COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 460
from 01/01/2018		RECEIVED CITY OF GARDEN GR CITY CLERK'S OFF 2018 OCT -1 AM 10:24	Page 1 of 7
through 09/22/2018	11/06/2018		For Official Use Only

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: 1409529

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Keep Garden Grove Safe, A Committee Supporting Measure O

STREET ADDRESS (NO P.O. BOX)
12913 Harbor Blvd #Q3 #174

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Garden Grove	CA	92840	(714) 921-1181

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
c/o Lysa Ray 3843 S Bristol St #604

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92704	

OPTIONAL: FAX / E-MAIL ADDRESS
lysaray.campaignservices@gmail.com

Treasurer(s)

NAME OF TREASURER
Lysa Ray

MAILING ADDRESS
3843 S Bristol St #604

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92704	(714) 540-2295

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 09/23/2018 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By _____ (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)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
Public Safety Sales Tax

BALLOT NO. OR LETTER	JURISDICTION	☒ SUPPORT ☐ OPPOSE
0	Garden Grove	

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Keep Garden Grove Safe, A Committee Supporting Measure O

I.D. NUMBER
1409529

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 15,100.00	$ 15,100.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 15,100.00	$ 15,100.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	10,000.00	10,000.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 25,100.00	$ 25,100.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 4,818.17	$ 4,818.17
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 4,818.17	$ 4,818.17
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	10,000.00	10,000.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 14,818.17	$ 14,818.17

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	15,100.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	4,818.17
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 10,281.83

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0.00

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).

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

Statement covers period
from 01/01/2018
through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Keep Garden Grove Safe, A Committee Supporting Measure O

I.D. NUMBER
1409529

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)
08/16/2018	Dennis DeSnoo & DeSnoo PO B 11426 Villa Park, CA 92711	☐IND ☐COM ☒OTH ☐PTY ☐SCC		100.00	100.00	
09/10/2018	Garden Grove Police Association (ID# 960881) 9070 Irvine Center Dr #150 Irvine, CA 92618	☐IND ☒COM ☐OTH ☐PTY ☐SCC		15,000.00	25,000.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
			SUBTOTAL $	15,100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) ..... $ 15,100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 15,100.00

*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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 01/01/2018
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Keep Garden Grove Safe, A Committee Supporting Measure O

I.D. NUMBER

1409529

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)
09/07/2018	Garden Grove Police Association (ID# 960881) 9070 Irvine Center Dr #150 Irvine, CA 92618	☐IND ☒COM ☐OTH ☐PTY ☐SCC		CNS	10,000.00	25,000.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 10,000.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 10,000.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
3. 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 $** 10,000.00

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2018
through 09/22/2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Keep Garden Grove Safe, A Committee Supporting Measure O

I.D. NUMBER
1409529

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
COGS 3309 S Main St Santa Ana, CA 92707	CMP			2,582.00
Garden Grove Community Foundation PO B 4525 Garden Grove, CA 92842	CVC			1,000.00
Impact Signage 3313 S Main #526 Santa Ana, CA 92707	CMP			575.00

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

SUBTOTAL $ 4,157.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 4,732.00
2. Unitemized payments made this period of under $100 ..... $ 86.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** $ 4,818.17

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Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2018
through 09/22/2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Keep Garden Grove Safe, A Committee Supporting Measure O

I.D. NUMBER

1409529

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
Lysa Ray Campaign Services 3843 S Bristol #604 Santa Ana, CA 92704	PRO			575.00

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

SUBTOTAL $ 575.00