

Candidate Intention Statement

RECEIVED

CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

2017 MAY 15 PM 2:06

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Beard, Kris C. DAYTIME TELEPHONE NUMBER (714) 336-4602 FAX NUMBER (optional) (-) E-MAIL (optional) beard499@gmail.com
 STREET ADDRESS 5471 Cerulean Avenue, Garden Grove CITY Garden Grove STATE CA ZIP CODE 92845
 OFFICE SOUGHT (POSITION TITLE) City Council AGENCY NAME City of Garden Grove DISTRICT NUMBER, if applicable. 1 NON-PARTISAN PARTY:
 OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2018

2. State Candidate Expenditure Limit Statement:

(CALPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2018 (Year of Election) Primary/general election Special/runoff election

(Check one box)

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

Amendment:

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

(Mark if applicable)

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

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 May 15, 2017 (month, day, year) Signature Kris C. Beard (Candidate)

Rejected: SJ 5/30/17 garden
Returned: TM 5/20/17 grove

Rejected: 5-9-17
Returned: 10/11

RECEIVED
CITY OF GARDEN GROVE
STATEMENT OF ORGANIZATION
RECIPIENT COMMITTEE

Statement of Organization
Recipient Committee
Statement Type: Initial PM 3:48
Not yet qualified or

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CALIFORNIA 410 FORM

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

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of the State of California

Date Stamp: JUN 08 2017

RECEIVED in the office of the Secretary of State of the State of California

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Oscar Garza
 STREET ADDRESS (NO P.O. BOX): 1916 Greenleaf Street
 CITY: Santa Ana STATE: CA ZIP CODE: 92706 AREA CODE/PHONE: 714-349-6089
 NAME OF ASSISTANT TREASURER, IF ANY:
 STREET ADDRESS (NO P.O. BOX):
 CITY: STATE: ZIP CODE: AREA CODE/PHONE:

1. Committee Information

NAME OF COMMITTEE: ~~RE-ELECT BEARD 2018~~
 Re-elect Kris Beard to Garden Grove City Council 2018
 STREET ADDRESS (NO P.O. BOX): 5471 CERULEAN
 CITY: GARDEN GROVE STATE: CA ZIP CODE: 92845 AREA CODE/PHONE: 714-336-4602
 MAILING ADDRESS (IF DIFFERENT): Same as above
 FAX/E-MAIL ADDRESS: beard4gg@gmail.com
 JURISDICTION WHERE COMMITTEE IS ACTIVE: GARDEN GROVE
 COUNTY OF DOMICILE: Orange

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 April 30, 2017 BY [Signature]
 Executed on April 30, 2017 BY [Signature]
 Executed on _____ BY _____
 Executed on _____ BY _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA 410
FORM**

Page 2

I.D. NUMBER

COMMITTEE NAME

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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 "nonpartisan."
- 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

Kris Beard

Garden Grove City Council
District 1

2018

Nonpartisan

Nonpartisan

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