

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from JUL. 1, 2014  
through DEC. 31, 2014

Date of election if applicable  
(Month, Day, Year) JAN 29 PM 5:10  
NOV. 6, 2012

RECEIVED  
CITY OF LOS ALAMITOS  
Date Stamp  
CALIFORNIA 460  
2009/102  
FORM  
Page 1 of 5  
For Official Use Only

**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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- (Also Complete Part 5)
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

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

I.D. NUMBER  
**1245627**

**Treasurer(s)**

NAME OF TREASURER  
**Dean Grose**

MAILING ADDRESS

CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE [REDACTED]

STREET ADDRESS (NO P.O. BOX) [REDACTED]  
CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE [REDACTED]  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX [REDACTED]  
CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE [REDACTED]  
OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS  
CITY Los Alamitos STATE CA ZIP CODE 90720 AREA CODE/PHONE [REDACTED]  
OPTIONAL: FAX / E-MAIL ADDRESS

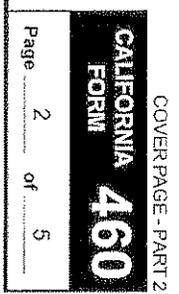
**4. Verification**

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 for

Executed on January 30, 2015 Date  
By [REDACTED] Signature of Candidate, Candidate/Officeholder, State Measure Proponent or Responsible Officer of Sponsor  
Executed on January 30, 2015 Date  
By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.



**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 AND STREET) CITY STATE ZIP  
[REDACTED] Los Alamitos, CA, 90720

**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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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. 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 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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Dean Grose for Los Alamitos City Council 2016

Statement covers period  
from JUL 1, 2014  
through DEC 31, 2014

**CALIFORNIA  
FORM 460**

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I.D. NUMBER  
1245627

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR-YEAR TOTAL (DOLLAR)
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

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 \$ 1729.00	\$ 1729.00
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1729.00	\$ 1729.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1729.00	\$ 1729.00

**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 \$ 1729.00	
15. Cash Payments	Column A, Line B above \$ 100.84	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 100.84	

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

17. LOAN GUARANTEES RECEIVED \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents \$ 0.00  
19. Outstanding Debts \$ 0.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

20. Contributions Received \$ \_\_\_\_\_  
21. Expenditures Made \$ \_\_\_\_\_

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(# Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____

\*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  
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SCHEDULE A  
**CALIFORNIA  
FORM 460**

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**Friends of Dean Grose for Los Alamitos City Council 2016**

I.D. NUMBER  
**1245627**

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)
		<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**
- Amount received this period -- contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0.00
  - Amount received this period -- unitemized 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 \$** 0.00

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

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
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NAME OF FILER: Friends of Dean Grose for Los Alamitos City Council 2016

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**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	FAD	radio airtime and production costs
ONS	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
FL	candidate filing/ballot fees	PHD	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
LT	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
Dean Grose, 1245627 Los Alamitos, CA, 90720	RFD		Loan repaid	1729.00
<b>SUBTOTAL \$</b>				1729.00

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

**Schedule E Summary**

1. Payments made this period of \$100 or more, (include all Schedule E subtotals) ..... \$ 1729.00
2. Unitemized payments made this period of under \$100 ..... \$ 0.00
3. Total interest paid this period on loans, (Enter amount from Schedule B, Part 1, Column (e)) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 1729.00**