

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

CALIFORNIA **460**  
FORM

Date of election if applicable: 2016 OCT 31 PM 2:53  
(Month, Day, Year)

Page 1 of 5  
For Official Use Only

Statement covers period  
from 9/25/2016  
through 10/22/2016

SEE INSTRUCTIONS ON REVERSE

**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**

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

Friends of Steve Jones for Mayor 2016

I.D. NUMBER 1390116

**Treasurer(s)**

NAME OF TREASURER Steve Jones  
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY Garden Grove STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-813-0752

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

CITY Garden Grove STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-813-0752

OPTIONAL: FAX / E-MAIL ADDRESS jones499@gmail.com

CITY Garden Grove STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-813-0752

NAME OF ASSISTANT TREASURER, IF ANY Adrienne Henderson

MAILING ADDRESS

CITY Garden Grove STATE CA ZIP CODE 92841 AREA CODE/PHONE 714-813-0752

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 10/27/16 Date

Executed on 10/27/16 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By Steve Jones Signature of Treasurer or Assistant Treasurer

By Steve Jones Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

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FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Steve Jones  
Mayor

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1444 Grove Ct 92841

**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

BALLOT NO. OR LETTER JURISDICTION  SUPPORT  OPPOSE

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 9/25/16  
through 10/22/16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Jones for Mayor 2016

I.D. NUMBER

1390116

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions.....	Schedule A, Line 3 <u>1250.00</u>	<u>20,600</u>		
2. Loans Received.....	Schedule B, Line 3 <u>-8945.40</u>	<u>0.00</u>		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 <u>-7695.40</u>	<u>20,600.00</u>	\$ <u>0</u>	\$ <u>78,619.93</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 <u>0.00</u>	<u>58,019.93</u>		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 <u>-7695.40</u>	<u>78,619.93</u>	\$ <u>0</u>	\$ <u>66,988.13</u>

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 <u>0.00</u>	<u>8,968.20</u>		
7. Loans Made.....	Schedule H, Line 3 <u>0.00</u>	<u>0.00</u>		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 <u>0.00</u>	<u>8,968.20</u>		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 <u>0.00</u>	<u>0.00</u>		
10. Nonmonetary Adjustment.....	Schedule C, Line 3 <u>0.00</u>	<u>58,019.93</u>		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 <u>0.00</u>	<u>66,988.13</u>		

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 <u>19,327.20</u>	\$
13. Cash Receipts.....	Column A, Line 3 above <u>-7695.40</u>	\$
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 <u>0.00</u>	\$
15. Cash Payments.....	Column A, Line 8 above <u>0.00</u>	\$
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 <u>11631.80</u>	\$

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

## 17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	<u>0.00</u>	\$
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$	<u>0.00</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$	<u>0.00</u>

## 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
/ /	\$
/ /	\$

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

Statement covers period from 9/25/16 through 10/22/16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Jones for Mayor 2016

I.D. NUMBER

1390116

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)
9/29/16	Frederick J Hanshaw Properties	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
9/29/16	American Promotional Events West PO Box 1318 Florence, AZ 85630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>	<b>1250.00</b>	

**Schedule A Summary**

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 1250.00
- 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 \$** 1250.00

\*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 B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Friends of Steve Jones for Mayor 2016*

Statement covers period  
from 9/25/16  
through 10/22/16

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I.D. NUMBER

1390116

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
<i>Steve Jones 11542 Montclair Dr Garden Grove, CA 92841</i>	<i>Candidate</i>	\$ <u>8945.40</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> PAID \$ <u>8945.40</u> <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>0.00</u>	<u>0</u> %	\$ <u>8945.40</u>	CALENDAR YEAR <u>8945.40</u> PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ %	\$ _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ %	\$ _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
		<b>SUBTOTALS \$ 0.00</b>		<b>\$ 8945.40</b>	<b>0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period.....\$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period.....\$ \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(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 \$ -8945.40  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

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