Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/17
through 12/31/17

Date of election if applicable: (Month, Day, Year)

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

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Garden Grove PAC - GGT 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 Beh | 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 1/22/18 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 1/22/18 (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)

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/17
through 12/31/17

CALIFORNIA FORM 460

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I.D. NUMBER 780696

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 9460	$ 19490
2. Loans Received	*Schedule B, Line 3*		
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 9460	$ 19490
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 9460	$ 19490

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 3750	$ 11,666.59
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 3750	$ 11,666.59
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*	$ 3750	$ 11,666.59

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 13,215.18
13. Cash Receipts	*Column A, Line 3 above*	9460.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	4.17
15. Cash Payments	*Column A, Line 8 above*	3750.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 18,929.35

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

Statement covers period
from 7/1/17
through 12/31/17

CALIFORNIA FORM 460

Page 3 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER GGDAC

I.D. NUMBER 760696

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		130	260	
	Acosta Albert	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Bernanger JD	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Bever, Lucas	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Bell, Brad	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 9460
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 $ 9460

*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 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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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		130	260	
	Brennerman Terry	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Brown Gary	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		0	130	
	Burroughs Myles	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Canberos, Jose	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	520		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM 460

NAME OF FILER: GGPAC

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	Carlson David	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Cary Parker	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Clearwater Dan	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Clermont, Yves	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Crawford Joe	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM 460

NAME OF FILER: GGPAC

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		130	260	
	Doyle Justin	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Eckhardt Mike	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Ednoff D	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Feldman J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		120	250	
			SUBTOTAL $	640		

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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 7/1/17
through 12/31/17

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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	Fellner S	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Fisher T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Fuenta G	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Gabbard T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Garcia D	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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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 7/1/17
through 12/31/17

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	Hamma J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Hawkins C	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		0	0	
	Henshaw M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Horay S	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		0	130	
12/31	Huber P	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	390		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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NAME OF FILER: GGPAC

I.D. NUMBER: 760696

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		130	260	
	Taeger W	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Jemiola T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Justus T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Klecbacker M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM 460

NAME OF FILER: GG PAC

I.D. NUMBER: F80696

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	Knaack A	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Kuhlman S	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Ross Laird	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		0	0	
	Lee Tosh	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Lerario N	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	520		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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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	Lindsay C	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Lovely N	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	200 ~~260~~	
	Marquez J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Mellem S	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Mellem T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	630		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM 460

NAME OF FILER: GGPAC

I.D. NUMBER: 1460696

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	Mickelsen M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Moor D	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Nguyen Son	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Nguyen T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Noble F	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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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 7/1/17
through 12/31/17

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	Noble G	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Nordin E	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Page A	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Paloma E	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Pardoen B	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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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 7/1/17
through 12/31/17

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NAME OF FILER: GG PAC

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	Reith M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Roach A	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Ronstadt R	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Ruhman W	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/4	Ruzicka D	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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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 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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NAME OF FILER: GCPAC

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	Sanchez D	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Schaeffer N	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Scherer S	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Spell M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Stowe T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

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OTH – Other (e.g., business entity)
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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 7/1/17
through 12/31/17

CALIFORNIA FORM 460

NAME OF FILER: GGPAC

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	Strohm W	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Thorson E	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Traver J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Trenholm C	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
12/31	Valderrama M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	650		

*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 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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NAME OF FILER: GG Rtl

I.D. NUMBER: 760696

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		130	260	
	Waldschmidt D	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	Weiss M	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
	White J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		0	0	
12/31	Williams G	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
			SUBTOTAL $	520		

*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 7/1/17
through 12/31/17

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NAME OF FILER: GGDAL

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	Wingert J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
"	Yorke J	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
"	Acosta T	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		130	260	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
12/31		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	390		

*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.

SCHEDULE D

Statement covers period
from 7/1/17
through 12/31/17

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: GGF PAC

I.D. NUMBER: 780696

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)
12/5	JOE KERR FOR SUPERVISOR ☐ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		1,000	1,000	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	1,000		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 1000-

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 .. $ 1000-

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/17
through 12/31/17

SCHEDULE E
CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GGF PAC

I.D. NUMBER
750696

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
Steve Fellner GGFD	SAL	SAL	600
BILL STROHM GGFD	SAL		600
BILL STROHM	SAL		600

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

SUBTOTAL $ 1800

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 3750
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 $** 3750

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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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
STEVE IELLOVER GGFD	SAL		800
JOE KERR FOR SUPERVISOR	CTB		1,000
Credit Union of So Cal Christmas Lunch	OFC	Christmas lunch for Credit Union	150

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

SUBTOTAL $ 1950

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from 7/1/17
through 12/31/17

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: GGF PAC

I.D. NUMBER: 730696

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/31	Credit Union of Socal	Dividend	4.17

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 4.17

Schedule I Summary

1. Itemized increases to cash this period. ..... $
2. Unitemized increases to cash of under $100 this period. ..... $ 4.17
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 4.17