

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> CITY OF LOS ALAMITOS	CALIFORNIA 2001/02 FORM	<b>460</b>
	Page <u>1</u> of <u>4</u> For Official Use Only	

Statement covers period from <u>Jan. 1, 2014</u> through <u>June 30, 014</u>	Date of election if applicable (Month Day Year) <u>2014 JUL 31 AM 9:19</u>  <u>Nov 6, 2012</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Control Committee             | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
|---|--|

**3. Committee Information**

ID NUMBER  
**1245627**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Friends of Dean Grose, for Los Alamitos City Council 2016**

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Dean Grose**

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE 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 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 <u>July 31, 2014</u>	By _____
Executed on <u>July 31, 2014</u>	By _____
Executed on _____	By _____
Executed on _____	By _____

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**  
Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Dean Grose

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

RESIDENTIAL/BUSINESS ADDRESS (NO PO BOX) CITY STATE ZIP  
[REDACTED]

**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	ID 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	ID 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. 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
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7. Primarily Formed 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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Jan. 1, 2014</u>	<b>CALIFORNIA FORM 460</b>
through <u>June 30, 014</u>	
Page <u>3</u> of <u>4</u>	
ID NUMBER <u>1245627</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Dean Grose for Los Alamitos City Council 2016

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions . . . . . Schedule A Line 3	\$ 0.00	\$ 0.00
2 Loans Received . . . . . Schedule B Line 3	0.00	0.00
3 SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1 + 2	\$ 0.00	\$ 0.00
4 Nonmonetary Contributions . . . . . Schedule C Line 3	0.00	0.00
5 TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 0.00	\$ 0.00

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6 Payments Made . . . . . Schedule E Line 4	\$ 0.00	\$ 0.00
7 Loans Made . . . . . Schedule H Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 0.00	\$ 0.00
9 Accrued Expenses (Unpaid Bills) . . . . . Schedule F Line 3	0.00	0.00
10 Nonmonetary Adjustment . . . . . Schedule C Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE . . . . . Add Lines 8 + 9 + 10	\$ 0.00	\$ 0.00

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12 Beginning Cash Balance . . . . . Previous Summary Page Line 16	\$ 1829.84
13 Cash Receipts . . . . . Column A, Line 3 above	0.00
14 Miscellaneous Increases to Cash . . . . . Schedule I Line 4	0.00
15 Cash Payments . . . . . Column A Line 8 above	0.00
16. ENDING CASH BALANCE . . . . . Add Lines 12 + 13 + 14 then subtract Line 15	\$ 1829.84

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).

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

17 LOAN GUARANTEES RECEIVED . . . . . Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

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

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from Jan 1, 2014  
through June 30, 014

**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Dean Grose for Los Alamitos City Council 2016

ID NUMBER

1245627

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID #, VEEP)	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)
		<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				
		<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>						

**Schedule A Summary**

1 Amount received this period – contributions of \$100 or more (Include all Schedule A subtotals.)	\$ <u>0.00</u>
2 Amount received this period – unitemized contributions of less than \$100	\$ <u>0.00</u>
3 Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1.)	<b>TOTAL \$ <u>0.00</u></b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee