Recipient Committee  
Campaign Statement  
Cover Page  

Statement covers period  
from January 1, 2019  
through June 30, 2019  

Date of election if applicable:  
(Month, Day, Year)  
November 4, 2020  

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 G)  
- General Purpose Committee  
- Sponsored  
- Small Contributor Committee  
- Political Party/Central Committee  
- Primarily Formed Ballot Measure Committee  
- Controlled  
- Sponsored (Also Complete Part G)  
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part G)  

2. Type of Statement:  
- Preelection Statement  
- Semi-annual Statement  
- Termination Statement  
- Amendment (Explain below)  
- Quarterly Statement  
- Special Odd-Year Report  

3. Committee Information  
I.D. NUMBER  
1245627  
COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)  
Friends of Dean Grose for Los Alamitos City Council 2020  
STREET ADDRESS (NO P.O. BOX)  
CITY  
State  
ZIP CODE  
AREA CODE/PHONE  
Los Alamitos  
CA  
90720  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY  
State  
ZIP CODE  
AREA CODE/PHONE  
Los Alamitos  
CA  
90720  
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 belief, the information and attached schedules is true and complete. I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am the requesting individual or authorized agent of the requesting individual.  

Executed on July 30, 2019  
By  
Signed  
Printed Name  
Title  
Signature of Requesting Individual  

Executed on July 30, 2019  
By  
Signed  
Printed Name  
Title  
Signature of Requesting Individual  

Executed on  
By  
Signed  
Printed Name  
Title  
Signature of Requesting Individual  

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Title  
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Executed on  
By  
Signed  
Printed Name  
Title  
Signature of Requesting Individual  

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Grose</td>
<td>City Council, Los Alamitos</td>
</tr>
</tbody>
</table>

City Council, Los Alamitos
Residential/Business Address (No. and Street) City State Zip
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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] YES [ ] NO</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
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<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
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<td>SUPPORT [ ] OPPOSE [ ]</td>
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</thead>
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<tr>
<td></td>
<td>SUPPORT [ ] OPPOSE [ ]</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$550.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$550.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$550.00</td>
</tr>
</tbody>
</table>

## Expenditures Made

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$1704.98</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$1704.98</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$1704.98</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$1331.89</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$550.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$1704.98</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$176.91</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. LOAN GUARANTEES RECEIVED</td>
<td>Schedule B, Part 2</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Cash Equivalents and Outstanding Debts

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
### Schedule A
Monetary Contributions Received

#### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**
Friends of Dean Grove for Los Alamitos City Council 2020

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/19</td>
<td>James St. Omar Ray [Redacted]</td>
<td>IND</td>
<td>Real Estate Sales</td>
<td>300.00</td>
<td>300.00</td>
<td>300.00</td>
</tr>
<tr>
<td>3/13/19</td>
<td>City of Los Alamitos 3191 Katella Ave. Los Alamitos, CA. 90720</td>
<td>IND</td>
<td>Deposit Refund</td>
<td>250.00</td>
<td>250.00</td>
<td>250.00</td>
</tr>
</tbody>
</table>

#### Schedule A Summary

1. Amount received this period — itemized monetary contributions.  
   (Include all Schedule A subtotals.) ........................................ S 550.00

2. Amount received this period — unitemized monetary contributions of less than $100  
   ........................................ S 0.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......... TOTAL S 550.00

*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 E Payments Made

**NAME OF FILER**
Friends of Dean Grose for Los Alamitos City Council 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)
- **RFD**: radio airtime and production costs
- **RAD**: returned contributions
- **SAL**: campaign workers' salaries
- **TEL**: t.v. or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TRS**: staff/sponsor 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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sir Speedy Printing</td>
<td>PRT</td>
<td>Printing of Handbills</td>
<td>1704.98</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 1704.98

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1704.98
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 $1704.98