ana CA 92701	OFC		Subscription	\$ 113.74
--	--			--

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

SUBTOTAL \$ 558.74

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I Miscellaneous Increases to Cash

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

Statement covers period
from 1/1/2005
through 6/30/2005

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$ 0
- Unitemized increases to cash of under \$100 this period. \$ 5.23
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 5.23

A Public Document 2005 MAR 14 A 7:52

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Leyes	Mark	Alber	(714) 534-3449
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
9061 Imperial Avenue		Garden Grove	CA 92844

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of Garden Grove

Division, Board, District, if applicable:

Your Position:
Member of the City Council

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

Agency: _____

Position: _____

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

State

County of _____

City of Garden Grove

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2004, through December 31, 2004.

-or-

The period covered is ____/____/____, through December 31, 2004.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2004, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

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

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

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

Schedule A-2 Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B Yes – schedule attached
Real Property

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

Schedule D (Eliminated – report loans on Schedule C)

Schedule E Yes – schedule attached
Income – Gifts

Schedule F Yes – schedule attached
Income – Travel Payments

-or-

➔ No reportable interests on any schedule

Total number of pages completed including this cover page: 4

5. Verification

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

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

Date Signed February 1, 2005
(month, day, year)

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

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <u>Mark A. Leyes</u>

➤ NAME OF BUSINESS ENTITY
Broadcom Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Semiconductor Manufacturing

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 04 _____ / _____ / 04
 ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 04 _____ / _____ / 04
 ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 04 _____ / _____ / 04
 ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 04 _____ / _____ / 04
 ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 04 _____ / _____ / 04
 ACQUIRED DISPOSED

➤ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 04 _____ / _____ / 04
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
Mark A. Leyes

> 1. BUSINESS ENTITY OR TRUST

Mark Leyes Consulting Services
Name
9061 Imperial Avenue, Garden Grove CA 92844
Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Economics / Public Affairs / Political Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED / / 04 DISPOSED / / 04

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Principal (owner)

> 1. BUSINESS ENTITY OR TRUST

Wanda Leyes
Name
9061 Imperial Avenue, Garden Grove CA 92844
Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Sales - Antiques

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED / / 04 DISPOSED / / 04

NATURE OF INVESTMENT
 Sole Proprietorship Partnership (owned by spouse)
Other

YOUR BUSINESS POSITION (community property interest)

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED / / 04 DISPOSED / / 04

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED / / 04 DISPOSED / / 04

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Yrs. remaining Other

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Mark A. Leyes

STREET ADDRESS OR PRECISE LOCATION
9061 Imperial Avenue
CITY
Garden Grove CA 92844

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

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

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

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

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

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

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

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

STREET ADDRESS OR PRECISE LOCATION
10501 Claussen Street
CITY
Garden Grove CA 92840

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

IF APPLICABLE, LIST DATE:
____/____/04 ____/____/04
ACQUIRED DISPOSED

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

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

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

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

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

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

Comments: (The lender on both properties is a commercial institution and the terms are/were available to the public.)

* Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp
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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA
2001/02
FORM

Page 3 1 of 7

For Official Use Only

Type or print in ink.

Statement covers period
from 10/17/2004
through 12/31/2004

Date of election if applicable:
(Month, Day, Year)
November 5, 2002

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1239124

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

Friends of Mark Leyes

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue
CITY GARDEN GROVE STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY GARDEN GROVE STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

Treasurer(s)

NAME OF TREASURER

Mark Leyes

MAILING ADDRESS

9061 Imperial Avenue

CITY GARDEN GROVE STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

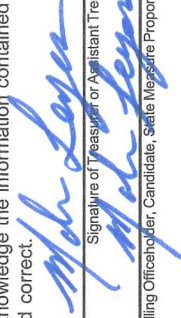
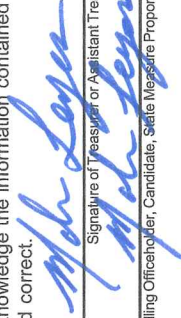
CITY GARDEN GROVE STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 01-31-2005 Date
Executed on 01-31-2005 Date
Executed on _____ Date
Executed on _____ Date

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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Member of the City Council, City of Garden Grove, California

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844 (714) 534-3449	
COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Mayor	1267277
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mark Leyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844 (714) 534-3449	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
10/17/2004

from
12/31/2004

through

CALIFORNIA
FORM
460

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	0	0
2. Loans Received	200.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	200.00	1,000.00
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	200.00	1,000.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made

6. Payments Made	197.13	801.05
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	197.13	801.05
9. Accrued Expenses (Unpaid Bills)	(161.13)	3,632.59
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	36.00	4,433.64

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

(If Subject to Voluntary Expenditure Limit)

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

Current Cash Statement

12. Beginning Cash Balance	159.36
13. Cash Receipts	200.00
14. Miscellaneous Increases to Cash	0
15. Cash Payments	197.13
16. ENDING CASH BALANCE	162.23

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	0
19. Outstanding Debts	4,632.59

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

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER Friends of Mark Leyes
 I.D. NUMBER 1239124

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PERIOD				
									CALENDAR YEAR	PER ELECTION**			
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 500.00	\$ 0	\$ 0	\$ 500.00	n/a %	\$ 500.00	\$ 1,000.00	12/31/2003	12/31/2003			
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC													
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 300.00	\$ 0	\$ 0	\$ 300.00	n/a %	\$ 300.00	\$ 1,000.00	05/07/2004	12/31/2005			
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC													
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 0	\$ 200.00	\$ 0	\$ 200.00	n/a %	\$ 200.00	\$ 1,000.00	11/16/2004	12/31/2005			
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC													
SUBTOTALS \$									200.00	\$	0	\$	0

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

Schedule B Summary

- Loans received this period \$ 200.00
 (Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 200.00**
 Enter the net here and on the Summary Page, Column A, Line 2.

* Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

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

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/17/2004 through 12/31/2004

Page 5 of 7

I.D. NUMBER
1239124

NAME OF FILER
Friends of Mark Leyes

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC			\$161.13
-- --				-- --
-- --				-- --

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

SUBTOTAL \$ \$161.13

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 161.13
- Unitemized payments made this period of under \$100 \$ 36.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** \$197.13

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA
FORM **460**

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1239124

Friends of Mark Leyes

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC	\$1,730.20	0	\$161.13	\$1,569.07
SUBVENDOR The Political Scientists FOR ABOVE: 924 16th Street Hermosa Beach CA 90254	LIT	-- --	-- --	-- --	-- --
SUBVENDOR Fry's Electronics FOR ABOVE: 10800 Kalama River Avenue Fountain Valley CA 92708	OFC	-- --	-- --	-- --	-- --

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

SUBTOTALS \$ \$1,730.20 \$ 0 \$ \$161.13 \$ \$1,569.07

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** \$161.13
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (\$161.13)
May be a negative number.

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

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

Statement covers period from <u>10/17/2004</u> through <u>12/31/2004</u>		CALIFORNIA FORM 460	
Page <u>7</u> of <u>7</u>		I.D. NUMBER <u>1239124</u>	

NAME OF FILER

Friends of Mark Leyes

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

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

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Probolisky & Associates 23276 South Pointe Drive, #206 Laguna Hills CA 92653	PHO	\$2,063.52	0	0	\$2,063.52
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
SUBTOTALS \$		\$2,063.52 \$	0 \$	0 \$	\$2,063.52

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 Page 1 of 1
 For Official Use Only
 2005 AUG -2 A 8:59

Date of election if applicable:
 (Month, Day, Year)
 November 2, 2004

Statement covers period
 from 10/17/2004
 through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall (Also Complete Part 5)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored (Also Complete Part 6)
 Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement (Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

Correct totals on Summary Page: (Column B: Lines 6, 8 & 11)

3. Committee Information

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

I.D. NUMBER
 1267277

Treasurer(s)

NAME OF TREASURER
 Mark Leyes

MAILING ADDRESS
 9061 Imperial Avenue
 Garden Grove
 CA 92844 (714) 534-3449

STREET ADDRESS (NO P.O. BOX)
 9061 Imperial Avenue
 CITY
 Garden Grove
 STATE
 CA
 ZIP CODE
 92844
 AREA CODE/PHONE
 (714) 534-3449

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
 CITY
 STATE
 ZIP CODE
 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on July 29, 2005 Date
 Executed on July 29, 2005 Date
 Executed on _____ Date
 Executed on _____ Date

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

OPTIONAL: FAX / E-MAIL ADDRESS

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

10/17/2004

CALIFORNIA
FORM

460

from through

12/31/2004

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 7,024.00	\$ 48,647.00
2. Loans Received	0	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 7,024.00	\$ 48,647.00
4. Nonmonetary Contributions	352.00	5,610.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 7,376.00	\$ 55,257.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made

6. Payments Made	\$ 16,569.59	\$ 36,518.20
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	\$ 16,569.59	\$ 36,518.20
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	352.00	5,610.00
11. TOTAL EXPENDITURES MADE	\$ 16,921.59	\$ 42,128.20

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

(if Subject to Voluntary Expenditure Limit)

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

Current Cash Statement

12. Beginning Cash Balance	\$ 22,674.39
13. Cash Receipts	7,024.00
14. Miscellaneous Increases to Cash	1,285.32
15. Cash Payments	16,569.59
16. ENDING CASH BALANCE	14,414.12

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 1,000.00

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

*Amounts in this section may be different from amounts reported in Column B.

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 2001/02 FORM **460**

Date Stamp
RECEIVED
CITY OF GARDEN
CITY CLERK'S OFFICE
2005 JAN 31 P

Page 31 of 15
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
November 2, 2004

Statement covers period
from 10/17/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE

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

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

3. Committee Information

I.D. NUMBER
1267277

Treasurer(s)
NAME OF TREASURER
Mark Leyes
MAILING ADDRESS
**9061 Imperial Avenue
Garden Grove CA 92844 (714) 534-3449**

Mark Leyes for Mayor

STREET ADDRESS (NO P.O. BOX)
**9061 Imperial Avenue
Garden Grove CA 92844 (714) 534-3449**

CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 (714) 534-3449

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

4. Verification

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

Executed on 01-31-2005 Date
By Mark Leyes Signature of Treasurer or Assistant Treasurer

Executed on 01-31-2005 Date
By Mark Leyes Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

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

CALIFORNIA
FORM **460**

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Garden Grove, California
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue	
CITY	STATE ZIP CODE AREA CODE/PHONE
Garden Grove	CA 92844 (714) 534-3449
COMMITTEE NAME	I.D. NUMBER
Friends of Mark Leyes	1239124
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mark Leyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue	
CITY	STATE ZIP CODE AREA CODE/PHONE
Garden Grove	CA 92844 (714) 534-3449

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA
FORM **460**

Page 3 of 15
I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions	Schedule A, Line 3 7,024.00	\$ 48,647.00		
2. Loans Received	Schedule B, Line 3 0	1,000.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 7,024.00	\$ 49,647.00	n/a	\$ n/a
4. Nonmonetary Contributions	Schedule C, Line 3 352.00	5,610.00		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 7,376.00	\$ 55,257.00		

Expenditures Made

6. Payments Made	Schedule E, Line 4 16,569.59	\$ 27,455.35		
7. Loans Made	Schedule H, Line 3 0	0		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 16,569.59	\$ 27,455.35		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0		
10. Nonmonetary Adjustment	Schedule C, Line 3 352.00	5,610.00		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 16,921.59	\$ 33,065.35		

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 22,674.39	\$		
13. Cash Receipts	Column A, Line 3 above 7,024.00			
14. Miscellaneous Increases to Cash	Schedule I, Line 4 1,285.32			
15. Cash Payments	Column A, Line 8 above 16,569.59			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 14,414.12	\$		

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 1,000.00

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A Monetary Contributions Received

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

Statement covers period
from 10/17/2004
through 12/31/2004

Page 4 of 15
I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2004	Building Industry Association of So. Calif. PAC 1330 S. Valley Vista Drive Diamond Bar CA 91765	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 741733	\$1,000.00	\$1,000.00	-- --
10/20/2004	Thunderbird MHP Associates LP 320 N. Park Vista Street Anaheim CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	-- --
1/20/2004	California Real Estate PAC / BORPAC 525 S. Virgil Avenue Los Angeles CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 890106	\$500.00	\$500.00	-- --
10/21/2004	Videriksen & Company 507 Calle San Pablo Camarillo CA 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	-- --
10/21/2004	Manufactured Housing Education Trust PAC 30151 Tomas Street Rancho Santa Margarita CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 820165	\$500.00	\$500.00	-- --
SUBTOTAL \$				3,000.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 6,949.00
- Amount received this period - unitemized contributions of less than \$100 \$ 75.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 7,024.00**

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10-17-2004
through 12-31-2004

Page 5 of 15

CALIFORNIA FORM **460**

I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2004	Nat'l Assoc. of Industrial Office Properties PAC 30151 Tomas Street Rancho Santa Margarita CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 950520	\$250.00	\$250.00	-- --
11/1/2004	California Apartment Association PAC 980 Ninth Street, Suite 2150 Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 745208	\$249.00	\$249.00	-- --
10/20/2004	Orange Co. Automobile Dealers Association PAC 3146 Red Hill Avenue, Suite 220 Costa Mesa CA 92626	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 870777	\$400.00	\$400.00	-- --
10/19/2004	Lisa L. Golt 5150 Candlewood Avenue, #17-D Lakewood CA 90712	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Consultant ----- Self Employed	\$100.00	\$100.00	-- --
10/19/2004	Teresa Golt 6436 Fairbrook Street Long Beach CA 90815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Private Investigator ----- Self Employed	\$100.00	\$100.00	-- --
SUBTOTAL \$				1,099.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA FORM **460**

Page 6 of 15

NAME OF FILER
Mark Leyes for Mayor

I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2004	C. Michael Stockstill 10 Bayview Irvine CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant ----- Self Employed	\$100.00	\$100.00	-- --
10/29/2004	American Medical Response 6200 S. Syracuse Way, Suite 200 Greenwood Village CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	-- --
10/20/2004	Dr. William A. Grant II 1671 W. Ord Way Anaheim CA 92802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterinarian ----- Self Employed	\$250.00	\$250.00	-- --
10/20/2004	Taormina Industries LLC 1131 North Blue Gum Street Anaheim CA 92815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	-- --
10/20/2004	Olson Urban Housing LLC 3020 Old Ranch Parkway, Suite 400 Seal Beach CA 90740	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	-- --
SUBTOTAL \$				2,350.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA FORM **460**

Page 7 of 15

NAME OF FILER
Mark Leyes for Mayor

I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/16/2004	Pacific Housing Management 17541 17th Street Tustin CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
SUBTOTAL \$				500.00		

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

**Schedule B - Part 1
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 1,000.00	\$ 0	\$ 0	\$ 1,000.00	n/a	\$ 1,000.00	\$ 1,000.00
---	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---
---	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---
---	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---
SUBTOTALS \$								0 \$
SUBTOTALS \$								0 \$

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA
FORM **460**

Statement covers period
from 10/17/2004
through 12/31/2004

Page 9 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Mark Leyes for Mayor

1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/04	Voice of Vietnamese Radio 14351 Euclid Street, Suite 1H Garden Grove CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Radio Advertisements	\$315.00	\$315.00	-- --
-- --		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			-- --	-- --	-- --
-- --		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			-- --	-- --	-- --
-- --		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			-- --	-- --	-- --
SUBTOTAL \$					315.00		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 315.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 37.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 352.00

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER
1267277

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/04	Paul Tran for City Council Garden Grove City Council 2004 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Prorated portion of payment to vendor for phone message that included recommendation to support candidate.	\$155.00	(below)	-- --
10/28/04	Paul Tran for City Council Garden Grove City Council 2004 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Prorated portion of payment to vendors for mailed material that included recommendation to support candidate.	\$170.00	\$325.00	-- --
-- --	-- -- <input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	-- --	----	----	-- --
SUBTOTAL \$				330.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 330.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 170.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 495.00

Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: **Mark Leyes for Mayor**

Statement covers period
from **10/17/2004**
through **12/31/2004**

Page **11** of **15**

I.D. NUMBER
1267277

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Viet Weekly 12866 Main Street, #101-A Garden Grove CA 92840	PRT			\$600.00
Fed Ex / Kinko's 18218 Gale Avenue City of Industry CA 91748	LIT			\$606.20
U.S. Postmaster 10441 Stanford Avenue Garden Grove CA 92842	LIT			\$336.51
			SUBTOTAL \$	1,542.71

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 16,447.50
2. Unitemized payments made this period of under \$100 \$ 122.09
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 16,569.59

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

SCHEDULE E (CONT.)

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

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 12 of 15

I.D. NUMBER

1267277

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Depot 11100 Garden Grove Blvd. Garden Grove CA 92843	OFC			\$126.06
Bolide International 18605 E. Gale Avenue, #168 City of Industry CA 91748	OFC			\$216.45
Jet Printers 10531 Acacia Avenue Garden Grove CA 92840	LIT			\$1,448.21
The Monaco Group 1000 Ortega Way, Bldg. C Placentia CA 92870	LIT			\$7,345.31
NSON Opinion Research 8 East Broadway, Suite 312 Salt Lake City UT 84111	PHO			\$781.13

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

SUBTOTAL \$ 9,917.16

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

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

SCHEDULE E (CONT.)

CALIFORNIA
FORM
460

Statement covers period
from 10/17/2004
through 12/31/2004

Page 13 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Mark Leyes for Mayor
I.D. NUMBER
1267277

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Roper Mailing Service 13512 Newhope Street Garden Grove CA 92843	LIT			\$2,329.27
VNTT Radio 12122 Brookhurst Street Garden Grove CA 92844	RAD			\$300.00
Wanda Leyes 9061 Imperial Avenue Garden Grove CA 92844			Reimbursement for expenses (no single vendor over \$100.00)	\$291.12
Cingular Wireless P.O. Box 755 Atwater CA 95301	OFC			\$479.24
U.S. Storage 10881 Dale Avenue Stanton CA 90680	OFC			\$888.00

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

SUBTOTAL \$ 4,287.63

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

SCHEDULE E (CONT.)

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

CALIFORNIA
FORM **460**

Statement covers period
from 10/17/2004
through 12/31/2004

Page 14 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER
1267277

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott Leyes Graphic Design 11662 Mac Murray Street Garden Grove CA 92841	LIT			\$700.00
-- --				---
-- --				---
-- --				---
-- --				---

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

SUBTOTAL \$ 700.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 10/17/2004
through 12/31/2004

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/13/2004	City of Garden Grove 11222 Acacia Parkway Garden Grove CA 92842	Partial refund of deposit for printing of Candidate Statement in Sample Ballot.	\$1,285.32
-- --	-- --		-- --
-- --	-- --		-- --
-- --	-- --		-- --
-- --	-- --		-- --

SUBTOTAL \$ 1,285.32

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Increases to cash of \$100 or more this period. \$ 1,285.32
- Unitemized increases to cash under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 1,285.32**

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Type or print in ink

Amendment
List I.D. number: # 1267277

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

Date qualified as committee _____

Date qualified as committee (if applicable) _____

Date of Termination _____

1. Committee Information

NAME OF COMMITTEE

MARK LEYES FOR MAYOR

NAME OF TREASURER

MARK LEYES

STREET ADDRESS (NO P.O. BOX)

9061 IMPERIAL AVENUE

CITY GARDEN GROVE STATE CA ZIP CODE 92844 AREA CODE/PHONE (714)534-3449

MAILING ADDRESS (IF DIFFERENT)

GARDEN GROVE STATE CA ZIP CODE 92844 AREA CODE/PHONE (714)534-3449

OPTIONAL: FAX / E-MAIL ADDRESS _____

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on DECEMBER 27, 2004 DATE

Executed on DECEMBER 27, 2004 DATE

Executed on _____ DATE

Executed on _____ DATE

By _____

By _____

By _____

By _____

Mark Leyes SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Mark Leyes SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

STATEMENT OF ORGANIZATION

CALIFORNIA **410**
FORM

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

For Official Use Only
FILED
in the Office of the Secretary of State
of the State of California

2004 DEC 27 2:28 PM

JAN 06 2005

KEVIN SHELLEY, Secretary of State

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MARK LEYES

STREET ADDRESS

9061 IMPERIAL AVENUE

CITY

GARDEN GROVE

STATE

CA

ZIP CODE

92844

AREA CODE/PHONE

(714)534-3449

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

MARK LEYES FOR MAYOR

I.D. NUMBER

1267277

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
MARK LEYES	MAYOR OF GARDEN GROVE	2006	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
WASHINGTON MUTUAL BANK, FA	(714) 530-5680	0974-747-241
ADDRESS	CITY	STATE ZIP CODE
11922 BROOKHURST STREET	GARDEN GROVE	CA 92840

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Candidate Intention Statement

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

LEYES, MARK A.

STREET ADDRESS

9061 IMPERIAL AVENUE GARDEN GROVE CA

OFFICE SOUGHT (POSITION TITLE)

MAYOR

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

CITY OF GARDEN GROVE
(Name of Jurisdiction)

DAYTIME TELEPHONE NUMBER

(714) 534-3449

CITY

CA

AGENCY NAME

CITY OF GARDEN GROVE

STATE

ZIP CODE 92844-1301

DISTRICT NUMBER, if applicable.

NON-PARTISAN

PARTY:

2006
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Special runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

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

Amendment:

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

(Mark if applicable)

On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

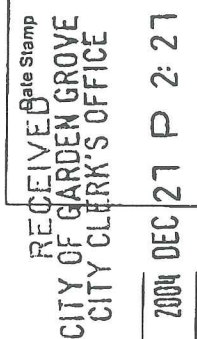
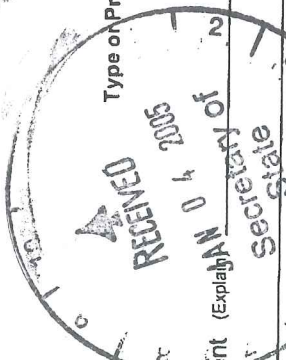
3. Verification:

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

Executed on DECEMBER 28, 2004
(month, day, year)

Signature

[Signature]
(Candidate)



REGISTRAR OF VOTERS
By [Signature]
E-MAIL (optional)

Candidate Intention Statement

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2004 DEC 21 P 2:27
JAN 19 2005

Check One: Initial Amendment

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

LEYES, MARK A.

STREET ADDRESS

9061 IMPERIAL AVENUE GARDEN GROVE CA

OFFICE SOUGHT (POSITION TITLE)

MAYOR CITY OF GARDEN GROVE

OFFICE JURISDICTION

State (Complete Part 2.)

City County Multi-County:

CITY OF GARDEN GROVE

DAYTIME TELEPHONE NUMBER

(714) 534-3449

FAX NUMBER (optional)

()

STATE

CA

REGISTRATION OF VOTERS

BY: *Aracela Debut*

ZIP CODE

92844-1301

DISTRICT NUMBER, if applicable.

—

NON-PARTISAN

PARTY:

2006 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election Special runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

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

Amendment:

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

(Mark if applicable)

On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on DECEMBER 28, 2004 (month, day, year)

Signature *Mark A. Leyes* (Candidate)

326314

CITY OF GARDEN GROVE

326314

DATE	ACCOUNT CODE	PURCHASE ORDER NO.	VEN INVOICE NO.	NET AMOUNT
121404 120604	111 0042 46390		REFUND CANDIDATE STATEMENT TOTAL	1,285.32 1,285.32

DETACH BEFORE DEPOSIT

FORM 143-2

THIS IS A CHECK THAT HAS A SCREENED BACKGROUND AND CONTAINS AN ARTIFICIAL WATERMARK

CITY OF
GARDEN GROVE
CALIFORNIA

UNION BANK OF CALIFORNIA
GARDEN GROVE, CA 92840

VOID IF NOT CASHED IN 60 DAYS
CHECK CLEARS THROUGH POSITIVE PAY

NO. 326314
16-105/1220

DATE 12/06/04

AMOUNT *****\$1,285.32

PAY TO THE ORDER OF

Pay Exactly One Thousand Two Hundred Eighty Five and 32/100 Dollars

LEYES, MARK

Kingsley Okereke
FINANCE DIRECTOR
Steven A. Lison
TREASURER

⑈ 3 263 14 ⑈ ⑆ 122000496⑆ 204 28 500 20 ⑈

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

UV -5 A 8: 16

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

Late Contribution Report

NAME OF FILER Mark Leyes for Mayor		Date of This Filing 10/29/2004		Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (714) 534-3449	I.D. NUMBER (if applicable) 1267277	Report No. 1			
STREET ADDRESS 9061 Imperial Avenue		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Garden Grove	STATE CA	ZIP CODE 92844	No. of Pages 1		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/2004	American Medical Response 6200 S. Syracuse Way, Suite 200 Greenwood Village, CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1,500.00 <input type="checkbox"/> Check if Loan
..	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	 <input type="checkbox"/> Check if Loan
..	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	 <input type="checkbox"/> Check if Loan

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

Reason for Amendment: Cross-filing for "Mark Leyes for Assembly" FPPC ID# 1232304

Date Stamp
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2004 OCT 22 A 10:12

Type or print in ink.

Date of election if applicable:
(Month, Day, Year)
November 5, 2002

Statement covers period
from 10/01/2004
through 10/16/2004

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

SEE INSTRUCTIONS ON REVERSE

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

3. Committee Information
I.D. NUMBER
1239124
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Mark Leyes
STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue
CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 (714) 534-3449
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)
NAME OF TREASURER
Mark Leyes
MAILING ADDRESS
9061 Imperial Avenue
CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 (714) 534-3449
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

- 4. Verification**
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Executed on October 17, 2004 Date
By [Signature] Signature of Treasurer or Assistant Treasurer
- Executed on October 17, 2004 Date
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
- Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
- Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER Lysa Ray	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 9061 Imperial Avenue	STREET ADDRESS (NO P.O. BOX)
CITY Garden Grove	STATE ZIP CODE AREA CODE/PHONE CA 92844 (714) 534-3449

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Mayor	1267277
NAME OF TREASURER Mark Leyes	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 9061 Imperial Avenue	STREET ADDRESS (NO P.O. BOX)
CITY Garden Grove	STATE ZIP CODE AREA CODE/PHONE CA 92844 (714) 534-3449

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: **Friends of Mark Leyes**

Statement covers period from **10/01/2004** through **10/16/2004**

Page **3** of **6**

I.D. NUMBER: **1239124**

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0	\$ 0
2. Loans Received	Schedule B, Line 3 0	800.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0	800.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0	800.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 0	\$ 603.92
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 0	603.92
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	3,793.72
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 0	4,397.64

Expenditure Limit Summary for State Candidates

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

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

____/____/____ \$ _____

____/____/____ \$ _____

____/____/____ \$ _____

____/____/____ \$ _____

____/____/____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 159.36
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 159.36

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

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

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 4,593.72

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

Statement covers period
from 10/01/2004
through 10/16/2004
Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 500.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500.00	n/a %	\$ 500.00	CALENDAR YEAR 800.00 PERELECTION** n/a
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 300.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 300.00	n/a %	\$ 300.00	CALENDAR YEAR 800.00 PERELECTION** n/a
-- -- <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-- --	\$ -- --	\$ -- --	<input type="checkbox"/> PAID \$ -- -- <input type="checkbox"/> FORGIVEN \$ -- --	\$ -- --	-- -- %	\$ -- --	CALENDAR YEAR -- -- PERELECTION** -- --
SUBTOTALS \$		0 \$	0 \$	0 \$	800.00 \$	0	0	

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

† Contributor Codes

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

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

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

CALIFORNIA FORM 460	
Statement covers period from <u>10/01/2004</u>	Page <u>5</u> of <u>6</u>
through <u>10/16/2004</u>	I.D. NUMBER <u>1239124</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ONE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O.Box 2463 Spokane WA 99120	OFC	\$ 1,730.20	0	0	\$ 1,730.20
SUBVENDOR FOR ABOVE: The Political Scientists 924 16th Street Hermosa Beach CA 90254	LIT	-- --	-- --	-- --	-- --
SUBVENDOR FOR ABOVE: Fry's Electronics 10800 Kalama River Avenue Fountain Valley CA 92708	OFC	-- --	-- --	-- --	-- --
SUBTOTALS \$		1,730.20	\$ 0	\$ 0	1,730.20

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

Statement covers period from <u>10/01/2004</u> through <u>10/16/2004</u>	CALIFORNIA FORM 460 Page <u>6</u> of <u>6</u>
NAME OF FILER Friends of Mark Leyes	
I.D. NUMBER 1239124	

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Proboldsky & Associates 23276 South Pointe Drive, #206 Laguna Hills CA 92653	PHO	\$ 2,063.52	0	0	\$ 2,063.52
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
SUBTOTALS \$		2,063.52	\$	\$	2,063.52

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2001/02
FORM

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

Page 1 of 11
For Official Use Only

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

November 2, 2004

Statement covers period

from 10/01/2004

through 10/16/2004

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1267277

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

Mark Leyes for Mayor

Treasurer(s)

NAME OF TREASURER

Mark Leyes

MAILING ADDRESS

9061 Imperial Avenue

STREET ADDRESS (NO P.O. BOX)

9061 Imperial Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Garden Grove CA 92844 (714) 534-3449

CITY STATE ZIP CODE AREA CODE/PHONE

CA 92844

(714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on October 20, 2004

Date

Executed on October 20, 2004

Date

Executed on _____

Date

Executed on _____

Date

By  Signature of Treasurer/Assistant Treasurer

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

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

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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Garden Grove
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844 (714) 534-3449	

COMMITTEE NAME	I.D. NUMBER
Friends of Mark Leyes	1239124
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mark Leyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844 (714) 534-3449	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period
from 10/01/2004
through 10/16/2004

Page 3 of 11

CALIFORNIA FORM 460

I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 17,875.00	\$ 41,623.00
2. Loans Received Schedule B, Line 3	0	1,000
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 17,875.00	\$ 42,623.00
4. Nonmonetary Contributions Schedule C, Line 3	5,073.00	5,258.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 22,948.00	\$ 47,881.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 7,506.74	\$ 19,948.61
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 7,490.74	\$ 19,948.61
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0
10. Nonmonetary Adjustment Schedule C, Line 3	5,073.00	5,258.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 12,579.74	\$ 25,206.61

**Expenditure Limit Summary for State
Candidates**

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

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

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	12,306.13
13. Cash Receipts Column A, Line 3 above	17,875.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	7,506.74
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	22,674.39

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

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents See instructions on reverse	0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	1,000.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA
FORM 460**

Statement covers period
from 10/01/2004
through 10/16/2004

Page 4 of 11
I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/2004	Union Dodge 9898 Trask Avenue Garden Grove CA 92844	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250	\$ 250	-- --
10/7/2004	Waters & Faubel 25 Orchard Lake Forest CA 92630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250	\$ 250	-- --
10/8/2004	Probolsky Research 23276 South Pointe Drive, #206 Laguna Hills CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 3,500	\$ 3,500	-- --
10/5/2004	Anthony Kuo 43 Lehigh Aisle Irvine CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Assistant ----- City of Irvine	\$ 50	\$ 150	-- --
10/15/2004	James L. Barisic 1801 E. Edinger Avenue, #125 Santa Ana CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ----- Brandywine Development	\$ 5,000	\$ 10,000	-- --
SUBTOTAL \$				9,050		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 17,800

2. Amount received this period - unitemized contributions of less than \$100 \$ 75.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 17,875.00

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

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

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

Statement covers period
from 10/01/2004
through 10/16/2004

Page 5 of 11
I.D. NUMBER
1267277

NAME OF FILER Mark Leyes for Mayor		STATEMENT PERIOD		I.D. NUMBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2004	Robert Pacheco 643 El Vallencito Walnut CA 91789	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Assemblyman ----- State of California	\$ 200	\$ 200	-- --
10/5/2004	Joseph Voltarel 4895 Sunbeam Lane Yorba Linda CA 92887	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Automobile Dealer ----- Nicholas Chevrolet	\$ 200	\$ 200	-- --
10/3/2004	Donald Saltarelli 7603 E. Skylark Place Orange CA 92869	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker ----- Saltarelli Realty	\$ 100	\$ 100	-- --
10/8/2004	Adam Probolsky 5341 Plum Tree Irvine CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ----- Probolsky Research	\$ 3,000	\$ 3,000	-- --
10/5/2004	Charley's Restaurant 9432 Katella Avenue Anaheim CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 500	\$ 500	-- --
SUBTOTAL \$				4,000		

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

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

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

Statement covers period
from 10/01/2004
through 10/16/2004

Page 6 of 11
I.D. NUMBER
1267277

NAME OF FILER Mark Leyes for Mayor						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2004	Stanley Magill 13181 Lampson Avenue Garden Grove CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ----- Glenhaven Mobil	\$ 700	\$ 700	-- --
10/5/2004	Tim Golt 5460 Del Amo Blvd., #415 Long Beach CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crime Scene Investigator ----- L.A. County Sheriff Dept.	\$ 100	\$ 100	-- --
10/9/2004	Janet Scott 11172 Dalla Drive Garden Grove CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive ----- SHURflo Inc.	\$ 100	\$ 100	-- --
10/8/2004	Command Satellite Communications 23276 S. Pointe Dr., #206 Laguna Hills CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 3,500	\$ 3,500	-- --
10/5/2004	Roman Nava 13104 Glen Court, #39 Chino Hills CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Assistant ----- State of California	\$ 100	\$ 100	-- --
SUBTOTAL \$				4,500		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 10/01/2004
through 10/16/2004

Page 7 of 11

NAME OF FILER: Mark Leyes for Mayor I.D. NUMBER: 1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2004	Brenda Quintana 3160 Mare Island Court West Sacramento CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Assistant ----- State of California	\$ 250	\$ 250	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-- --	-- --	-- --
SUBTOTAL \$				250		

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

Statement covers period
from 10/01/2004
through 10/16/2004

SEE INSTRUCTIONS ON REVERSE

Page 8 of 11

NAME OF FILER

I.D. NUMBER

Mark Leyes for Mayor

1267277

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PERELECTION**		
									CALENDAR YEAR	PERELECTION**	CALENDAR YEAR
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman ----- City of Garden Grove	\$ 1,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,000	n/a %	\$ 1,000	\$ 1,000	7/29/2004	n/a	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC -- --	-- --	\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ ---	---	\$ ---	\$ ---	---	---	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC -- --	-- --	\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ ---	---	\$ ---	\$ ---	---	---	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC -- --	-- --	\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ ---	---	\$ ---	\$ ---	---	---	
SUBTOTALS \$							0 \$	0 \$	1,000 \$	0	0

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

Schedule C Nonmonetary Contributions Received

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

Statement covers period
from 10/01/2004
through 10/16/2004

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 9 of 11

Mark Leyes for Mayor

I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/6/2004	Century Garden Grove Plaza 13737 Artesia Blvd., #202 Cerritos CA 90703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Rent	\$ 800	\$ 800	-- --
10/5/2004	C.B. Leyes 9061 Imperial Avenue Garden Grove CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Food/beverage	\$ 200	\$ 200	-- --
10/9/2004	Probolsky Research 23276 South Pointe Drive, #206 Laguna Hills CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling	\$ 4,000	\$ 7,500	-- --
-- --	-- --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-- --	-- --	-- --	-- --	-- --
SUBTOTAL \$					5,000		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period -- nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 5,000.00
- Amount received this period -- unitemized nonmonetary contributions of less than \$100 \$ 73.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 5,073.00

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

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

Statement covers period
from 10/01/2004
through 10/16/2004
Page 10 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER
1267277

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cingular Wireless P.O.Box 755 Atwater CA 95301	OFC			\$ 294.82
U.S. Storage 10881 Dale Street Stanton CA 90680	OFC			\$ 184.00
The Monaco Group 1000 Ortega Way, Bldg C Placentia CA 92870	LIT			\$ 1,950.00

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

SUBTOTAL \$ 2,428.82

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7,395.74
2. Unitemized payments made this period of under \$100 \$ 111.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 7,506.74**

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

SCHEDULE E (CONT.)

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

**CALIFORNIA
FORM 460**

Statement covers period
from 10/01/2004
through 10/16/2004

Page 11 of 11

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1267277

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group 1000 Ortega Way, Bldg C Placentia CA 92870	LIT			\$ 4,429.13
R.T. Nielson Company 8 East Broadway, #312 Salt Lake City UT 84111	PHO			\$ 387.79
Lewis Consulting Group 1914 Orangewood Avenue, #201 Orange CA 92868	LIT			\$ 150.00
-- --	-- --			-- --
-- --	-- --			-- --

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

SUBTOTAL \$ 4,966.92

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

2004 OCT -7 A 9:55
Page 1 of 7
For Official Use Only

Type or print in ink.

Statement covers period
from 07/01/2004
through 09/30/2004

Date of election if applicable:
(Month, Day, Year)
November 5, 2002

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. **Type of Statement:**

Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. **Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Mark Leyes

I.D. NUMBER
1239124

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue

CITY
Garden Grove

STATE
CA

ZIP CODE
92844

AREA CODE/PHONE
(714) 534-3449

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

CITY
Garden Grove

STATE
CA

ZIP CODE
92844

AREA CODE/PHONE
(714) 534-3449

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Mark Leyes

MAILING ADDRESS
9061 Imperial Avenue

CITY
Garden Grove

STATE
CA

ZIP CODE
92844

AREA CODE/PHONE
(714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. **Verification**

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

Executed on October 5, 2004
Date

Executed on October 5, 2004
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

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

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

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

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER Lysa Ray	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 9061 Imperial Avenue	STREET ADDRESS (NO P.O. BOX)
CITY Garden Grove	STATE ZIP CODE AREA CODE/PHONE CA 92844 (714) 534-3449
COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Mayor	1267277
NAME OF TREASURER Mark Leyes	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 9061 Imperial Avenue	STREET ADDRESS (NO P.O. BOX)
CITY Garden Grove	STATE ZIP CODE AREA CODE/PHONE CA 92844 (714) 534-3449

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 07/01/2004
through 09/30/2004

CALIFORNIA **460**
FORM

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	0	0
2. Loans Received	0	800.00
3. SUBTOTAL CASH CONTRIBUTIONS	0	800.00
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	0	800.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made

6. Payments Made	36.00	603.92
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	36.00	603.92
9. Accrued Expenses (Unpaid Bills)	0	3,793.72
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	36.00	4,397.64

Expenditure Limit Summary for State Candidates

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

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

Current Cash Statement

12. Beginning Cash Balance	195.36
13. Cash Receipts	0
14. Miscellaneous Increases to Cash	0
15. Cash Payments	36.00
16. ENDING CASH BALANCE	159.36

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

17. LOAN GUARANTEES RECEIVED	0
18. Cash Equivalents	0
19. Outstanding Debts	4,593.72

Cash Equivalents and Outstanding Debts

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

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

**Schedule B - Part 1
Loans Received**

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

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2004
through 09/30/2004

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 500.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500.00	n/a %	\$ 500.00	CALENDAR YEAR 800.00 PERELECTION** n/a
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 300.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 300.00	n/a %	\$ 300.00	CALENDAR YEAR 800.00 PERELECTION** n/a
-- --	-- --	\$ --	\$ --	<input type="checkbox"/> PAID \$ -- <input type="checkbox"/> FORGIVEN \$ --	\$ --	-- %	\$ --	CALENDAR YEAR -- PERELECTION** --
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SUBTOTALS \$		0 \$	0 \$	0 \$	800.00 \$	0

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

* Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

† Contributor Codes

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

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

**Schedule E
Payments Made**

CALIFORNIA
FORM
460

Statement covers period
from 07/01/2004
through 09/30/2004
Page 5 of 7
I.D. NUMBER
1239124

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	--	--		--
	--	--		--
	--	--		--

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

SUBTOTAL \$ 0

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0
2. Unitemized payments made this period of under \$100 \$ 36.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 36.00

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

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

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 09/30/2004

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER
1239124

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O.Box 2463 Spokane WA 99120	OFC	\$ 1,730.20	0	0	\$ 1,730.20
SUBVENDOR FOR ABOVE: The Political Scientists 924 16th Street Hermosa Beach CA 90254	LIT	-- --	-- --	-- --	-- --
SUBVENDOR FOR ABOVE: Fry's Electronics 10800 Kalama River Avenue Fountain Valley CA 92708	OFC	-- --	-- --	-- --	-- --
SUBTOTALS \$		1,730.20 \$	0 \$	0 \$	1,730.20

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0

May be a negative number

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

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

SCHEDULE F (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07/01/2004
through 09/30/2004

Page 7 of 7

NAME OF FILER: Friends of Mark Leyes I.D. NUMBER: 1239124

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Probolesky & Associates 23276 South Pointe Drive, #206 Laguna Hills CA 92653	PHO	\$ 2,063.52	0	0	\$ 2,063.52
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
SUBTOTALS \$		2,063.52 \$	\$	\$	2,063.52

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
200-1/02
FORM

Date Stamp
CITY OF GARDEN
CITY CLERK'S

460

Page 55 of 19

For Official Use Only

Type or print in ink.

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

November 2, 2004

Statement covers period
from

01/01/2004

through

09/30/2004

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1267277

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

Mark Leyes for Mayor

Treasurer(s)

NAME OF TREASURER

Mark Leyes

MAILING ADDRESS

9061 Imperial Avenue

STREET ADDRESS (NO P.O. BOX)

9061 Imperial Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Garden Grove CA 92844 (714) 534-3449

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on

October 4, 2004

Date

Executed on

October 4, 2004

Date

Executed on

Date

Executed on

Date

Mark Leyes
Signature of Treasurer or Assistant Treasurer

By _____

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

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 19

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Mark Leyes
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 Mayor, City of Garden Grove
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 9061 Imperial Avenue, Garden Grove CA 92844-1301

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844-1301 (714) 534-3449	

COMMITTEE NAME	I.D. NUMBER
Friends of Mark Leyes	1239124
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mark Leyes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
9061 Imperial Avenue	
CITY STATE ZIP CODE AREA CODE/PHONE	
Garden Grove CA 92844-1301 (714) 534-3449	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period
from 01/01/2004
through 09/30/2004
Page 3 of 19
I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Mark Leyes for Mayor

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 23,748.00	23,748.00
2. Loans Received	Schedule B, Line 3 1,000.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 24,748.00	24,748.00
4. Nonmonetary Contributions	Schedule C, Line 3 185.00	185.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 24,933.00	24,933.00

Expenditure Limit Summary for State Candidates

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

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

6. Payments Made	Schedule E, Line 4 12,441.87	12,441.87
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 12,441.87	12,441.87
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 185.00	185.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 12,626.87	12,626.87

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 0
13. Cash Receipts	Column A, Line 3 above 24,748.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 12,441.87
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 12,306.13

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

17. LOAN GUARANTEES RECEIVED 0

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	See instructions on reverse 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 1,000.00

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

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA
FORM **460**

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I.D. NUMBER
1267277

Statement covers period
from 01/01/2004
through 09/30/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/04	Friends of Tom Harman 22032 Capistrano Lane Huntington Beach CA 92646	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 1250573	\$250	\$250	
8/17/04	Thomas L. Petrosine 10501 Stanley Lane Garden Grove CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
8/19/04	Manuel T. Padilla 19041 Chadbourne Lane Santa Ana CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
8/12/04	Harbor Suites LLC 9100 East Panorama Drive, Suite 300 Englewood CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
8/19/04	Widdicombe Enterprises Inc. 10900 Katella Avenue Anaheim CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200	\$200	
SUBTOTAL \$				1050		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 23,349.00

2. Amount received this period - unitemized contributions of less than \$100 \$ 399.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 23,748.00

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

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

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

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2004

through 09/30/2004

CALIFORNIA
FORM **460**

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NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/04	West Coast Lodging 9100 E. Panorama Drive, Suite 300 Englewood CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
8/18/04	West Coast Arborists Inc. 2200 E. Via Burton Street Anaheim CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
8/13/04	Chapman Restaurants LLC 2725 Rocky Mountain Avenue, Suite 200 Loveland CO 80538	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
8/18/04	Dao Van Bach 12292 Magnolia Garden Grove CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Monk ----- Viet Nam Buddhist Temple	\$150	\$150	
8/1/04	Anthony Kuo 43 Lehigh Aisle Irvine CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legislative Assistant ----- City of Irvine	\$100	\$100	

SUBTOTAL \$

850

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

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

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

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2004
through 09/30/2004

CALIFORNIA
FORM **460**

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NAME OF FILER
Mark Leyes for Mayor
I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/04	TCCM II, LLC 3700 Campus Drive, #106 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
8/18/04	Jeffrey C. Stone 3333 E. Camelback Road, #122 Phoenix AZ 85018	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President ----- Summit Builders	\$500	\$500	
8/13/04	B.C.D. Tofu House Inc. 869 S. Western Avenue, #2 Los Angeles CA 90005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	
8/18/04	LQNN Inc. 9261 Bolsa Avenue Westminster CA 92683	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	
8/1/04	A.R. Radford & Associates 13921 West Street Garden Grove CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
SUBTOTAL \$				3,000		

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IND - Individual
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 01/01/2004
through 09/30/2004

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NAME OF FILER
Mark Leyes for Mayor
I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/04	Garden Grove Secured Storage 3700 Campus Drive, #106 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/23/04	Robert Guthrie 1749 Port Hemley Circle Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President ----- Guthrie Development Co.	\$250	\$250	
8/18/04	CR&R Inc. 11292 Western Avenue Stanton CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$1,000	
8/17/04	Lucky Investment Co. 310 Hilgard Avenue Los Angeles CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
8/19/04	Wilbur Lorbeer 5320 E. 2nd Street, Suite 9 Long Beach CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
SUBTOTAL \$				2,100		

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

Statement covers period
from 01/01/2004
through 09/30/2004

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NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/04	Garden Grove Lodging LLC 9100 E. Panorama Drive, Suite 300 Englewood CO 80112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/23/04	Oliphant 10-31 Exchange LLC 3185 Airway Avenue, Suite F Costa Mesa CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$2,000	
9/23/04	Oliphant 10-31 Exchange LLC 3185 Airway Avenue, Suite F Costa Mesa CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000	\$2,000	
9/16/04	Garden Grove Secured Storage 3700 Campus Drive, Suite 106 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$500	
9/16/04	U.S. Dyeing & Finishing Inc. 12601 Industry Street Garden Grove CA 92841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
SUBTOTAL \$				3,000		

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PTY - Political Party
SCC - Small Contributor Committee

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

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

Statement covers period
from 01/01/2004
through 09/30/2004

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NAME OF FILER
Mark Leyes for Mayor
I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/04	Law Offices of Erik B. Michelsen 1301 Dove Street, #390 Newport Beach CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/23/04	DWO Enterprises Inc. P.O. Box 1651 Rancho Santa Fe CA 92067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/8/04	Ronnie M. Lam 1095 Rosalind Road San Marino CA 91108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President ----- Kam Sang Development	\$1,000	\$1,000	
9/23/04	John Jason Choulochas 3049 Rivoli Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Banker ----- Cohen Capital	\$250	\$250	
9/23/04	Jeff Hirsch 1418 Estelle Lane Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker ----- Lee & Associates	\$250	\$250	
SUBTOTAL \$				2,000		

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from 01/01/2004
through 09/30/2004

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NAME OF FILER
Mark Leyes for Mayor
I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/04	Manuel E. Nunes 9731 Royal Palm Blvd. Garden Grove CA 92841	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Urban Planner ----- Self-employed	\$100	\$100	
9/23/04	William E. Skinner & Associates 3185-F Airway Avenue Costa Mesa CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
8/23/04	Nationwide Environmental Services 11914 Front Street Norwalk CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
9/23/04	Miller Contracting Company 18207 E. McDermott, Suite E Irvine CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/23/04	James F. McConnell 1130 Connecticut Avenue NW, #300 Washington, D.C. 20036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney ----- Self-employed	\$100	\$100	
SUBTOTAL \$				800		

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

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

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

Statement covers period
from 01/01/2004
through 09/30/2004

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NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/04	John W. O'Brien 1943 Port Locksleigh Place Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer ----- Guthrie Development	\$250	\$250	
9/23/04	Frank Adler 305 Kings Place Newport Beach CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker ----- Lee & Associates	\$250	\$250	
9/16/04	Grove Body Shop 10242 Garden Grove Blvd. Garden Grove CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
9/21/04	Mastroianni Family Enterprises 10581 Garden Grove Blvd. Garden Grove CA 92843	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/23/04	Randal Bramel 1955 Port Claridge Place Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor ----- Bridgeport Investments	\$250	\$250	
SUBTOTAL \$				1,500		

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

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

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

Statement covers period
from 01/01/2004
through 09/30/2004

Page 12 of 19
I.D. NUMBER
1267277

NAME OF FILER Mark Leyes for Mayor		STATEMENT PERIOD		I.D. NUMBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/04	AKM Consulting Engineers Inc. 553 Wald Irvine CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
8/30/04	Taormina Industries LLC 1131 N. Blue Gum St. Anaheim CA 92815	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/16/04	Vista Communities Inc. 19800 MacArthur Blvd., #750 Irvine CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
9/21/04	Jim Morrissey P.O. Box 9395 Anaheim CA 92812	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
9/8/04	William Steiner 8143 E. Cheshire Road Orange CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant ----- Hebrock, Steiner & McLaughlin Inc.	\$100	\$100	
SUBTOTAL \$				800		

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

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

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

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2004
through 09/30/2004

CALIFORNIA FORM 460

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NAME OF FILER
Mark Leyes for Mayor
I.D. NUMBER
1267277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/04	Steven J. Sarkis 8137 Cardiff Drive Stanton CA 90680	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design Engineer ----- ALCON Labs	\$100	\$100	
9/26/04	Steven J. Sarkis 8137 Cardiff Drive Stanton CA 90680	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Design Engineer ----- ALCON Labs	\$50	\$150	
9/16/04	Widdicombe Enterprises Inc. 10900 Katella Avenue Anaheim CA 92804	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$300	
8/25/04	Roger B. Keating 2700 Neilson Way, Apt. 1622 Santa Monica CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, LA Division ----- Time Warner Cable	\$250	\$250	
9/15/04	Kerry Welsh 4455 Torrance Blvd., #1000 Torrance CA 90503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ----- Welcom Products Inc.	\$1,000	\$1,000	
SUBTOTAL \$				1,500		

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

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

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

Statement covers period
from 01/01/2004
through 09/30/2004

Page 14 of 19
I.D. NUMBER
1267277

NAME OF FILER
Mark Leyes for Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/28/04	Centex Homes South Coast 250 Commerce, #100 Irvine CA 92602	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$250	
9/28/04	Lee Butterfield 12281 Diane Street Garden Grove CA 92840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Commissioner ----- City of Garden Grove	\$250	\$250	
9/20/04	Apartment Association of Orange County PAC 12822 Garden Grove Blvd., #D Garden Grove CA 92843	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC ID# 980470	\$1,000	\$1,000	
8/25/04	Shea Homes 603 South Valencia Avenue Brea CA 92822	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$249	\$249	
8/6/04	James Barisic 1801 E. Edinger, #125 Santa Ana CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner ----- Brandywine Development	\$5,000	\$5,000	
SUBTOTAL \$				6,749		

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

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from 01/01/2004
through 09/30/2004

**CALIFORNIA
FORM
460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

I.D. NUMBER

1267277

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PERELECTION**	
									CALENDAR YEAR	PERELECTION**
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844	City Councilman City of Garden Grove	\$ 1,000	\$ 1,000	\$ 0	\$ 1,000	n/a	\$ 1,000	\$ 1,000	7/29/2004	n/a
---	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---	---	---
---	---	\$ ---	\$ ---	\$ ---	\$ ---	---	\$ ---	\$ ---	---	---
SUBTOTALS \$							1,000 \$	0 \$	1,000 \$	0

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

Schedule B Summary

- Loans received this period \$ 1,000
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 1,000**
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

Schedule C Nonmonetary Contributions Received

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

Statement covers period
from 01/01/2004
through 09/30/2004

Page 16 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1267277

Mark Leyes for Mayor

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/04	Robert Guthrie 1749 Port Hemley Circle Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President ----- Guthrie Development	Food for Meeting	\$185.00	\$435.00 ?	
-- --		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-- --	-- --	-- --	-- --	
-- --		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-- --	-- --	-- --	-- --	
-- --		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	-- --	-- --	-- --	-- --	

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 185.00**

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 185.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 185.00

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

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

Statement covers period
from 01/01/2004
through 09/30/2004

Page 17 of 19
I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Garden Grove 11222 Acacia Parkway Garden Grove CA 92842	FIL		Candidate Statement	\$ 3,018.00
Reinberger Printworks 20275 Paseo del Prado Walnut CA 91789	LIT			\$ 1,141.00
Garden Grove Chamber of Commerce 12866 Main Street, #102 Garden Grove CA 92840	CVC			\$ 100.00
			SUBTOTAL \$	4,259.00

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 12,242.69
2. Unitemized payments made this period of under \$100 \$ 199.18
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 12,441.87**

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

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

Statement covers period	
from <u>01/01/2004</u>	through <u>09/30/2004</u>
CALIFORNIA 460 FORM	
Page <u>18</u> of <u>19</u>	I.D. NUMBER <u>1267277</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS South 3309 S. Main Street Santa Ana CA 92707	CMP			\$ 2,262.75
Sautraup Inc. 12926 Main Street Garden Grove CA 92840	FND			\$ 120.00
Your Ballot Guide 15030 Ventura Blvd., #530 Sherman Oaks CA 91403	LIT	FPPC ID# 588011		\$ 600.00
U.S Postmaster 4770 Eureka Avenue Yorba Linda CA 92885	POS			\$ 268.20
U.S. Postmaster 10441 Stanford Avenue Garden Grove CA 92842	POS			\$ 265.90
			SUBTOTAL \$	3,516.85

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

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

SCHEDULE E (CONT.)

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

Statement covers period
from 01/01/2004
through 09/30/2004

Page 19 of 19

I.D. NUMBER
1267277

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mark Leyes for Mayor

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Non-Partisan Candidate Evaluation Council 5405 Alton Parkway, # 5A380 Irvine CA 92604	LIT		FPPC ID# 588002	\$ 1,200.00
Marrriott Marquis Hotel 1535 Broadway New York City NY 10036	TRC			\$ 678.04
Office Depot 11100 Garden Grove Blvd. Garden Grove CA 92840	OFC			\$ 223.80
Voter Information Guide 13701 Riverside Drive, #604 Sherman Oaks CA 91423	LIT		FPPC ID# 593003	\$ 1,740.00
POST International 31441 Santa Margarita Parkway, #A-206 Rancho Santa Margarita CA 92688	CMP			\$ 625.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 4,466.84**

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2004 AUG -3 A 10:07

Date Stamp

Statement covers period
from 02/15/2004
through 06/30/2004

Date of election if applicable:
(Month, Day, Year)
November 5, 2002

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 Ballot Measure Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

Controlled
 Sponsored
(Also Complete Part 6)

Primarily Formed
 Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) _____ I.D. NUMBER 1239124

Friends of Mark Leyes

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

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

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER Mark Leyes

MAILING ADDRESS 9061 Imperial Avenue

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

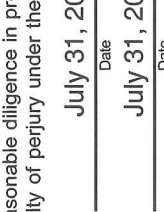
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

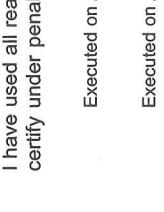
Executed on July 31, 2004 Date

Executed on July 31, 2004 Date

Executed on _____ Date

Executed on _____ Date

By  Signature of Treasurer or Assistant Treasurer

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

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

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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER Lysa Ray	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 9061 Imperial Avenue	STREET ADDRESS (NO P.O. BOX)
CITY Garden Grove	STATE ZIP CODE AREA CODE/PHONE CA 92844 (714) 534-3449
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 02/15/2004
through 06/30/2004

CALIFORNIA
FORM **460**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received			
1. Monetary Contributions	Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received	Schedule B, Line 3	300.00	800.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	300.00	800.00
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	300.00	800.00

Expenditures Made			
6. Payments Made	Schedule E, Line 4	\$ 543.92	\$ 567.92
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	543.92	567.92
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(495.92)	3,793.72
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	48.00	4,361.64

Current Cash Statement			
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 439.28	
13. Cash Receipts	Column A, Line 3 above	300.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0	
15. Cash Payments	Column A, Line 8 above	543.92	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	195.36	
<i>If this is a termination statement, Line 16 must be zero.</i>			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0	

Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse	\$ 0	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 4,593.72	

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditure Limit Summary for State Candidates

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

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

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

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA 460
FORM**

Statement covers period
from 02/15/2004
through 06/30/2004

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 4 of 7
I.D. NUMBER
1239124

Friends of Mark Leyes

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 500.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500.00 12/31/2005	0 %	\$ 500.00 12/31/2003	CALENDAR YEAR \$ 800.00 PER ELECTION** n/a
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 0	\$ 300.00	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 300.00 12/31/2005	0 %	\$ 300.00 05/07/2004	CALENDAR YEAR \$ 800.00 PER ELECTION** n/a
-- --	-- --	\$ --	\$ --	<input type="checkbox"/> PAID \$ -- <input type="checkbox"/> FORGIVEN \$ --	\$ --	%	\$ --	CALENDAR YEAR \$ -- PER ELECTION** \$ --
SUBTOTALS \$		300.00 \$	0 \$	0 \$	800.00 \$	0	0	

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

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans less than \$100.) \$ 300.00
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) \$ 0
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 300.00**
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

† Contributor Codes

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

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

**Schedule E
Payments Made**

Statement covers period
from 02/15/2004
through 06/30/2004

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Friends of Mark Leyes

1239124

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America VISA P.O. Box 2463 Spokane WA 99120	LIT		Partial payment of previous accrued expense (see Schedule F)	\$ 226.48
Bank of America VISA P.O. Box 2463 Spokane WA 99120	LIT		Partial payment of previous accrued expense (see Schedule F)	\$ 269.44
SUBVENDOR The Political Scientists FOR ABOVE: 924 16th Street Hermosa Beach CA 90254	LIT	-- --	-- --	-- --

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

SUBTOTAL \$ 495.92

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 495.92
2. Unitemized payments made this period of under \$100 \$ 48.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 543.92

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 02/15/2004
through 06/30/2004

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O. Box 2463 Spokane WA 99120	OFC	\$ 2,226.12	0	\$ 495.92	\$ 1,730.20
SUBVENDOR The Political Scientists (Beg: 800.00) FOR ABOVE: 924 16th Street (Paid: 495.92) Hermosa Beach CA 90254 (End: \$ 304.08)	LIT	-- --	-- --	-- --	-- --
SUBVENDOR Fry's Electronics (\$ 1,000.00) FOR ABOVE: 10800 Kalamia River Avenue Fountain Valley CA 92708	OFC	-- --	-- --	-- --	-- --
SUBTOTALS \$		2,226.12 \$	0 \$	495.92 \$	1,730.20

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 495.92
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** (495.92)
May be a negative number

NAME OF FILER: Friends of Mark Leyes

I.D. NUMBER: 1239124

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Probolsky & Associates 3001 RedHill Avenue, Bldg. 5, Suite 105 Costa Mesa CA 92626	PHO	\$ 2,063.52	0	0	\$ 2,063.52
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
SUBTOTALS \$		\$ 2,063.52	0	0	\$ 2,063.52

Type or print in ink.

Statement covers period from 01/18/2004 through 02/14/2004

Date of election if applicable: (Month, Day, Year) November 5, 2002

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall (Also Complete Part 5)
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored (Also Complete Part 6)
 Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
 Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1239124

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

Friends of Mark Leyes

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

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

Treasurer(s)

NAME OF TREASURER
Mark Leyes

MAILING ADDRESS
9061 Imperial Avenue

CITY Garden Grove STATE CA ZIP CODE 92844 AREA CODE/PHONE (714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

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

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on February 18, 2004 By [Signature]
Date Signature of Registrar or Assistant Treasurer

Executed on February 18, 2004 By [Signature]
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 State of California

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

Garden Grove City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue	
CITY	STATE ZIP CODE AREA CODE/PHONE
Garden Grove	CA 92844 (714) 534-3449

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

CITY STATE ZIP CODE AREA CODE/PHONE _____

6. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD _____ DISTRICT NO. IF ANY _____

7. Primarily Formed Committee

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 01/18/2004
through 02/14/2004

CALIFORNIA
FORM **460**

Page 3 of 7

I.D. NUMBER
1239124

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Mark Leyes

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received Schedule B, Line 3	\$ 0	\$ 500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 500.00
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 500.00

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

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

20. Contributions Received \$ n/a \$ n/a

21. Expenditures Made \$ n/a \$ n/a

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 12.00	\$ 24.00
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 12.00	\$ 24.00
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 4,289.64
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 12.00	\$ 4,301.64

Expenditure Limit Summary for State Candidates

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

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 451.28
13. Cash Receipts Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 12.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 439.28

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

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0
--------------------	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 4,789.64

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER
1239124

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
\$ 500.00	\$ 0	\$ 0	\$ 500.00	0 %	\$ 500.00	\$ 500.00
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	ASSEMBLYMEMBER'S REPRESENTATIVE: OFFICE OF ASSEMBLYMAN BOB PACHECO	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE 12/31/2005	RATE	DATE INCURRED 12/31/2003	CALENDAR YEAR PER ELECTION ** n/a
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION **
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION **
SUBTOTALS \$ 0 \$ 0 \$ 500.00 \$ 0						

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

Schedule B Summary

- Loans received this period \$ 0
 (Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
 Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by
 another party also must be
 reported on Schedule A.
 ** If required.

† Contributor Codes

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

**Schedule E
Payments Made**

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

Statement covers period
from 01/18/2004
through 02/14/2004

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

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

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

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DESCRIPTION OF PAYMENT

CODE OR

AMOUNT PAID

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
---		---
---		---
---		---

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

SUBTOTAL \$ 0

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0
2. Unitemized payments made this period of under \$100 \$ 12.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 12.00**

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

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

CALIFORNIA
FORM
460

Statement covers period
from 01/18/2004
through 02/14/2004

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O. Box 2463 Spokane, WA 99120	OFC	\$ 2,226.12	0	0	\$ 2,226.12
SUBVENDOR FOR ABOVE: The Political Scientists 924 16th Street Hermosa Beach, CA 90254	LIT	-- --	-- --	-- --	-- --
SUBVENDOR FOR ABOVE: Fry's Electronics 10800 Kalamia River Avenue Fountain Valley, CA 92708	OFC	-- --	-- --	-- --	-- --
SUBTOTALS \$		2,226.12 \$	0 \$	0 \$	2,226.12

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 0**

May be a negative number

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

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

Statement covers period from <u>01/18/2004</u> through <u>02/14/2004</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>7</u>	
I.D. NUMBER 1239124	

NAME OF FILER

Friends of Mark Leyes

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Probolsky & Associates 3001 RedHill Avenue, Bldg 5, Suite 105 Costa Mesa, CA 92626	PHO	\$ 2,063.52	0	0	\$ 2,063.52
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
SUBTOTALS \$		2,063.52 \$	0 \$	0 \$	2,063.52

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
RECEIVED
 CITY OF GARDEN GROVE
 CITY CLERK'S OFFICE
 2004 JAN 26 A 10:50

CALIFORNIA
 2001/02
 FORM

Page 1 of 7
 For Official Use Only

Statement covers period
 from 1/01/2004
 through 1/17/2004

Date of election if applicable:
 (Month, Day, Year)
November 5, 2002

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1239124

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

Friends of Mark Leyes

STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue
 CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 (714) 534-3449
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER
Mark Leyes
 MAILING ADDRESS
9061 Imperial Avenue
 CITY STATE ZIP CODE AREA CODE/PHONE
Garden Grove CA 92844 (714) 534-3449
 NAME OF ASSISTANT TREASURER, IF ANY
 MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
 OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on January 22, 2004 Date
 Executed on January 22, 2004 Date
 Executed on _____ Date
 Executed on _____ Date

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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mark Leyes
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Garden Grove City Council
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9061 Imperial Avenue, Garden Grove CA 92844

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

COMMITTEE NAME	I.D. NUMBER
Mark Leyes for Assembly	1232304
NAME OF TREASURER	CONTROLLED COMMITTEE?
Lysa Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
9061 Imperial Avenue	
CITY	STATE ZIP CODE AREA CODE/PHONE
Garden Grove	CA 92844 (714) 534-3449
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 1/01/2004
through 1/17/2004

**CALIFORNIA 460
FORM**

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

I.D. NUMBER

1239124

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0	\$ 0
2. Loans Received	Schedule B, Line 3 0	500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0	500.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0	500.00

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 12.00	\$ 12.00
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 12.00	12.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	4,289.64
10. Nonmonetary Adjustment	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 12.00	4301.64

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 463.28
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 12.00
15. Cash Payments	Column A, Line 8 above 451.28
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 4,789.64

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

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

**CALIFORNIA 460
FORM**

Statement covers period
from 1/01/2004
through 1/17/2004

SEE INSTRUCTIONS ON REVERSE

Page 4 of 7

NAME OF FILER

I.D. NUMBER

Friends of Mark Leyes

1239124

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	PERELECTION **	
									CALENDAR YEAR	PERELECTION **
Mark Leyes 9061 Imperial Avenue Garden Grove CA 92844 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember's Representative: Office of Assemblyman Bob Pacheco	\$ 500.00	\$ 500.00	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 500.00 12/31/2005	0 % \$ 0	\$ 500.00 12/31/2003	\$ 500.00 n/a	500.00	n/a
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ --- DATE DUE	% \$ ---	\$ --- DATE INCURRED	\$ --- PERELECTION **	---	---
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ ---	\$ ---	<input type="checkbox"/> PAID \$ --- <input type="checkbox"/> FORGIVEN \$ ---	\$ --- DATE DUE	% \$ ---	\$ --- DATE INCURRED	\$ --- PERELECTION **	---	---
SUBTOTALS \$					500.00 \$	0 \$	500.00 \$	0		

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

Schedule B Summary

- Loans received this period \$ 500.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 500.00**
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

† Contributor Codes

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

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

Statement covers period
 from 1/01/2004
 through 1/17/2004

Page 5 of 7
 I.D. NUMBER
 1239124

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mark Leyes

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	--	--		--
	--	--		--
	--	--		--

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

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	0
2. Unitemized payments made this period of under \$100	\$	12.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	12.00

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

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

**CALIFORNIA
FORM 460**

Statement covers period
from 1/01/2004
through 1/17/2004

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1239124

Friends of Mark Leyes

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bank of America VISA P.O. Box 2463 Spokane, WA 99120	OFC	\$ 2,226.12	0	0	\$ 2,226.12
SUBVENDOR FOR ABOVE: The Political Scientists 924 16th Street Hermosa Beach CA 90254	LIT	-- --	-- --	-- --	-- --
SUBVENDOR FOR ABOVE: Frys' Electronics 10800 Kalama River Avenue Fountain Valley CA 92708	OFC	-- --	-- --	-- --	-- --
SUBTOTALS \$		\$ 2,226.12	\$ 0	\$ 0	\$ 2,226.12

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

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

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

Statement covers period
from 1/01/2004
through 1/17/2004

CALIFORNIA FORM 460

Page 7 of 7

NAME OF FILER: Friends of Mark Leyes I.D. NUMBER: 1239124

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

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Probolsky & Associates 3001 RedHill Avenue, Bldg 5, Suite 105 Costa Mesa CA 92626	PHO	\$ 2,063.52	0	0	\$ 2,063.52
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --
-- --	-- --	-- --	-- --	-- --	-- --

SUBTOTALS \$ \$ 2,063.52 \$ \$ 2,063.52

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only
RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Please type or print in ink

2004 AUG -6 P 12:41

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Leyes	Mark	Albert	(714) 534-3449
MAILING ADDRESS (May be business address)	STREET	CITY	STATE ZIP CODE
9061 Imperial Avenue	Garden Grove	CA	92844
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency or Court

Name of Office, Agency or Court:
City of Garden Grove

Division, Board, District, if applicable:

Your Position:
City Council Member

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

Agency: _____

Position: _____

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

State

County of _____

City of Garden Grove

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2003, through December 31, 2003.

-or-

The period covered is ____/____/____, through December 31, 2003.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2003, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

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

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

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

-or-

⇒ No reportable interests on any schedule

Total number of pages completed including this cover page: 5

5. Verification

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

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

Date Signed August 5, 2004
(month, day, year)

Signature *Mark Leyes*
(File the originally signed statement with your filing official.)

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Mark Leyes

> NAME OF BUSINESS ENTITY
Broadcom Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Semiconductor Manufacturing

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

Comments: _____

SCHEDULE B

Interests in Real Property

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Mark Leyes</u>

STREET ADDRESS OR PRECISE LOCATION
9061 Imperial Avenue

CITY
Garden Grove CA 92844

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/03 _____/_____/03

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

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

Over \$1,000,000

NATURE OF INTEREST

Rental Property Ownership/Deed of Trust Easement

Leasehold _____ _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

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

NAME OF LENDER
Washington Mutual Bank

ADDRESS
P.O. Box 1900, Northridge CA 91328

BUSINESS ACTIVITY OF LENDER

INTEREST RATE TERM (Months/Years)

4.6 % None 30 years

HIGHEST BALANCE DURING REPORTING PERIOD

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

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

Guarantor, if applicable

STREET ADDRESS OR PRECISE LOCATION
10501 Claussen Street

CITY
Garden Grove CA 92840

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000 _____/_____/03 _____/_____/03

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

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

Over \$1,000,000

NATURE OF INTEREST

Rental Property Ownership/Deed of Trust Easement

Leasehold _____ _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

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

NAME OF LENDER
Washington Mutual Bank

ADDRESS
P.O. Box 1900, Northridge CA 91328

BUSINESS ACTIVITY OF LENDER

INTEREST RATE TERM (Months/Years)

4.6 % None 30 years

HIGHEST BALANCE DURING REPORTING PERIOD

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

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

Guarantor, if applicable

Comments: _____

SCHEDULE E Income – Gifts

Name
Mark Leyes

> NAME OF SOURCE
City of Anaheim

ADDRESS
200 S. Anaheim Blvd., Anaheim CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Municipal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 04	\$ 132.00	Concert tickets (2)
/ /	\$ _____	_____
/ /	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$ _____	_____
/ /	\$ _____	_____
/ /	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$ _____	_____
/ /	\$ _____	_____
/ /	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$ _____	_____
/ /	\$ _____	_____
/ /	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$ _____	_____
/ /	\$ _____	_____
/ /	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$ _____	_____
/ /	\$ _____	_____
/ /	\$ _____	_____

Comments: _____

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not-yet-qualified or

Type or print in ink

Amendment
 List I.D. number: # _____

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

7/29/04
 Date qualified as committee

 Date qualified as committee
 (if applicable)

1. Committee Information

NAME OF COMMITTEE

Mark Leyes for Mayor

STREET ADDRESS (NO P.O. BOX)

9061 Imperial Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Garden Grove

CA

92844

(714) 534-3449

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
 THAN COUNTY OF DOMICILE

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on July 29, 2004 DATE

Executed on July 29, 2004 DATE

Executed on _____ DATE

Executed on _____ DATE

By Mark Leyes

By Mark Leyes

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

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

126727M

STATEMENT OF ORGANIZATION

CALIFORNIA 410 FORM

For Official Use Only

RECEIVED AND FILED

Office of the Secretary of State of the State of California

JUL 29 2004

JUL 30 2004

Hand Delivered, Sacramento

KEVIN SHELLEY, Secretary of State

By DS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mark Leyes

STREET ADDRESS

9061 Imperial Avenue

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Garden Grove

CA

92844

(714) 534-3449

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2
I.D. NUMBER (applied for)
COMMITTEE NAME Mark Leyes for Mayor

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Mark Leyes	Mayor, City of Garden Grove	2004	<input checked="" type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION WASHINGTON MUTUAL BANK	AREA CODE/PHONE (714) 530-5680	BANK ACCOUNT NUMBER 0097-0000474724-1
ADDRESS 11922 BROOKHURST STREET	CITY GARDEN GROVE	STATE ZIP CODE CA 92840

Primarily Formed Committee

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

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Mark Leyes for Mayor	Page 3 I.D. NUMBER (applied for)
--	--

4. Type of Committee (Continued)

General Purpose Committee

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

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS	CITY
NO. AND STREET	STATE
	ZIP CODE

Small Contributor Committee

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

5. Termination Requirements

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

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Candidate Intention Statement

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
Date Stamp
2004 JUL 22 P 12:13

CALIFORNIA FORM 501
For Official Use Only

Type or Print in Ink.

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Mark Leyes DAYTIME TELEPHONE NUMBER (714) 458-0434 FAX NUMBER () E-MAIL (optional) Mark@MarkLeyes.com

STREET ADDRESS 9061 Imperial Avenue CITY Garden Grove STATE CA ZIP CODE 92844

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME City of Garden Grove DISTRICT NUMBER, if applicable. NON-PARTISAN PARTY:

Mayor OFFICE JURISDICTION State (Complete Part 2) City County Multi-County: Garden Grove (Name of Jurisdiction) 2004 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

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

(Check one box)

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

Amendment:

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

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on July 10, 2004
(month, day, year)

Signature Mark Leyes
(Candidate)

STATEMENT OF ECONOMIC INTERESTS

Date Received

Official Use Only

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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

COVER PAGE

A Public Document

2004 MAR 31 A 8:21

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Leyes	Mark	Albert	(714) 534-3449
MAILING ADDRESS (May be business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
9061 Imperial Avenue	Garden Grove	CA	92844-1301

1. Office, Agency or Court

Name of Office, Agency or Court:
City of Garden Grove

Division, Board, District, if applicable:

Your Position:
Council Member

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

Agency: _____

Position: _____

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

State

County of _____

City of Garden Grove

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2003, through December 31, 2003.

-or-

The period covered is ____/____/____, through December 31, 2003.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2003, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

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

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

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

-or-

⇒ No reportable interests on any schedule

Total number of pages completed including this cover page: 4

5. Verification

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

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

Date Signed March 25, 2004
(month, day, year)

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

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name <u>Mark Leyes</u></p>

> NAME OF BUSINESS ENTITY
Broadcom Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Semiconductor Manufacturing

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 03 / / 03
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
Mark Leyes

> 1. BUSINESS ENTITY OR TRUST

Mark Leyes Consulting Services
Name
9061 Imperial Avenue, Garden Grove CA 92844
Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Economics / Public Affairs / Political Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
_____/_____/03 ____/____/03
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION Principal (Owner)

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
_____/_____/03 ____/____/03
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

> 1. BUSINESS ENTITY OR TRUST

Wanda Leyes
Name
9061 Imperial Avenue, Garden Grove CA 92844
Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Sales - Antiques

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
_____/_____/03 ____/____/03
ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Sole Proprietorship Partnership (owned by spouse)
Other

YOUR BUSINESS POSITION (community property)

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
_____/_____/03 ____/____/03
ACQUIRED DISPOSED

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

SCHEDULE B Interests in Real Property

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
Mark Leyes

STREET ADDRESS OR PRECISE LOCATION
9061 Imperial Avenue

CITY
Garden Grove CA 92844

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

ACQUIRED / /03 DISPOSED / /03

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

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

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

NAME OF LENDER
Washington Mutual Bank

ADDRESS
P.O. Box 1900, Northridge CA 91328

BUSINESS ACTIVITY OF LENDER

INTEREST RATE TERM (Months/Years)
4.6 % None 30 years

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

STREET ADDRESS OR PRECISE LOCATION
10501 Claussen Street

CITY
Garden Grove CA 92844

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

ACQUIRED / /03 DISPOSED / /03

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

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

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

NAME OF LENDER
Washington Mutual Bank

ADDRESS
P.O. Box 1900, Northridge CA 91328

BUSINESS ACTIVITY OF LENDER

INTEREST RATE TERM (Months/Years)
4.6 % None 30 years

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

Comments: _____