C	ecipient Committee ampaign Statement over Page							CITY OF GA	ARDEN RK'S (GROV	2	4 1	^A 46	0
				Stateme	ont covers period 01/01/2019	_	Date of election if applicable: (Month, Day, Year)	1019 JUL 3	II Pi	1 1:0	Page 2		Use Only	
SEE INSTRUCTIONS ON REVERSE			through06/30/2019		November 1, 2022									
1.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.					2. Type of Statement:								
✓ Officeholder, Candidate Controlled Committee				l Candidate/		☐ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)								
3.	Committee Information	to mental and the lar		NUMBER 400519			Treasurer(s)							
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)					NAME OF TREASURER								
	MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018						RICHARD L. MONTOYA JR MAILING ADDRESS							
	STREET ADDRESS (NO P.O. BOX)						ਰੋਜ਼ GARDEN GROVE		STATE	2IP CC 9284		AR	EA CODE/PHO	NÉ
			ZIP COD 92843			NAME OF ASSISTANT TREASUR	ER, IF ANY							
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			-			MAILING ADDRESS					A PART		
	CITY	STATE ZIP		E Al	AREA CODE/PHONE		CITY		STATE	ZIP COD	DDE	ARE	EA CODE/PHON	ONE
	OPTIONAL: FAX / E-MAIL ADDRESS						OPTIONAL: FAX / E-MAIL ADDRE	ESS						
	rickk@markanthonyparedes.com	1					rickk@markanthonypa	aredes.com						
4.	Verification													
	I have used all reasonable ditigence in pre- certify under penalty of perjury under the la	paring an aws of the	d reviewin State of 0	g this statemer California that t	nt and to the best of he foregoing is true	my kr and c	ncwledge the information containe orrest.	ed herein and in	the atta	iched sch	nedules i	s true and	d complete.	I
	Executed on					Signature of Treasurer or Assistant Treasurer								
	Executed on			BySignature of	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor									
	Executed onDate			Ву	Sig	gnature of Controlling Officeholder, Candidate	e, State Measure Pro	ponent						
	Executed on				Ву	Sic	nature of Controlling Officeholder, Candidate	e, State Measure Pro	ponent					

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
100	ORM 460	800000000000000000000000000000000000000						
Page _	2 of 6							

Officeholder or Candidate Controlled Comm	ttee	6.	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
MARK ANTHONY PAREDES								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT		
GARDEN GROVE CITY COUNCIL DISTRICT	4					OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	balder sondidate a	u atata magaura n	rononant if any		
GARDE	N GROVE CA 92840					Toponent, if any.		
	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT							
Related Committees Not Included in this Stanot included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY		
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeholo	der Committee littee is primarily fo	List names of rmed.		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFI	ICE SOUGHT OR HE	LD □ SUPPORT □ OPPOSE		
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	ICE SOUGHT OR HE	SUPPORT OPPOSE		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	ICE SOUGHT OR HE	SUPPORT OPPOSE		
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFF	ICE SOUGHT OR HE	LD SUPPORT		
	YES NO					OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)							
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuation sh	eets if necessary			

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 01/01/2019 FORM from. 3 06/30/2019 Page _ through_ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER MARK ANTHONY PAREDES FOR GARDEN GROVE CITY COUNCIL 2018 1400519

Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	S	500.00	\$	500.00	General Elections 1/1 through 6/30 7/1 to Date
2. Loans Received	•	0.00	·	0.00	1/1 through 6/30 7/1 to Date
3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s	500.00	\$	500.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions	•	0.00	*	0.00	21 Evnenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	500.00	\$	500.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	116.18	\$	116.18	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	116.18	\$	116.18	(If Subject to Voluntary Expenditure's Imade
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10			\$	116.18	\$
Current Cash Statement			Γ		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B,	
13. Cash Receipts Column A, Line 3 above		450.00		d amounts in Column the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	am	ounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		116.18		your last report. Some rounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	909.51	be	negative figures that	1
If this is a termination statement, Line 16 must be zero.			pre	evious period amounts. If is its the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		file onl	d for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts	1104		fro an	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$		1 ""	,,·	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	1,500.00			FPPC Form 460 (Jan/20 FPPC Advice: advice@fppc.ca.gov (866/275-37 www.fppc.ca.

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars	rrom	/2019	SCHEDULE /			
SEE INSTRUCTIO	ONS ON REVERSE			through	30/2019	Page I.D. Nu	\$1755 JUST 3242 S		
MARK AN	THONY FAREDES FOR GARDEN GROVE CITY CO	OUNCIL 2018				14005	519		
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
4/29/2019	California Sierra Club P.A.C #1399719 3250 Wilshire Blvd, Suite 1106 Los Angeles, CA 90010-1513	☐IND ☐COM ☐OTH ☐PTY ☐SCC		300.00	300	.00			
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL \$	300.00	Carried Miles		6		
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	300.00	IND				
•	eceived this period – unitemized monetary contribution			150.00			(e.g., business entity)		
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			450.00		C – Small	Contributor Committee		

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

	A m	ounts may be rou	undod		SCHEDULE B - PART 1							
Schedule B – Part 1	Alli	to whole dollars		ſ	Statement cov	ers period	CALIFORNIA 460					
Loans Received					from01/0	1/2019	FORM	700				
					through06/	30/2019	Page5	of6				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER					
MARK ANTHONY PAREDES FOR GARI	DEN GROVE CITY COUNC	IL 2018					1400519					
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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE				
Mark Anthony Paredes 10339 Dove Court Garden Grove, Ca 92840	Outreach Manager Blue Shield of CA			PAID \$ 0.00	_	O %	s <u>500.00</u>	\$PER ELECTION**				
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s_1,500.00	s0.00	s0.00	0 12/31/19 DATE DUE	\$	12/29/17 DATE INCURRED	s				
				PAID \$ FORGIVEN	\$	RATE	\$	\$ PER ELECTION**				
† IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	s				
				PAID S FORGIVEN	s	—% RATE	\$	\$ PER ELECTION**				
† IND COM OTH PTY SCC		5	s	s	DATE DUE	s	DATE INCURRED	s				
		SUBTOTALS \$	0.00	0.0	0 \$ 1,500.00							
Schedule B Summary 1. Loans received this period				\$ _	0.00	(Enter (e) on Schedule E, Line 3))					
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) OTHER PTO								Committee PTY or SCC) business entity)				
Not change this period. (Subtract Lin.)	a v trom i ina 7 1			NFT \$	0.00	1 1		mater committee				

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

(May be a negative number)

				SCHEDULE B						
Schedule E	Amounts may be to whole do		State	ment covers period	CALIFO	ORNIA 460				
Payments Made	to whole do	71141-01	from	01/01/2019	FOR	RM 400				
			through	06/30/2019	Page	6 of6				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMB					
MARK ANTHONY PAREDES FOR GARDEN GROVE CIT	TY COUNCIL 2018	3			1400519	9				
CODES: If one of the following codes accurately describe	s the payment, yo	ou may enter the code.	Otherwise, des	cribe the payment.						
CMP campaign paraphernalia/misc.	MBR member com		RAD rad	io airtime and production	costs					
CNS campaign consultants	MTG meetings and		urned contributions npaign workers' salaries	ine						
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expens PET petition circul			or cable airtime and produ	uction costs					
FIL candidate filing/ballot fees	PHO phone banks	-		ndidate travel, lodging, and						
FND fundraising events	POL polling and su			ff/spouse travel, lodging, a nsfer between committees		condidate/enoneer				
IND independent expenditure supporting/opposing others (explain)* LEG legal defense		very and messenger services services (legal, accounting)		TSF transfer between committee VOT voter registration	or the same	candidate/sponsor				
LIT campaign literature and mailings	PRT print ads	scratoco (logal, dobodining)		ormation technology costs	(internet, e-r	mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID				
	¥									
			37 8020 -							
						<u> </u>				
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SU	BTOTAL \$	0.00				
Schedule E Summary										
Itemized payments made this period. (Include all Schedule	e E subtotals \				\$	0.00				
Unitemized payments made this period of under \$100						116.18				
3. Total interest paid this period on loans. (Enter amount from						0.00				
a Horal interest bain this bedon on loans. (Enter amount frof	II SUITEUUIE D. Pai	L 1. COMMINI (C)./			····· Ψ ——					

116.18