				COVER PAG
Recipient Committee Campaign Statement Cover Page		CI	RE COME STAND TY OF GARDEN GROVE TY CLERK'S OFFICE	california 460
	Statement covers period from October 21, 2018	Date of election if applicable: (Month, Day, Year)	1 -7 FH 2: T	Page1 of9 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through December 31, 2018	November 6, 2018		-
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t 🗆 Sp ermination)	arterly Statement ecial Odd-Year Report
	D. NUMBER 1410419	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Friends of George Brietigam for Garden Grove	City Council (2018)	Lisa Brietigam		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
OTTLET ABBILLOS (NO F.O. SOX)		Garden Grove	CA 928	
CITY STATE ZIP CO	DDE AREA CORE/DUONE	NAME OF ASSISTANT TREASURE		
Garden Grove CA 9284	15	George E. Brietigam		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Garden Grove	CA 928	
OPTIONAL: FAX / E-MAIL ADDRESS	*	OPTIONAL: FAX / E-MAIL ADDRES		
Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State or	ing this statement and to the best of my ki f California that the foregoing is true and c	nowledge the information contained	herein and in the attached s	chedules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on	By Signature of Control	ling Officeholder, Candidal), State Measure Pr	oponent or Responsible Officer of Spo	nsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on

Date

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM 2 of 9

	Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	ot Measure Co	ommittee	
•	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
	George Stephen Brietigam III						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABL	_E)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
	Garden Grove City Council, District No. 1						OPPOSE
		CITY STATE	ZIP				
	Garden	Grove CA	92845	Identify the controlling office	eholder, candidat	te, or state measure prop	onent, if any.
				NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PROP	ONENT	
	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily formed to		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
	COMMITTEE NAME	I.D. NUMBER		-			
			7.	Primarily Formed Cane	didate/Officeh	older Committee <i>Li</i>	st names of
١	NAME OF TREASURER	CONTROLLED COMMIT		officeholder(s) or candidate(s) for which this co	mmittee is primarily forme	ed.
;	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE C	OFFICE SOUGHT OR HELD	
•	STATE ADDITION			George Stephen Brietig	am III	City Council, Dist No	SUPPORT OPPOSE
i	CITY STATE ZIP C	ODE AREA COL	DE/PHONE	NAME OF OFFICEHOLDER OR C		OFFICE SOUGHT OR HELD	
							SUPPORT OPPOSE
-	COMMITTEE NAME	I.D. NUMBER					- Griose
				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
ì	NAME OF TREASURER	CONTROLLED COMMIT	ITEE?	NAME OF OFFICEHOLDER OR C	ANDIDATE C	OFFICE SOUGHT OR HELD	SUPPORT
		YES NO)				OPPOSE
(COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					
,	CITY STATE ZIP C	ODE ADEA COS	DE/PHONE				
(STATE ZIPC	OUE AREA COL	DEIFHONE	Atta	ch continuation	sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period

bummary Page	fromOctober 21, 2018	FORM 460
EE INSTRUCTIONS ON REVERSE	throughDecember 31, 2018	Page3 of9
IAME OF FILER		I.D. NUMBER
Friends of George Brietigam for Garden Grove City Council (2018)		1410419

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 3,000.00 \$ 3,000.00 \$ 3,000.00	\$ 6,050.00 \$5,879.00 \$ 11,929.00 \$ 11,929.00	20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 3,000.00 \$ 4,652.65 3,000.00 0	\$ 8,829.73 3,000.00 \$ 11,829.73 0 0 \$ 11,829.73	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	3,000.00 38.34 4,652.65 \$ 137.61 \$ 0	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).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016

scneaule	: A		its may be rounded				SCHEDULE	: /
Monetary	Contributions Received	to	whole dollars.	Statement cov from October	ers period 21, 2018		IFORNIA 460)
				through Decemb	per 31, 2018	Page	4 of 9	
SEE INSTRUCTION	DNS ON REVERSE	<u>-</u>					UMBER	_
	George Brietigam for Garden Grove City Council (20	18)				14104		
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	PER ELECTION TO DATE (IF REQUIRED)	
12/23/18	Garden Grove Police Association PAC 11301 Acacia Parkway Garden Grove, CA. 92840	☐IND COM ☐OTH ☐PTY ☐SCC	PAC	\$3,000.00	\$4,000.	.00	\$4,000.0	0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		·				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL \$	3,000.00				
Schedule A	A Summary				*Con	tributor (Codes	Ī
	eceived this period itemized monetary contributions. Il Schedule A subtotals.)		\$	3,000.00			ual ient Committee than PTY or SCC)	
. Amount re	eceived this period – unitemized monetary contribution	ns of less thar	n \$100\$	0	PTY-	– Öther – Politica	(e.g., business entity) al Party	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Coli	umn A, Line 1	.)TOTAL \$	3,000.00	scc	– Small	Contributor Committee	
	, , , , , , , , , , , , , , , , , , , ,	•	•					

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

	Ап			SCHEDULE B - PART 1					
Schedule B - Part 1		to whole dollars			Statement cov	ers period	CALIFORNIA 460		
Loans Received					from October	21, 2018	FORM	400	
SEE INSTRUCTIONS ON REVERSE					through Decemb	er 31, 2018	Page 5	of9	
NAME OF FILER							I.D. NUMBER		
Friends of George Brietigam for Garden (Grove City Council (2018)						1410419		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
George Stephen Brietigam III	Police Sergeant			PAID			}	CALENDAR YEAR	
	Los Angeles Police			s 3,000.00	s 2,879.00	0_%	\$ <u>5,879.00</u>	\$ 5,879.00	
Garden Grove, CA. 92845	Department			☐ FORGIVEN		RATE		PER ELECTION**	
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$_5,879.00	s0	\$	None DATE DUE	s <u>0</u>	_8/16/18 DATE INCURRED	\$ 5,879.00	
				☐ PAID				CALENDAR YEAR	
				s	s	%	s	\$	
				FORGIVEN		RATE		PER ELECTION**	
□ IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	s	DATE INCURRED	s	
				☐ PAID			1	CALENDAR YEAR	
				LI PAID					
				S ————————————————————————————————————	- -	RATE	,	PER ELECTION**	
				- CHOIVER					
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	0 \$	3,000.00	2,879.00	\$ 0			
Schedule B Summary			· · · · · · · · · · · · · · · · · · ·			(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$	<u> </u>				
(Total Column (b) plus unitemized loar						(+/	Contributor Codes		
	,			•	0.000.00	1	Donumbutor Codes ID – Individual		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 				э —	3,000.00		OM - Recipient C		
(Include loans paid by a third party tha		dule A.)				0	other than i) TH – Other (e.g., l	PTY or SCC) pusiness entity)	
		•				P.	TY - Political Part	y	
3. Net change this period. (Subtract Lin			************		3,000.00	S	CC - Small Contri	butor Committee	
Enter the net here and on the Summar	ry Page, Column A, Line 2.			(1	May be a negative number)				

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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SCHEDULE B - PART 1

				SCHEDU			
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period	CALIF	ORNIA 460	
Payments Made	10 1111010	J. 101		fromOctober 21, 2018		_{RM} 400	
SEE INSTRUCTIONS ON REVERSE				through December 31, 2018	1 - 5 -	6 of 9	
NAME OF FILER Friends of George Brietigam for Garden Grove City Counc	cil (2018)				1.D. NUM		
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 IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circui PHO phone banks POL polling and si POS postage, deli	imunications d appearance ses lating urvey resea very and me	s es	wise, describe the payment. RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and the staff/spouse travel, lodging, and the transfer between committees voter registration WEB information technology costs	uction costs I meals and meals of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	RIPTION OF PAYMENT		AMOUNT PAID	
Printplace.com 1130 Ave H East Arlington, Texas 76011 10/22/18		LIT	Poll Mailer (3rd)			\$986.13	
Printplace.com 1130 Ave H East Arlington, Texas 76011 10/24/18		LIT	High Propensity P	oll Mailer (4th)		\$640.44	
Facebook Advertisment 10/31/18		WEB	Campaign advertis	sement		\$26.08	
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		SUE	BTOTAL \$	1,652.65	
Schedule E Summary	ū						
Itemized payments made this period. (Include all Schedule	e E subtotals.)				\$	1,652.65	
Unitemized payments made this period of under \$100						0	
3. Total interest paid this period on loans. (Enter amount fron						0	

1,652.65

						SCHED	UL
Schedule F	Amounts may be roun to whole dollars.	Statement cove	ers period	CALIFORNIA 46		1	
Accrued Expenses (Unpaid Bills)			from October	21, 2018	FORM 40		ľ
SEE INSTRUCTIONS ON REVERSE			through December	er 31, 2018	Page .	7 of 9)
NAME OF FILER					I.D. NUM	BER	
Friends of George Brietigam for Garden Grove City Counc	cil (2018)				14104	19	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and of PRO professional services (PRT print ads	ons Inces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co butions ters' salaries time and producel, lodging, and r avel, lodging, and on committees con	ction costs neals d meals of the same	e candidate/sponso	or
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PERI (ALSO REPORT	OD	(d) OUTSTANDING BALANCE AT CLC OF THIS PERIO	OSE
George S. Brietigam III Garden Grove, CA. 92845	Loan Repayment	\$5879.00	0	\$30	00.00	\$2,879).0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 5879.00	5 O \$	300	00.00 \$	2,879.	.00
Schedule F Summary							
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTA	\LS \$ _	С)
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized				PAID TOTA	\LS \$ _	3,000.00)

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 3,000.00

								SCHEDULE H
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covered on the statement covered on	ers period 21, 2018	california 460	
SEE INSTRUCTIONS ON REVERSE					through Decemb	per 31, 2018	Page 8	of9
NAME OF FILER							I.D. NUMBER	
Friends of George Brietigam for Garden	Grove City Council (2018)						1410419	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
George S. Brietigam III Garden Grove, CA. 92845	Police Sergeant Los Angeles Police Department	, 5,879.00	s0	■ PAID \$ 3,000.00 □ FORGIVEN	2,879.00 None	O %	5,879.00 8/16/18	calendar year \$ 5,879.00 PER ELECTION** \$ 5,879.00
				□ PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR
				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$ 0	\$ 3,000.00	\$ 2,879.00	\$ 0		
						(Enter (e) on Schedule I, Line 3)	<u>- 1.00 (- 1.14. 84</u>	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans		•••••		**************	\$	0	- [**If Required
Payments received on loans (Total Column (c) plus unitemized paym		***************************************	•••••••	••••••	\$	3,000.00	- -	···
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar			••••••	••••••		3,000.00 y be a negative number)		

Schedule i		Amounts may be rounded			SCHEDULE		
discellaneous Increases to Cash		to whole dollars.	Statement covers period	CALIFORNIA	460		
			from October 21, 201	18 FORM	400		
			through December 31, 2	2018 Page 9	of 9		
IAME OF FILER	ONS ON REVERSE		1	I.D. NUMBER			
Friends of G	eorge Brietigam for Garden Grove City Council (2018))		1410419			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT INCREASE TO			
11/1/18	Printplace.com 1130 Ave H East Arlington, Texas 76011	Postage refund			\$38.34		
Attach addi	itional information on appropriately labeled continuation shee	ets.	SUB	TOTAL \$	38.34		
Schedule I	Summary		 	<u> </u>			
. Itemized in	ncreases to cash this period		\$	38.34			
. Unitemized	d increases to cash of under \$100 this period		\$	0			
. Total of all	interest received this period on loans made to others.	(Schedule H, Column (e).)	\$	0			
	ellaneous increases to cash this period. (Add Lines 1, 2 Page, Line 14.)		TOTAL \$	38.34			