Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Executed on _

Officeholder or Candidate Controlled Committee			3. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Gary Monahan							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT N City Council Member City of Costa Mesa	UMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON	SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 2000 Newport Blvd Costa Mesa, CA 92627	STATE ZIP		Identify the controlling off	iceholder, ca	indidate, or state measu	re proponent, if any	
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT		
Related Committees Not Included in this States not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid.	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY	
COMMITTEE NAME	D. NUMBER						
12	ONTROLLED COMMITTEE?	7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Offic	ceholder Committee is committee is primarily fo	List names of ormed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE	
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT	
COMMITTEE NAME I.D	. NUMBER		NAME OF OFFICE OF OR O			_	
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE	
1	NTROLLED COMMITTEE? YES NO	•	NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT OR HELE	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				<u> </u>	<u> </u>	LI OFFOSE	
CITY STATE ZIP CODE	AREA CODE/PHONE		Attaci	h continuatio	on sheets if necessary		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA ACO
from	01/01/2012	FORM 460
through	06/30/2012	Page of
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Garv Monahan for City Council 2012 1338970 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions s 2.938.00 Received 0.00 21. Expenditures 2,938,00 Made **Expenditures Made Expenditure Limit Summary for State Candidates** _____0.00 22. Cumulative Expenditures Made* \$ 837.80 (If Subject to Voluntary Expenditure Limit) 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2,502.07 To calculate Column B. add 13. Cash Receipts Column A, Line 3 above amounts in Column A to the 2,938.00 corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 32.00 from Column B of your last reported in Column B. report. Some amounts in 837.80 Column A may be negative 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4,634,27 figures that should be subtracted from previous If this is a termination statement. Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ for this calendar year, only 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$ _____0.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

CCL	HFDI.	I1 🗀	Λ

CALIFORNIA

Statement covers period

				from01/01/2	1012	FORM	TUU
SEE INSTRUCTIO	ONS ON REVERSE			through06/30/2	2012 Pag	e4	of
NAME OF FILER	Gary Monahan for City Council 2012				ļ	NUMBER 38970	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	Т	ELECTION O DATE REQUIRED)
06/30/2012	Travis Allen 17132 Pacific Coast Hwt #!01 Huntington Beach, CA 92649	⊠IND □COM □OTH □PTY □SCC	President Wealth Strategies Group	200.00	200.00	G 12	200.00
06/25/2012	BIZPAC (#802010) 2 Park Plaza #100 Irvine, CA 92614	□IND IDOTH □PTY □SCC		1,000.00	1,000.00	G 12	1,000.00
02/02/2012	Robert Dickson 980 Congress Costa Mesa, CA 92627	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Paralegal Latham & Watkins	200.00	200.00	G 12	200.00
06/25/2012	Robert C DBA Fernandez 2232 Elden Ave. Costa Mesa, CA 92627	⊠IND □COM □OTH □PTY □SCC	Owner Project Development Consulting	249.00	249.00	G 12	249.00
06/30/2012	John Morehart 126 E 16th St Costa Mesa, CA 92627	⊠IND □COM □OTH □PTY □SCC	CEO RGO Properties	249.00	249.00	G 12	249.00
			SUBTOTAL\$	1,898.00			
. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions		·	2,898.00	*Contributor IND Individu COM Recip	Codes ial ient Commi r than PTY (e.g., busii	ttee or SCC)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colum	ın A, Line 1.)	TOTAL \$	2,938.00	SCC - Small		Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

SCHEDULE A	/CONTA
OUTLEDULE	ICACHAIL I

Monetary Contributions Received		Amounts may to whole		Statement confirm 01/01/2	CALIFORNIA 460			
				through_06/30/2	2012	Page	5	of
NAME OF FILER Friends of	Gary Monahan for City Council 2012					I,D, NL	MBER	
· · · · · · · · · · · · · · · · · · ·	Total Company Comments and Comm	<u> </u>	<u> </u>			1338	970	-
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	T T	ELECTION D DATE EQUIRED)
06/30/2012	Mark C. Photoglou 706 Acacia Ave.	⊠IND □COM	Partner	1,000.00	1,0	00.00	G 12	1,000.00
	Corona Del Mar, CA 92625	□OTH □PTY □SCC	Rescue 1 Financial					
		□IND □COM □OTH □PTY □SCC				·		
		□IND □COM □OTH □PTY □SCC						
	·	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
	·		SUBTOTAL\$	1,000.00				

*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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
Payments Made

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/01/2012	FORM 40U
through <u>06/30/2012</u>	Page6 of7
	I.D. NUMBER
	1338970

to whole dollars.			from	01/01/2	012	FORM 46(
SEE INSTRUCTIONS ON REVERSE					thro	ugh <u>06/30/2</u>	012 Pag	e <u> 6 </u>
NAME OF FILER Friends of Gary Monahan for City Council 2012							Į	NUMBER 38970
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings an OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professional PRT print ads	nmunicationd appearanses ulating s survey res	ns inces earch messeng	er services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contrib campaign worke t.v. or cable airtic candidate travel, staff/spouse trav transfer between voter registration	d production costs utions ers' salaries me and production lodging, and meals rel, lodging, and me n committees of the	als same candidate/sponse
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) Lysa Ray Campaign Services		CODE	. OR	DE	SCRIPTION	OF PAYMENT		AMOUN'T PAID
603 E. Alton Ave., Suite H Santa Ana, CA 92705		PRO					7.	222.70
Lysa Ray Campaign Services 603 E. Alton Ave., Suite H Santa Ana, CA 92705		PRO						463.75
					· · · · · · · · · · · · · · · · · · ·			
Payments that are contributions or independent expenditures m	ust also be summa	arized on	Schedul	e D.			SUBTOTAL	-\$ 686.45
Schedule E Summary								
 Itemized payments made this period. (Include all Schedule E 	subtotals.)	***********					\$_	686.45
2. Unitemized payments made this period of under \$100						\$_	151.35	
3. Total interest paid this period ол loans. (Enter amount from S	Schedule B, Part 1	, Column	(e).)	***************************************		********************	\$_	0.00
. Total payments made this period. (Add Lines 1, 2, and 3. En	ter here and on th	e Summa	ary Page	e, Column A,	Line 6.)	•••••	TOTAL \$_	837.80

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I		Type or print in ink.		SCHEDULE
Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	
		to whole dollars,	from01/01/2012	FORM 460
SEE INSTRUCTIONS ON REVER	SE		through 06/30/2012	Page7 of7
NAME OF FILER				I.D. NUMBER
Friends of Gary Monaha	n for City Council 2012			1338970
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IO	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
·				
				,
Attach additional informa	ation on appropriately labeled continuation sheets.		SUBTOTAL	\$ 0.00
Schedule I Summar	y			
. Itemized increases to	cash this period.		\$0.00	
. Unitemized increases	to cash of under \$100 this period	•••••	\$32.00	
. Total of all interest rec	eived this period on loans made to others. (Sche	dule H, Column (e).)	\$\$0.00	
. Total miscellaneous in	ocreases to cash this period. (Add Lines 1, 2, and	d 3. Enter here and on the		
Cammary 1 age, Line	14.)		TOTAL \$32.00	