Campaign Statement Cover Page		R	Date Stamp ECEIVED	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7/1/2019 through 12/31/2019	Date of election if applicable: (Month, Day, Year)	FEB 0 4 2020 E. City Clerk	For Official Use Only
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored (so Complete Part 6) rimarily Formed Candidate/ officeholder Committee (so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Speci	erly Statement al Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NUMBER 1390116	Treasurer(s) S	teve Jones	
Triends of Steve Jones for Ma STREET ADDRESS (NO P.O. BOX)	JE ASSESSED OF THE SECOND OF T	MAILING ADDRESS GOVDEN GRE CITY NAME OF ASSISTANT TREASURES	STATE ZIP COI	S4/ AREA CODE/PHONE
GAVDEN GNOVE CA 92 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	2841	MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COI	DE AREA CODE/PHONE
OPTIONAL: FAX/E-MAILADDRESS JONES 4 99 @ 9 Mail	com	OPTIONAL: FAX / E-MAIL ADDRES	Sjones4990	gmail.com
4. Verification I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of Control of the State of Control of Co	ng this statement and to the best of my kr California that the foregoing is true and co By By Signature of Controll		herein and in the attached scho	edules is true and complete. I
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM 2 of /0

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	: Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE STEVE Jones			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ry state zip .6. CA 92841		Identify the controlling office			measure pro	ponent, if any.
Related Committees Not Included in this Stat	ement: List any committees		NAME OF OFFICEHOLDER, CAND	PIDATE, OR PRO	OPONENT		
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	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/Office for which this	eholder Col committee is p	mmittee L primarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			Attac	ch continuatio	on sheets if ne	ecessary	•

Campaign Disclosure Statement Summary Page

 Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/19

through 12/31/19

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Steve Jones for Mayor 2020 1390116 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** CALENDAR YEAR TOTAL TO DATE TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Running in Both the State Primary and **General Elections** 000.00 000.00 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 000.00 000.00 Received 334,00 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 **Candidates** 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 000.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. 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 **Cash Equivalents and Outstanding Debts**

any).

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

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cov from <u>7/1/19</u>	ers period	CALI F	FORNIA 460
	ONS ON REVERSE			through 12/3	1/19	Page	4 of 10
NAME OF FILER	twends of Steve Jones +	on Ma	10v 2020			I.D. NU	MBER 90 11 6
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)
1/6/19	Outdoor Associates LLC 2 D View Coto De Caza, CA 92679	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		5,000	5,000		
"/6/19	Outdoor Associates LLC 2 & View Coto De Caza, CA 92679 Garden Grone Firefighters PAC 2933 Perla Newport Beach, CA 92660	□IND □OTH □PTY □SCC		4,000	5,000		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	9,000			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contribution	••••••	•	9,000	IND - COM OTH	(other	ent Committee than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	9,000			Contributor Committee

Schedule C **Nonmonetary Contributions Received**

3. Total nonmonetary contributions received this period.

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM

SEE INSTRUCT NAME OF FILER	Frands of Steve Jo	ue fi	- Makor Zozo		throu	igh 12/31/	19	I.D. NUME	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TIVE TO TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
12/3/19	DLR 13135 Harbor Blvd Anaheim, CA 92802	□IND □COM □COTH □PTY □SCC		event		334	33	4	
		□IND □COM □OTH □PTY □SCC						(8)	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	334			
1. Amount r (Include a	e C Summary received this period – itemized nonmonetal all Schedule C subtotals.)				\$	334	IND - COM	(other th	I nt Committee nan PTY or SCC) .g., business entity)

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

SCC - Small Contributor Committee

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 7/1/19

through 12/31/19

Page 6 of 10

I.D. NUMBER

1390/16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Store Jons for Mayor 2020

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/or

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)	CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Bermo	FND	food, supplies for gathure	93.17
Target	FND	food, supplies for gathening	21,72
Hyatt Regency	MT6	Parking	20,00

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

SUBTOTAL \$

134.89

011770

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,891.13
	Unitemized payments made this period of under \$100	ヘノ
	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.)	\$ <u>1, 847.75</u>

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7///19	CALIFORNIA 460
through 12/31/19	Page
	1.D. NUMBER 1390 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Jones for Mayor 2020

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)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Barcode	MTG	Meeting	22.00
Site Ground	WEB	website hosting	143,40
Tastemakers OC	MT6	event	285.70
Hilton	MT6	APA Confirence Mag.	18.00
Amtrak	WEB	Intonet Access	8.00

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/19	california 460 form
through 12/31/19	Page 8 of 10
	1.D. NUMBER 1390 116

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Store Jons for Mayor 2020

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)*

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LEG legal defense

LIT campaign literature and mailings

MBR member communications

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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 O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
OC Parking Civic Center	MT6	Parting	6.00
Learning Center	CYC	Bardon School	198.00
E Patisserie Cofe	MT6	Meeting	24.14
Hyatt Regency	MT6	aree ting	28.00
Brodard Chateau	M76	Meeting	34.00

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

Schedule E

Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	to whole dollars.	Statement covers period from 7/1/19	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE		through 12/31/19	Page 9	of
	Steve Jones for Mayor 2020		1.D. NUMBER /390116	,
CODES: If one of the following codes	accurately describes the payment, you may enter the code. Other	wise describe the navment		

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballol fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common MTG meetings and OFC office expense PET petition circular PHO phone banks POL polling and su	nunications appearances es ating rvey research ery and mess	SAL campaign workers' salaries TEL t.v. or cable airlime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals senger services TSF transfer between committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Mama Tieus		MT6	Meeting	105.24
The Penalty Box		MT6	Meeting	45,32
Pho Lu		MT6	Meeting	45.00
Secretary of State CA		FIL	Annual Comittee Fees	200.00

MT6

18.00

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

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

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/19	california 460	
through 12-/31 /19	Page _/O_ of _/O_	
	I.D. NUMBER	
	1390116	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

of Stere June for Mayor Zozo

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

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 airlime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Vientiane Restaurant	MTG	Meeting w/Viet Constituints	92.46
The Wharf	MTG	Meety w/gray of Constitunts	240.00
Google Storage	WEB	Storge for website	1.99
The Renalty Box	MTG	Meetory	91.35
Vegan Pizza	MT6	Meeting w/promoters	106.26

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

SUBTOTAL \$