# Recipient Committee Campaign Statement Cover Page

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COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 4

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Date Stamp

SEE INSTRUCTIONS ON REVERSE

**Statement covers period**
from 7/1/18
through 9/22/18

**Date of election if applicable:** (Month, Day, Year)
11/6/2018

## 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

## 3. Committee Information

I.D. NUMBER: 780496

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Garden Grove Firefighters PAC aka GGF PAC

STREET ADDRESS (NO P.O. BOX): 12866 MAIN ST #204

CITY: Garden Grove STATE: CA ZIP CODE: 92840 AREA CODE/PHONE: 714 343-2112

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: Steve Fellner

MAILING ADDRESS: [redacted]

CITY: Newport Beach STATE: CA ZIP CODE: 92660 AREA CODE/PHONE: [redacted]

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 9/24/18 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/24/18 (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)

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: GGF PAC

I.D. NUMBER: 750696

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 4170 | $ 13,360 |
| 2. Loans Received | *Schedule B, Line 3* | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 4170 | $ 13,360 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 4170 | $ 13,360 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 6,000 | $ 7,312.75 |
| 7. Loans Made | *Schedule H, Line 3* | | |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 6,000 | $ 7,312.75 |
| 9. Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | | |
| 10. Nonmonetary Adjustment | *Schedule C, Line 3* | | |
| 11. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | $ 6,000 | $ 7,312.75 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 26,812.38 |
| 13. Cash Receipts | *Column A, Line 3 above* | 4,170 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 0 |
| 15. Cash Payments | *Column A, Line 8 above* | 6,000 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 24,982.38 |

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ _____

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ _____

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

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).

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

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

## Expenditure Limit Summary for State Candidates

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

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

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

## Schedule A
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 7/1/18
through 9/22

Page 3 of 21

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: GGDAC

I.D. NUMBER: 730696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Abrahamson, Randy | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 130 | |
| | Acosta Albert | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 50 | 180 | |
| | Beurranger TD | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Bauer, Lucas | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Bell, Brad | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 230 | | |

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4170
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4170

*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 A (Continuation Sheet)
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 9/22/15

CALIFORNIA FORM 460



NAME OF FILER: GG PAC

I.D. NUMBER: 780696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Blomgren, Jason | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Brennan Jerry | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Brown Gary | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 0 | |
| | Burroughs Myles | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Cardenas, Jose | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 240 | | |

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GGPAC

I.D. NUMBER: 730696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Carlson David | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Cary Parker | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Clearwater Dan | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 0 | |
| | Clermont, Yves | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 09/22 | Crawford Joe | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 240 | | |

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

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 10/22/18

CALIFORNIA FORM 460



NAME OF FILER: GG PAC

I.D. NUMBER: 780696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Crawford Tim | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Doyle Justin | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Edelhardt, Mike | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Edneff D | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 130 | |
| 10/22 | Feldman J | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 0 | |
| | | | SUBTOTAL $ | 180 | | |

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GG PAC

I.D. NUMBER: 1960696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Fellner S | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Fisher T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Fuentes G | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Gabbard T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Garcia D | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GC PAC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Hanna T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Hawkins C | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Henshaw M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Henry S | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Huber P | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GG PAC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Jacobs M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Jaeger W | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Jemiola T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 40 | 170 | |
| | Justus A | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Kleeback M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 280 | | |

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/16 through 9/22/16

CALIFORNIA FORM 460



NAME OF FILER: GG PAC

I.D. NUMBER: F50692

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Knacck A | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Kuhlman S | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Ross Laird | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 0 | |
| | Lee Tosh | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Lenaria N | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 0 | |
| | | | SUBTOTAL $ | 180 | | |

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GG PAC

I.D. NUMBER: 755696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Lindsay C | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Lovely N | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Marquez J | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 60 | |
| | Mellem S | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Mellem T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 7/1/18
through 9/22/18



NAME OF FILER: GOPHC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Mickelson M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Moore D | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Nguyen Son | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Nguyen T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Nobla F | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

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IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

# Schedule A (Continuation Sheet)
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GC PHC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Noble G | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Lordan E | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Page A | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Paloma E | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Pardon B | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
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SCC – Small Contributor Committee

# Schedule A (Continuation Sheet)
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/22/16

CALIFORNIA FORM 460



NAME OF FILER: GC PAC

I.D. NUMBER: 756696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Reith M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Roach A | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Ronstadt R | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Rothman M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Ruzicka D | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

*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 A (Continuation Sheet)
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GCPAC

I.D. NUMBER: 752696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Sanchez D | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Schaffer N | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Scherer S | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Spell M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Stowe T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

*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 A (Continuation Sheet)
# Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GGPAC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Strohm W | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Thorson E | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Travor J | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Trenholm C | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Valderrama M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | | SUBTOTAL $ | 300 | | |

*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 A (Continuation Sheet)
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period from 7/1/16 through 9/22/16



NAME OF FILER: GG PAC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Van Wie R | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Waldschmidt D | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Weiss M | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | White T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Williams G | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 0 | 0 | |
| | | | SUBTOTAL $ | 240 | | |

*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 A (Continuation Sheet)
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



NAME OF FILER: GGDAC

I.D. NUMBER: 750696

| 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) |
|---|---|---|---|---|---|---|
| 7/1 | Wunsert T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | Yorke J | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| 9/22 | Acosta T | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | 60 | 190 | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | | | |
| | | | SUBTOTAL $ | 180 | | |

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

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/18 through 9/22/18

SCHEDULE D
CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: GGE PAC

I.D. NUMBER: 760696

| 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) |
|---|---|---|---|---|---|---|
| 9/10 | Gerry Serrano for City Council<br>☒ Support ☐ Oppose | ☒ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | 2,000 | 2000 | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | | | | SUBTOTAL $ 2,000 | | |

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 2,000
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 2,000

# Schedule E
# Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/18
through 9/22/18

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: GGF PAC

I.D. NUMBER: 780696

**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 |
|---|---|---|---|
| Bill Strohm | SAL | | 1,000 |
| Steve Fellner | SAL | | 600 |
| Scott Weimer | OFC | | 2,400 |

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

SUBTOTAL $ 4,000

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 6,000
2. Unitemized payments made this period of under $100 ..... $ _____
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 $ 6,000

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/18 through 9/22/18

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER GGF PAC

I.D. NUMBER 780696

**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 |
|---|---|---|---|
| Gerry Serrano for City Council | CTB | | 2,000 |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL $ 2,000