

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

Page 1 of 9

For Official Use Only

Date of election if applicable
(Month, Day, Year) OCT 25 PM 12:09

11/08/2016

Statement covers period

from 09/25/2016

through 10/22/2016

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
 Sponsoring
 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
1389674

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

Stephanie Klopfenstein City Council District 5 2016

Treasurer(s)

NAME OF TREASURER

Stephanie Klopfenstein

MAILING ADDRESS

st

STREET ADDRESS (NO P.O. BOX)

CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 510-0341

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

CITY Garden Grove STATE CA ZIP CODE 92842 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

vote4stephanie@gmail.com

CITY Garden Grove STATE CA ZIP CODE 92840 AREA CODE/PHONE (714) 510-0341

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 10/25/2016
Date

Stephanie Klopfenstein
Signature of Treasurer of Assistant Treasurer

Executed on 10/25/2016
Date

Stephanie Klopfenstein
Signature of Controlling Officerholder, Candidate, State Measure Proponent of Responsible Officer of Sponsor

Executed on _____
Date

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____
Date

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

www.netfile.com

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Stephanie Klopfenstein

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member: City of Garden Grove District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Garden Grove CA 92840

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 09/25/2016
through 10/22/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephanie Klopfenstein City Council District 5 2016

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I.D. NUMBER

1389674

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 12,750.00	\$ 17,500.00
2. Loans Received	0.00	850.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 12,750.00	\$ 18,350.00
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 12,750.00	\$ 18,350.00

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 \$ _____
21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made	\$ 6,018.61	\$ 8,135.47
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	\$ 6,018.61	\$ 8,135.47
9. Accrued Expenses (Unpaid Bills)	0.00	0.00
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	\$ 6,018.61	\$ 8,135.47

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	\$ 3,483.14
13. Cash Receipts	12,750.00
14. Miscellaneous Increases to Cash	0.00
15. Cash Payments	6,018.61
16. ENDING CASH BALANCE	\$ 10,214.53

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

17. LOAN GUARANTEES RECEIVED	\$ 0.00
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts	\$ 850.00

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).

*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**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephanie Klopfenstein City Council District 5 2016

I.D. NUMBER

1389674

Statement covers period

from 09/25/2016

through 10/22/2016

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
09/30/2016	Garden Grove Police Assn PAC (ID# 960881) 11301 Acacia Pkwy Garden Grove, CA 92840	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/01/2016	Diep for Westminster (ID# 1301381) 603 E Alton Ave, Ste H Santa Ana, CA 92705	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/07/2016	Hilltop House LLC 3101 W Temple Ave Pomona, CA 91768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
10/11/2016	Garden Grove Hyundai 9898 Trask Ave 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		500.00	500.00	
10/11/2016	Orange County Automobile Dealers Assn PAC (ID# 870777) 3737 Birch St, #220 Newport Beach, CA 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
SUBTOTAL \$				6,750.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 12,750.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12,750.00

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

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NAME OF FILER: Stephanie Klopfenstein City Council District 5 2016 I.D. NUMBER: 1389674

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)
10/12/2016	CREPAC - CA Real Estate PAC (ID# 890106) 525 S Virgil Ave 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		1,000.00	1,000.00	
10/12/2016	GWGG, LLC 2725 Rocky Mountain Ave, #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		2,500.00	5,000.00	
10/12/2016	McWhinney Real Estate Services, Inc 2725 Rocky Mountain Ave, #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		2,500.00	5,000.00	
SUBTOTAL \$				6,000.00		

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

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 09/25/2016 through 10/22/2016

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NAME OF FILER

I.D. NUMBER

Stephanie Klopfenstein City Council District 5 2016 1389674

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
Mike and Maria Beihl 12351 Pine St Garden Grove, CA 92840	Construction Beihl Construction	\$ 850.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 850.00	0.00 %	\$ 850.00	\$ 1,150.00
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
SUBTOTALS \$					850.00 \$	0.00	0.00 \$	0.00

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ 0.00
(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 \$ 0.00**
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 (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 09/25/2016

through 10/22/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephanie Klopfenstein City Council District 5 2016

I.D. NUMBER

1389674

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

MEM 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
Copy4Less 7084 Edinger Ave Huntington Beach, CA 92647	LIT			210.60
Copy4Less 7084 Edinger Ave Huntington Beach, CA 92647	LIT			168.48
Bank of America	OFC			15.00

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

SUBTOTAL \$ 394.08

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5,801.54
- Unitemized payments made this period of under \$100 \$ 217.07
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6,018.61

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephanie Klopfenstein City Council District 5 2016

Statement covers period
from 09/25/2016
through 10/22/2016

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I.D. NUMBER

1389674

Amounts may be rounded
to whole dollars.

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)

Bank of America

DESCRIPTION OF PAYMENT

AMOUNT PAID

121.00

Copy4Less
7084 Edinger Ave
Huntington Beach, CA 92647

LIT

336.46

Campaign Compliance Group
9070 Irvine Center Drive, #150
Irvine, CA 92618

PRO

250.00

Deshoo & Deshoo
9971 Briley Way
Villa Park, CA 92861

LIT

4,450.00

ASAP Sign & Trophy
13199 Brookhurst Street
Garden Grove, CA 92843

LIT

250.00

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

SUBTOTAL \$

5,407.46

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2016

through 10/22/2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

Stephanie Klopfenstein City Council District 5 2016

1389674

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Desnoo & Desnoo

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CNP | 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kenny the Printer 17931 Skypark Circle Irvine, CA 92612	LIT		2,171.10
Political Data Inc 12501 Imperial Highway Suite 200 Norwalk, CA 90650	LIT		117.41
US Postmaster Main Station Santa Ana, CA 92704	POS		2,029.91
TOTAL * \$			4,318.42

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.