

SWORN COMPLAINT FORM

(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. **This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.**

Mail the complaint to: **Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, California 95814**

Person Making Complaint

Last name: Florentine

First Name: Tony

Street Address:
[REDACTED]

City: [REDACTED] State: CA

Zip: [REDACTED] -

Telephone: ([REDACTED])

Fax: ([REDACTED])

E-mail: [REDACTED]

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

Complaint

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: Bushala

First Name: Tony

Street Address:

2020 Conejo Lane

City: Fullerton

State: CA

Zip: 92833

Telephone: (714) 525 - 0777

Fax: () -

E-mail:

Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) **You must state the suspected violation(s) on this form.**

Tony Bushala has not disclosed his status as a Major Donor by filing the required 461 form for donations in excess of \$33,000 he made in 2010. Many of the donations were made to Committees where he was the Treasurer.

Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

1. Tony Bushala is a well known developer of redevelopment projects in Fullerton, CA. He has been politically active as a donor for over a decade. While this complaint only addresses his failure to file as a major donor in 2010, it is likely he exceeded the \$10,000 threshold for filing in 2006 and 2008. Bushala has not filed a Major Donor 461 report for 2010 with Sec. of State, OC Registrar of Voters, or Fullerton City Clerk as of the date of this complaint.

SPECIFIC EVIDENCE OF TONY BUSHALA'S MAJOR DONOR STATUS

1. I have provided a summary chart of donations made by Bushala in 2010. [Exhibit 1]
2. Bushala donated of \$2,500 on 8/26/2010 to Fullerton council candidate Bruce Whitaker ID#13330388 [Exhibit 2]
3. Bushala donated \$1,503.66 on 10/8/2010 to "Friends of Fullerton Against Public Pension Abuse Who Oppose Pat McKinley for Fullerton City Council 2010, ID#1329515. NOTE: Bushala is the treasurer. [Exhibit 3]
4. In an amended filing of 8/18/2011 for "Friends of Fullerton Against Public Pension Abuse Who Oppose Pat McKinley for Fullerton City Council" ID#1329515, Treasurer Bushala discloses his true donation of \$7,585.21. He clearly hid this amount from the public. Copy of mailer funded by the Committee is attached. NOTE: Bushala is the ONLY donor to this committee. [Exhibit 3A]

**Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). Note that a newspaper article is NOT considered evidence of a violation.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

5. Bushala donated \$6,070 on 10/8/2010 to "Fullerton Residents Who Oppose Roland Chi for Fullerton City Council 2010" NOTE: Bushala is Treasurer and only donor. [Exhibit 4]

6. Bushala donated \$5,400 on 10/8/2010 to "Fullerton Residents who oppose Aaron Gregg for Fullerton City Council 2010. NOTE: Bushala is the Treasurer and only donor. [Exhibit 5]

7. Bushala donated a total of \$4,620 in the June 2010 primary election to Friends of the 4th Committee to Oppose Harry Sidhu for Orange County Supervisor ID#1326118. NOTE: Bushala is the Treasurer and only donor. [Exhibit 6]

8. Bushala amends "Fullerton Residents Who Oppose Roland Chi for Fullerton City Council 2010" on 8/18/2011 to reflect his total donation of \$8,274.26 - the true cost of a mailer he produced in the November 2010 election. NOTE: Bushala is the Treasurer and only donor. [Exhibit 4A]

9. Bushala donates a total of \$7,705.95 in the 2010 General election to "Committee to Elect Chris Thompson Fullerton Elementary District School Board 2010" ID#1331297 [Exhibit 7]

Summary: Tony Bushala contributed at least \$33,000 in 2010 to influence numerous races in Fullerton. He was the Treasurer of 4 committees of which he was the only donor. As Treasurer he is obligated to know the law.

Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). **Note that a newspaper article is NOT considered evidence of a violation.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature)

(Date)

(Please print your name)

Tony Bushala 2010 Donations

Committee Name	ID#	Amount	Donor	Date	Treasurer/Notes
Fullerton Residents who Oppose Roland Chi for Fullerton CC	1332862	\$6,070	Tony Bushala	10/8/2010	Tony Bushala (100% of cmt. Funds)
Fullerton Resident who Oppose Aaron Gregg for Fullerton CC	1332777	\$5,400	Tony Bushala	10/8/2010	Tony Bushala (100% of cmt. Funds)
Friends for Fullerton who Oppose Pat McKinley for Fullerton City Council 2010	1329515	(\$1,503.66)	Tony Bushala	10/8/2010	Tony Bushala (100% of cmt. Funds) *Bushala hid true donation amount. See amended report of 8/18/2011
Friends for Fullerton Against Public Pension Abuse Who Oppose Pat McKinley for Fullerton City Council (amended*)	1329515	\$7,585.21	Tony Bushala	10/26/2010 8/18/2011	Tony Bushala (100% of cmt. Funds) Amends report to reflect \$7585.21 donation
Committee to Elect Chris Thompson Fullerton School Board 2010	1331297	\$1,000 \$482 \$5,000 \$1,223.95	Tony Bushala Tony Bushala Tony Bushala Tony Bushala	8/27/2010 9/28/2010 9/30/2010 10/3/2010	Kelly Thompson (Bushala donates 63% of all Thompson funds)
Elect Bruce Whitaker 2010 to Fullerton City Council	1330388	\$2,500 \$132	Bushala Brothers Tony Bushala	8/26/2010 9/30/2010	Bushala is Whitaker's largest donor
Friends of the 4th Committee to Oppose Harry Sidhu for Orange County Supervisor 2010	1326118	\$900 \$638 \$791.96 \$315 \$1,275.84 \$700	Tony Bushala Tony Bushala Tony Bushala Tony Bushala Tony Bushala Tony Bushala	3/8/2010 4/8/2010 4/18/2010 5/10/2010 5/18/2010 5/12/2010	Tony Bushala (100% of cmt. Funds)
Friends of Shawn Nelson	1249075	\$700 \$99	Tony Bushala Tony Bushala	10/17/2010 10/17/2010	
Total		\$33,309			

Exhibit 1

Exhibit 2

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84218.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 14

For Official Use Only

CITY CLERK: [REDACTED]

Statement covers period from <u>7/01/10</u> through <u>9/30/10</u>	Date of election if applicable: (Month, Day, Year) <u>11/02/10</u>
--	--

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

ID NUMBER
1330388

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ELECT BRUCE WHITAKER 2010+ FULLERTON
CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY Fullerton STATE Calif ZIP CODE 92833 AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX [REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL FAX / E-MAIL ADDRESS [REDACTED]

Treasurer(s)

NAME OF TREASURER
Linda B. Whitaker
MAILING ADDRESS [REDACTED]

CITY Fullerton STATE Calif ZIP CODE 92833 AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER IF ANY [REDACTED]

MAILING ADDRESS [REDACTED]

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL FAX / E-MAIL ADDRESS [REDACTED]

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 Oct 5 2010
Date
Executed on OCT. 5, 2010
Date
Executed on _____
Date
Executed on _____
Date

By [REDACTED]
By [REDACTED]
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

Exhibit 2

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period from <u>7/1/10</u> through <u>9/30/10</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>14</u>	ID NUMBER <u>1330388</u>

NAME OF FILER

ELECT BRUCE WHITAKER 2010 to FULLERTON CITY COUNCIL

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)
8/23/2010	GRIFFIN STRUCTURES, INC. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
8/23/2010	DIANA DAVENPORT PADILLA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BRIAN'S WELDING	100.00	100.00	
8/26/2010	VALENCIA INDUSTRIAL CENTER BUSHALA TRUST [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
8/26/2010	BUSHALA BROTHERS, INC. [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
9/02/2010	KATHLEEN MCRAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POLICY ADVISOR O.C. SUPERVISOR JOHN MOORLACH	100.00	100.00	
SUBTOTAL \$				3,950.00		

*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

Exhibit 3

Type or print in ink.

CITY CLERK OCT 25 '10 4:11:34 COVER PAGE

Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84216.51

Date Stamp

CALIFORNIA
2001/02
FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period
from Jan 1, 2010
through Oct 16, 2010

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
- ☐ Primarily Formed Ballot Measure Committee
☐ 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
(Also file a Form 410 Termination)
☐ Amendment (Explain below: _____)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

Committee Information

ID NUMBER
1329515

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

Friends for Fullerton against public pension abuse who oppose Pat McKinley for Fullerton City Council 2010

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92832 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tony Bushala

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92832

NAME OF ASSISTANT TREASURER (IF ANY)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained 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 10-21-10
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
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

Exhibit 3

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from Jan 1, 2010 through Oct 16, 2010		CALIFORNIA FORM 460	
		Page 4 of 6	
		ID NUMBER 1329515	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends for Fullerton against public pension abuse who oppose Pat McKinley for Fullerton City Council 2010

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 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/8/10	Tony Bushala Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. Vice President	1,503.66	1,503.66	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 1,503.66

Amount received this period - unitemized monetary contributions of less than \$100 \$ 0

Total monetary contributions received this period

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,503.66

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

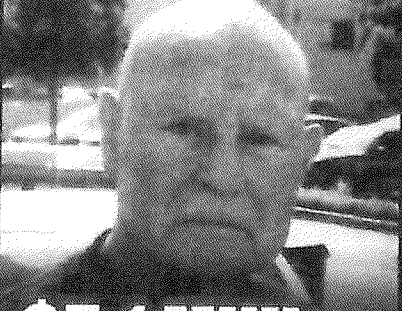

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

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

Exhibit 3

PAT MCKINLEY EX-POLICE CHIEF FULLERTON, CA	ROBERT RIZZO CHIEF ADMINISTRATIVE OFFICER BELL, CA
	
\$5.1 Million Total Lifetime Pension	\$787,000 Annual Pension
FULLERTON CITY COUNCIL CANDIDATE	STATUS: OUT OF PRISON ON BAIL

PAT MCKINLEY
WRONG FOR FULLERTON

- ▶ **MAKES MORE IN RETIREMENT THAN HE EVER MADE WORKING!**
- ▶ **DOUBLE-DIPPING PENSION ABUSER**
- ▶ **\$215,000 PER YEAR FROM TAXPAYERS FOR THE REST OF HIS LIFE, TO DO NOTHING**

Sources: CalPERS, www.californiapensionreform.com
LA Fire and Police Pensions, Public Records response dated June 24, 2010, Michael A. Perez, LAFPP General Manager
Social Security Administration Actuarial Publications, Period Life Table, socialsecurity.gov

Exhibit 3A

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

460

Page 1 of 6

For Official Use Only

Statement covers period from <u>October 17, 2010</u> through <u>Dec. 31, 2010</u>	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.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate-Officeholder Committee
<small>(Also Complete Part 6)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd Year Report
<input type="checkbox"/> Supplemental Preelection Statement (Attach Form 495) |
|---|---|

minor corrections to pages 1 + 5

3. Committee Information

ID NUMBER
1329515

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

Friends for Fullerton against public pension abuse who oppose Pat McKinley for Fullerton City Council 2010

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tony Bushala

MAILING ADDRESS

[REDACTED]

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/11
Date

8/18/11

By

Executed on _____
Date

By

Executed on _____
Date

By

Executed on _____
Date

By

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Exhibit 3A

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from October 17, 2010
through Dec 31, 2010

CALIFORNIA
FORM **460**

Page 4 of 6

FILE NUMBER
1329515

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends for Fullerton against public pension abuse who oppose Pat McKinley for Fullerton City Council 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF CORPORATION)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/10	Tony Bushala [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B B I Vice Pres	7585.21	7585.21	
		<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				
		<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				
SUBTOTAL \$				7585.21		

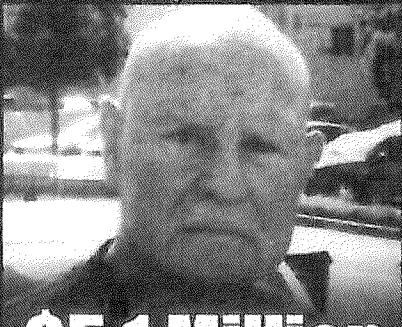
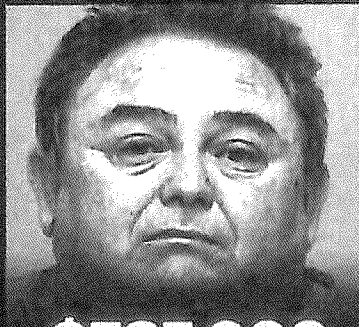
Schedule A Summary

- Amount received this period - itemized monetary contributions
(Include all Schedule A subtotals.) \$ 7585.21
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) TOTAL \$ 7585.21

*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

Exhibit 3A

PAT MCKINLEY EX-POLICE CHIEF FULLERTON, CA	ROBERT RIZZO CHIEF ADMINISTRATIVE OFFICER BELL, CA
	
\$5.1 Million Total Lifetime Pension	\$787,000 Annual Pension
STATUS:	
FULLERTON CITY COUNCIL CANDIDATE	OUT OF PRISON ON BAIL

PAT MCKINLEY
WRONG FOR FULLERTON

- ▶ **MAKES MORE IN RETIREMENT THAN HE EVER MADE WORKING!**
- ▶ **DOUBLE-DIPPING PENSION ABUSER**
- ▶ **\$215,000 PER YEAR FROM TAXPAYERS FOR THE REST OF HIS LIFE, TO DO NOTHING**

Sources: CalPERS, www.californiapensionreform.com
LA Fire and Police Pensions, Public Records response dated June 24, 2010, Michael A. Perez, LAFPP General Manager
Social Security Administration Actuarial Publications, Period Life Table, socialsecurity.gov

Exhibit 4

Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84215.5

Type or print in ink.

CITY CLERK 01/25/10 AM 11:34 COVER PAGE

Date Stamp: LEPP 00

CALIFORNIA
2001/02
FORM

460

Page 1 of 6

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Jan 1, 2010 through Oct. 16, 2010	Date of election if applicable. (Month, Day, Year)
--	---

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

Committee Information

ID NUMBER
1332862

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

Fullerton residents who oppose Roland Chi for Fullerton city council 2010

STREET ADDRESS (NO P.O. BOX)

CITY Fullerton STATE CA ZIP CODE 92832 AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tony Bushala

MAILING ADDRESS

CITY Fullerton STATE CA ZIP CODE 92832 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained 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 10-21-10 Date

Executed on Date

Executed on Date

Executed on Date

By [Signature] Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Exhibit 4

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>Jan 1, 2010</u> through <u>Oct 16, 2010</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>
ID NUMBER 1332862	

E INSTRUCTIONS ON REVERSE

NAME OF FILER

Fullerton residents who oppose Roland Chi for Fullerton city council 2010

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)
10/8/10	Tony Bushala [REDACTED] Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B B I. Vice President	6,070	6070	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

Amount received this period – itemized monetary contributions

(Include all Schedule A subtotals)

\$ 6,070.00

Amount received this period – unitemized monetary contributions of less than \$100

\$ 0

Total monetary contributions received this period

(Add Lines 1 and 2 Enter here and on the Summary Page Column A, Line 1)

TOTAL \$ 6,070.00

*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)

Exhibit 4

ROLAND CHI: FOOD POISONER

Last year Roland Chi's Garden Grove supermarket was shut down after 11 customers got sick. Inspectors had visited Chi's market nearly a dozen times, documenting 93 disgusting health violations.

Chi ignored the warnings and continued to serve bad food.

After customers became ill, Roland Chi and his business partners were charged with five criminal health code violations and were forced to shut down.

Now Roland Chi wants us to elect him to the Fullerton City Council.

*Source: Orange County Superior Court Case #10CM01058



Exhibit A: Photos Taken From Chi's Market



Paid for by:
Fullerton Residents Who Oppose Roland Chi
for Fullerton City Council 2010 - FPPCA
100 E Walnut Ave, Fullerton, CA 92632

93 health violations,

food-borne illness

View the documents online at www.rolandchi.com

Don't Let Rolan Sicken Our C

*Source: Orange County Superior Court Case #10CM01058

IRRESPONSIBLE AN

Exhibit 4A

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84211.5)

Type or print in ink.

COVER PAGE

(Date Stamp)

CALIFORNIA
2001/02
FORM

460

Page 1 of 6

For Official Use Only

CLERK FILED FEBRUARY 20 2011

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>October 17, 2010</u> through <u>December 31, 2010</u>	Date of election if applicable (Month, Day, Year) _____
---	---

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
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)
- ☒ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 5.)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☒ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

CITY CLERK AUGUST 11 2011

minor corrections to pages 1, 3, 4, 5, 6

3. Committee Information

ID NUMBER
1332862

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

Fullerton residents who oppose Roland Chi for Fullerton City Council
2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tony Bushala

MAILING ADDRESS

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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/11
Date
Executed on _____
Date
Executed on _____
Date
Executed on _____
Date

By

By

By

By

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Exhibit 4A

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from October 17, 2010
through December 31, 2010

CALIFORNIA
FORM **460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ID NUMBER

1332862

Fullerton residents who oppose Roland Chi for Fullerton City Council 2010

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)
10/26/10	Tony Bushala [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B B I Vice Pres	8274 26	8274 26	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				8274 26		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8274 26
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page Column A, Line 1.) **TOTAL \$** 8274 26

*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

ROLAND CHI: FOOD POISONER

Last year Roland Chi's Garden Grove supermarket was shut down after 11 customers got sick. Inspectors had visited Chi's market nearly a dozen times, documenting 93 disgusting health violations.

Chi ignored the warnings and continued to serve bad food.

After customers became ill, Roland Chi and his business partners were charged with five criminal health code violations and were forced to shut down.

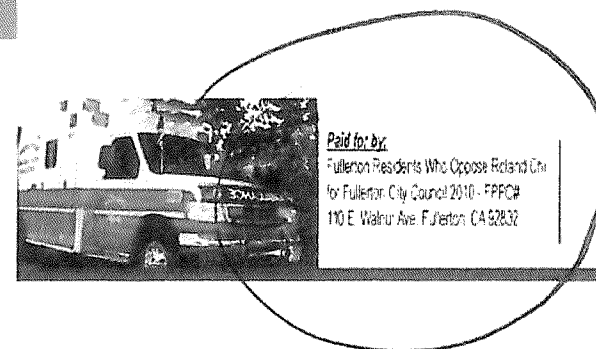
Now Roland Chi wants us to elect him to the Fullerton City Council.

*Source: Orange County Superior Court Case #10CM01058



Exhibit A: Photos Taken From Chi's Market

Exhibit 4A



93 health violations,

food-borne illness

View the documents online at www.rolandchi.com

Don't Let Roland Chi Sicken Our Community

*Source: Orange County Superior Court Case #10CM01058

IRRESPONSIBLE AND DANGEROUS

Exhibit 5

Recipient Committee Campaign Statement Cover Page

Government Code Sections 84200-84216.5

Type or print in ink.

DATE: FEB 01 2010 AM 11:04 COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 6

For Official Use Only

Statement covers period
from Jan 1, 2010
through Oct 16, 2010

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
- ☐ Primarily Formed Ballot Measure Committee
☐ 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
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

Committee Information

ID NUMBER
1332777

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

Fullerton residents who oppose Aaron Gregg for Fullerton city council
2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92832

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tony Bushala

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92832

NAME OF ASSISTANT TREASURER (IF ANY)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained 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 10-21-10
Date

Executed on
Date

Executed on
Date

Executed on
Date

By [Signature] Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Exhibit 5

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from Jan 1, 2010
through Oct. 16, 2010

CALIFORNIA
FORM 460

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fullerton residents who oppose Aaron Gregg for Fullerton city council 2010

ID NUMBER
1332777

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)
10/8/10	Tony Bushala Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. Vice President	5,400	5,400	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

Amount received this period – Itemized monetary contributions

(Include all Schedule A subtotals.) \$ 5,400.00

Amount received this period – unitemized monetary contributions of less than \$100 \$ 0

Total monetary contributions received this period

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5,400.00

*Contributor Codes

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

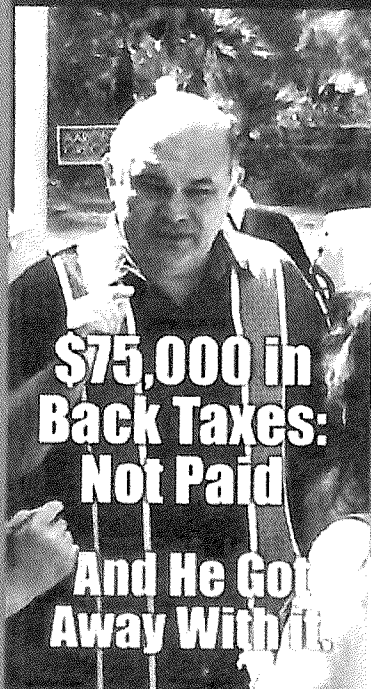
PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 460 (January/05)

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

AARON GREGG: BANKRUPT



Aaron Gregg is running for Fullerton City Council, and he doesn't want you to know that he previously filed for bankruptcy, dodging \$75,000 in taxes and \$30,000 in personal debts.

Now Aaron Gregg wants you to trust him with Fullerton's budget.

Don't Let Aaron Gregg Bankrupt Fullerton

See for yourself at www.aarongregg.org

*Source: United States Bankruptcy Court Case 8:99-bk-20980-JB

aid for by,
Fullerton Residents Who Oppose Aaron Gregg
in Fullerton City Council 2010, FPPD# 1330717
100 E. Main Ave Fullerton, CA 92632

**AARON GREGG
DODGED HIS TAXES WITH
BANKRUPTCY
WHILE HE MADE
\$96,000 PER YEAR**

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

Name of Debtor (if individual, enter Last, F

GREGG, AARON CHARLES

All Other Names used by the Debtor in the
(include married, maiden, and trade names)

Don't Let Aaron Gregg Bankrupt Fullerton

Exhibit 5

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Exhibit #6

COVER PAGE

Statement covers period from 1/1/10 through 5/22/10	Date of election if applicable: (Month, Day, Year) 6/08/10	Date Stamp FILED MAY 26 2010 REGISTRAR OF VOTERS	CALIFORNIA 460 2001/02 FORM Page 1 of 7 ORIGINAL
---	--	--	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement: Amendment Deputy

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1326118

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

Friends of the 4th Committee to Oppose Harry Sidhu for Orange County Supervisor 2010

STREET ADDRESS (NO P.O. BOX)

110 E. Walnut Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fullerton	CA	92832	714-526-1242

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL FAX / E-MAIL ADDRESS

714-526-0296

Treasurer(s)

NAME OF TREASURER

Tony Bushala

MAILING ADDRESS

110 E. Walnut Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fullerton	CA	92832	714-526-1242

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 5-26-10
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
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.

Exhibit 6

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 7

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	ID 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	ID 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. Primarily Formed 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 Candidate/Officeholder 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 checked="" type="checkbox"/> OPPOSE
Harry Sidhu	Supervisor	
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

Exhibit 6

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from 1/1/10 through 5/22/10	CALIFORNIA FORM 460 Page <u>3</u> of <u>7</u> I.D. NUMBER 1326118
---	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of the 4th Committee to Oppose Harry Sidhu for Supervisor 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions Schedule A, Line 3	\$ 4,620.64	\$ 0
2 Loans Received Schedule B, Line 3	0	—
3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 4,620.64	\$ 0
4 Nonmonetary Contributions Schedule C, Line 3	0	—
5 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 4,620.64	\$ 0

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	\$ 4,620.64	\$ 0
7 Loans Made Schedule H, Line 3	0	—
8 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 4,620.64	\$ 0
9 Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	—
10 Nonmonetary Adjustment Schedule C, Line 3	0	—
11 TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4,620.64	\$ 0

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	\$ 0
13. Cash Receipts Column A, Line 3 above	\$ 4,620.64
14. Miscellaneous Increases to Cash Schedule I, Line 4	0
15. Cash Payments Column A, Line 8 above	\$ 4,620.64
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14 then subtract Line 15	\$ 0

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 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.

Exhibit 6

Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from 1/1/10 through 5/22/10	CALIFORNIA FORM 460 Page <u>4</u> of <u>7</u>
I.D. NUMBER 1326118	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of the 4th Committee to Oppose Harry Sidhu for Supervisor 2010

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)
5/12/10	Tony Bushala 110 E. WALNUT AVE. FULLERTON, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. V.P.	700.00	4,620.64	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 4,620.64

Schedule A Summary

1. Amount received this period - itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 4,620.64

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4,620.64

*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 A
Monetary Contributions Received

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

Exhibit 6

SCHEDULE A

Statement covers period from <u>1/1/10</u> through <u>5/22/10</u>		CALIFORNIA FORM 460
		Page <u>5</u> of <u>7</u>
		I.D. NUMBER 1326118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of the 4th Committee to Oppose Harry Sidhu for Supervisor 2010

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)
3/8/10	Tony Bushala 110 E. WALNUT AVE. Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. V.P.	900.00	900.00	
4/8/10	Tony Bushala 110 E. WALNUT AVE. Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. V.P.	637.84	1,537.84	
4/18/10	Tony Bushala 110 E. WALNUT AVE. Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. V.P.	791.96	2,329.80	
5/10/10	Tony Bushala 110 E. WALNUT AVE. Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. V.P.	315.00	2,644.80	
5/18/10	Tony Bushala 110 E. WALNUT AVE. Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	B.B.I. V.P.	1,275.84	3,920.64	
SUBTOTAL \$				3,920.64		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ _____

*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

Exhibit 6

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period from 1/1/10 through 5/22/10		CALIFORNIA FORM 460
		Page <u>6</u> of <u>7</u>
		I.D. NUMBER 1326118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of the 4th Committee to Oppose Harry Sidhu for Supervisor 2010

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	Harry Sidhu Orange County Board of Supervisors 4th District 2010 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs & Robocalls	\$3,920.64		
	Lorri Galloway Orange County Board of Supervisors 4th District 2010 <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Signs & Robocalls	\$700.00		
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 4,620.64

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals) \$ 4,620.64
- Unitemized contributions and independent expenditures made this period of under \$100 \$.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 4,620.64

Exhibit 6

Schedule E Payments Made

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

Statement covers period		CALIFORNIA FORM 460	
from	1/1/10	Page	7 of 7
through	5/22/10	I.D. NUMBER	1326118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of the 4th Committee to Oppose Harry Sidhu for Supervisor 2010

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

CMP	campaign paraphernalia/misc.	MER	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
Cogs South: 3309 S. Main St. Santa Ana, CA 92707	CMP		Signs	\$ 1,600. ⁰⁰ / ₁₀₀
Voice Broadcasting Corp. 1527 South Cooper St. Arlington, TX 76010	CMP		Robocalls	\$ 3,020. ⁶⁴ / ₁₀₀

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	4,620. ⁶⁴ / ₁₀₀
2. Unitemized payments made this period of under \$100	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	4,620. ⁶⁴ / ₁₀₀

Exhibit 7

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period
from July 1, 2010
through September 30, 2010

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

November 2, 2010

OCT 05 2010

CALIFORNIA
2010/02
FORM

460

Page 1 of 17

REGISTRAR OF VOTERS For Office Use Only

Deputy

ORIGINAL

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

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 455

3. Committee Information

COMMITTEE NUMBER
1331297

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

Committee to Elect Chris Thompson Fullerton Elementary School Board 2010

STREET ADDRESS (NO P.O. BOX)

3000 N. Associated Road, #53

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835 562-544-2297

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

chris@btrepco.com

Treasurer(s)

NAME OF TREASURER

Kelly Thompson

MAILING ADDRESS

3000 N. Associated Road CA 92835 562-544-2297

CITY STATE ZIP CODE AREA CODE/PHONE
Fullerton CA 92835

NAME OF ASSISTANT TREASURER (IF ANY)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

niftykit@roadrunner.com

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 10/5/10

Executed on 10/4/10

Executed on _____

Executed on _____

By Kelly Thompson

By _____

By _____

By _____

FPPC Form 450 (June 01)
FPPC Toll-Free Helpline: 888/ASK-FPPC
State of California

Exhibit 7

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period from <u>July 1, 2010</u> through <u>September 30, 2010</u>		CALIFORNIA FORM 460 Page <u>4</u> of <u>17</u> ID NUMBER <u>1331297</u>

NAME OF FILER

Committee to Elect Chris Thompson Fullerton Elementary School Board 2010

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 (* REQUIRED)
8/25/10	Kelly Thompson, 3000 N. Associated Road, #53, Fullerton, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Division Manager, Nifty After Fifty	250	250	
8/25/10	Sherrell Barron, 27 Carnage Lane, Tustin, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500	500	
8/27/10	Bushala Brothers Construction - Tony Bushala 110 E. Walnut Ave., Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Bushala Brothers Construction	1000	6000	
8/28/10	Patricia K. Hart 1111 La Cresta Place, Fullerton, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent - Prudential California Realty	100	100	
9/4/10	Jeffrey Smith 2949 Arlington Ave. Fullerton, CA 92835	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior District Sales Manager Bristol Myers Squibb	150	150	
SUBTOTAL \$				2000		

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

Exhibit 7

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>October 1, 2010</u> through <u>October 16, 2010</u>	Date of election if applicable: (Month, Day, Year) <u>November 2, 2010</u>	Date Stamp FILED OCT 21 2010	CALIFORNIA FORM 460 Page <u>1</u> of <u>15</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 1) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |

- 2. Type of Statement:** Officeholder
- | | |
|--|--|
| <input checked="" type="checkbox"/> Pre-election Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination)
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|--|--|

3. Committee Information ID. NUMBER 1331297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Chris Thompson Fullerton School Board 2010

STREET ADDRESS (NO P.O. BOX)
3000 N. Associated Road Unit 53

CITY <u>Fullerton</u>	STATE <u>CA</u>	ZIP CODE <u>92835</u>	AREA CODE/PHONE <u>562-544-2297</u>
--------------------------	--------------------	--------------------------	--

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kelly Thompson

MAILING ADDRESS
3000 N. Associated Road Unit 53

CITY <u>Fullerton</u>	STATE <u>CA</u>	ZIP CODE <u>92835</u>	AREA CODE/PHONE <u>562-544-2297</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: 10/21/2010
Executed on: 10/21/2010
Executed on: _____
Executed on: _____

By: [Signature]
Signature of Treasurer or Assistant Treasurer
By: [Signature]
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

Exhibit 7

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>October 1, 2010</u>	CALIFORNIA FORM 460
through <u>October 16, 2010</u>	
Page <u>7</u> of <u>15</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Chris Thompson Fullerton Elementary School Board 2010

I.D. NUMBER

1331297

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	DISCLOSURE TO DATE (IF REQUIRED)
10/03/10	Tony N. Bushala 110 E. Walnut Avenue Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Bushala Brothers Construction	State-Low Uhler and Prop 13 Paid by Tony Bushala credit card	500.00	1,223.95	
10/04/201	Tony N. Bushala 110 E. Walnut Avenue Fullerton, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Bushala Brothers Construction	State-Californians Vote Green paid for by Tony Bushala credit	241.95	1,223.95	
		<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					
Attach additional information on appropriately labeled continuation sheets.					SUBTOTAL \$	741.95	

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 741.95
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
- Total nonmonetary contributions received this period
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 741.95

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

SWORN COMPLAINT FORM

(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.

Mail the complaint to: Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, California 95814

Person Making Complaint

Last name: Florentine

First Name: Tony

Street Address: [REDACTED]

City: [REDACTED] State: CA

Zip: [REDACTED] -

Telephone: ([REDACTED])

Fax: ([REDACTED])

E-mail: [REDACTED]

*IMPORTANT NOTICE

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

First Name: Tony

City: Fullerton State: CA

Telephone: (714) 525 - 0777

E-mail: info@www.elsevier.com

My original complaint documents over \$33,000 in donations by Tony Bushala in 2010 and his failure to file as a Major Donor. As of the date of this complaint, he has not filed a 461 Major Donor statement with the Secretary of State, County of Orange, or City of Fullerton.

THIS AMENDS MY ORIGINAL COMPLAINT TO INCLUDE A DONATION TO ASSEMBLYMAN
CHRIS NORBY

On 10/17/2010 Assm. Norby reports receiving \$700 in the form of in-kind office rent from Bushala Bros. (Tony Bushala's construction and development firm). [Amended Complaint Exhibit 1]

Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

I have reviewed and attached the Form 460 filed by Assemblyman Norby on January 27, 2011 for the period 10/17/2010 - 12/31/2010 page 6 documenting the Bushala donation.

This coupled with Bushala's failure to file as a Major Donor for his activity in the County of Orange and City of Fullerton clearly falls within the FPPC's jurisdiction.

Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). **Note that a newspaper article is NOT considered evidence of a violation.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____-_____

Telephone: (_____) _____-_____

Fax: (_____) _____-_____

E-mail: _____

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____

Zip: _____ - _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature)

(Date)

(Please print your name)

Amended Complaint Exhibit 1

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED
JAN 27 2011

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 19

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/17/2010 through 12/11/2010	Date of election if applicable: (Month, Day, Year) 11/02/2010	REGISTRAR OF VOTERS By <i>[Signature]</i> Deputy
--	---	---

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
(Also Complete Part 5) | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

1123258

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

Norby for Assembly 2010

STREET ADDRESS (NO P.O. BOX)

216 N. Yale Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton, CA 92831

949-858-7448

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

30151 Tomas

CITY STATE ZIP CODE AREA CODE/PHONE

Rancho Santa Margarita, CA 92688

OPTIONAL FAX / E-MAIL ADDRESS

949-858-6807

Treasurer(s)

NAME OF TREASURER

Betty Presley

MAILING ADDRESS

30151 Tomas

CITY STATE ZIP CODE AREA CODE/PHONE

Rancho Santa Margarita, CA 92688

949-858-7448

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 01/19/2011
Date

Executed on 01/20/2011
Date

Executed on _____
Date

Executed on _____
Date

By *[Signature]*
Signature of Treasurer or Assistant Treasurer

By *[Signature]*
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

Amended Complaint Exhibit 1

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period

from 10/17/2010

through 12/31/2010

CALIFORNIA
FORM 460

Page 6 of 19

ID NUMBER
1323258

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Norby for Assembly 2010

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2010	Bushata Bros. 511 S Harbor Fullerton, CA 92834	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Office Rent	700.00	700.00	G 10 700.00
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 700.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 700.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 700.00

*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)