

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED  
CITY CLERK  
Date Stamp  
16 FEB -1 AM 9:16  
CITY OF COSTA MESA  
BY *mtraut*

CALIFORNIA 2001/02 FORM **460**

Page 1 of 6  
For Official Use Only

Statement covers period  
from Jul. 1, 2015  
through Dec. 31, 2015

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

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
- Ballot Measure Committee
  - Primarily Formed
  - 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
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
  - Supplemental Preelection Statement - Attach Form 495
- (hand-delivered)*

**3. Committee Information**

I.D. NUMBER  
1377431

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

Fairview Park Preservation Alliance

STREET ADDRESS (NO P.O. BOX)

1824 Kinglet Court

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>714-751-6552</u>

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

P.O. Box 2471

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92628</u>	<u>714-751-6552</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

John V. Humphrey

MAILING ADDRESS

1620 Sandalwood St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>714-751-6552</u>

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 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 1/31/2016  
Date

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

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

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

By [REDACTED]  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 6

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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? <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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

Statement covers period from <u>Jul. 1, 2015</u> through <u>Dec. 31, 2015</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER <u>1377431</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Fairview Park Preservation Alliance

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 1,448.75	\$ 4969.18
2. Loans Received ..... Schedule B, Line 3	0.00	1,500.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 1,448.75	\$ 6469.18
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 1,448.75	\$ 6,469.18

**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	\$ 1,714.07	\$ 3,434.07
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 1,714.07	\$ 3434.07
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	\$ 1,714.07	\$ 3434.07

**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	\$ 3,300.43
13. Cash Receipts ..... Column A, Line 3 above	1,448.75
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	1,714.07
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,035.11

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

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).

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

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ _____
18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>Jul. 1, 2015</u> through <u>Dec. 31, 2015</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>6</u>	I.D. NUMBER 1377431

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fairview Park Preservation Alliance

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)
7/25/2015	Mr. & Mrs Chuck Sweeney REDACTED	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Insurance Biller Dr. Storch, Kenney & Zusman	\$100.00	\$100.00	
7/28/2015	Ms. Devon Bradley REDACTED	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Irvine Valley College	\$100.00	\$100.00	
8/12/2015	Mr. Ronald Simpson REDACTED	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$100.00	\$100.00	
9/11/2015	Mr. Terry Koken REDACTED	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$400.00	\$770.43	
9/18/2015	Mrs. Ronda Gilbert REDACTED	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$150.00	

**SUBTOTAL \$ 800.00**

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ 800.00
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ 693.75
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 \$ 1,493.75</b>

\*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  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Jul. 1, 2015	
through	Dec. 31, 2015	Page <u>5</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Fairview Park Preservation Alliance		1377431

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fairview Park Preservation Alliance

I.D. NUMBER

1377431

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS 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
FIL candidate filing/ballot fees	PHO 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
LIT 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
J.T. Printing 12771 Western Ave, Suite H Garden Grove, CA 92841	FND	Flyer for Fund Raiser	\$194.40
J.T. Printing 12771 Western Ave, Suite H Garden Grove, CA 92841	FND	Banners for Fund Raiser	\$204.00
J.T. Printing 12771 Western Ave, Suite H Garden Grove, CA 92841	FND	Printing of Remit Envelopes	\$275.00

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

**SUBTOTAL \$ 673.40**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	1701.32
2. Unitemized payments made this period of under \$100 .....	\$	12.75
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.) .....	<b>TOTAL \$</b>	<b>1,714.07</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Jul. 1, 2015	
through	Dec. 31, 2015	Page <u>6</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Fairview Park Preservation Alliance		1377431

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fairview Park Preservation Alliance

I.D. NUMBER

1377431

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
Cindy Brenneman REDACTED	FND	Food and utensils for Fund Raiser	\$333.80
Sub-Vendors: Iris Smart & Final Rite Aid Costco			
County of Orange -- Registrar of Voters 1300 South Grand Avenue-Building C Santa Ana CA 92705	CMP	Voter Registration Data	\$136.47
Jay Humphrey REDACTED Sub-Vendor: LA Times Media Group 202 W. 1st St. Los Angeles, CA 90012	PET	Notice of Intent to circulate Petition	\$336.25
J.T. Printing 12771 Western Ave, Suite H Garden Grove, CA 92841	PET	Printing of Petition	\$221.40

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

**SUBTOTAL \$ 1,027.92**