

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp
FILED

CALIFORNIA 460
2001/02
FORM

Page 1 of 30

For Official Use Only

Statement covers period

from 10/17/2004

through 12/31/2004

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 checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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
<i>(Also Complete Part 7)</i> |

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 | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

Additional Information

3. Committee Information

I.D. NUMBER
1266285

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bustamante for Council

STREET ADDRESS (NO P.O. BOX)
1110 Sharon Rd

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Ana, CA 92706 714-566-5287

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
Adriana Bustamante

MAILING ADDRESS
1110 Sharon Rd

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Ana, CA 92706 714-648-0122

NAME OF ASSISTANT TREASURER, IF ANY
Carlos Bustamante

MAILING ADDRESS
1110 Sharon Rd

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Ana, CA 92706 714-648-0122

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 3-28-05
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.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>30</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Carlos Bustamante

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
City of Santa Ana

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1110 Sharon Rd Santa Ana, CA 92706

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/17/2004</u>	CALIFORNIA FORM 460
through <u>12/31/2004</u>	
Page <u>3</u> of <u>30</u>	I.D. NUMBER 1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>26,271.14</u>	\$ <u>68,892.47</u>
2. Loans Received Schedule B, Line 3	<u>2,000.00</u>	<u>9,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>28,271.14</u>	\$ <u>77,892.47</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>1,979.30</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>28,271.14</u>	\$ <u>79,871.77</u>

**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	\$ <u>39,978.63</u>	\$ <u>72,173.68</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>39,978.63</u>	\$ <u>72,173.68</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>9,822.22</u>	<u>11,343.64</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>1,979.30</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>49,800.85</u>	\$ <u>85,496.62</u>

**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	\$ <u>17,426.28</u>
13. Cash Receipts Column A, Line 3 above	<u>28,271.14</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>703.68</u>
15. Cash Payments Column A, Line 8 above	<u>39,978.63</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6,422.47</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>20,343.64</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page <u>4</u> of <u>30</u>
NAME OF FILER Bustamante for Council		I.D. NUMBER 1266285

SEE INSTRUCTIONS ON REVERSE

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)
10/22/2004	John Drake 317 Robin Hood Lane Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Bob Drake Bail Bonds Inc	250.00	250.00	G 04 250.00
10/22/2004	Eleazar Iglesias 2642 N Vista Glen Rd Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Iglesias & Associates	250.00	290.00	G 04 290.00
10/22/2004	Johns Automotive Service 1465 Main Street Santa Ana, CA 92702	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
10/22/2004	Francis A Kelly 310 N Tustin Ave Unit A Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Farmers Insurance Agency	200.00	200.00	G 04 200.00
10/22/2004	Kelly's Body Shop Inc 2041 S Main Street Santa Ana, CA 92703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00	323.00	G 04 323.00

SUBTOTAL \$ 1,048.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 23,022.00
- Amount received this period – unitemized contributions of less than \$100 \$ 3,249.14
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 26,271.14

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 5 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

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)
10/22/2004	Arturo Lomeli 415 N Sycamore St Santa Ana, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Arturo J Lomeli DDS	300.00	800.00	G 04 800.00
10/22/2004	Dennis D Parrett 480 Ruby Street Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Dennis Parrett CPA	100.00	200.00	G 04 200.00
10/22/2004	TNT Fireworks 555 N Gilbert St Fullerton, CA 92833	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	G 04 125.00
10/23/2004	Lincoln Club of Orange County State PAC (#970861) PO Box 8095 Newport Beach, CA 92658	<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	G 04 1,000.00
10/25/2004	Brian Bist 1205 S Birch St Santa Ana, CA 92707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Programmer Self/Brian Bist	500.00	500.00	G 04 500.00
10/25/2004	Crevier BMW 1500 Auto Mall Dr Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	1,000.00	G 04 1,000.00

SUBTOTAL \$ 2,325.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page <u>6</u> of <u>30</u>
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

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)
10/25/2004	George Heidler 18571 Rosenaur Dr Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Tom's Truck Service	1,000.00	2,000.00	G 08 1,000.00 G 04 1,000.00
10/26/2004	Donald Krotee Partnership Inc 515 N Main St Ste 200 Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
10/26/2004	James Gartner & Assoc Architects Inc 206 N Broadway Santa Ana, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	748.00	G 04 748.00
10/26/2004	Madison Materials PO Box 8294 Newport Beach, CA 92658	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
10/26/2004	Larry Means 2313 N Cottonwood Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Keystone	250.00	500.00	G 04 500.00
10/26/2004	Cristy Ware PO Box 8206 Newport Beach, CA 92658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Ware Disposal	150.00	249.00	G 04 249.00
SUBTOTAL \$				2,148.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page <u>7</u> of <u>30</u>
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

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)
10/26/2004	Ware Disposal Co Inc PO Box 8206 Newport Beach, CA 92658	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	249.00	G 04 249.00
10/28/2004	Coneybeare Inc 2003 N Broadway Santa Ana, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	999.00	G 04 999.00
10/28/2004	Crevier BMW 1500 Auto Mall Dr Santa Ana, CA 92705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		700.00	1,000.00	G 04 1,000.00
10/28/2004	Gregory Dillion 895 Dove Street Ste 500 Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Newmeyer & Dillion	250.00	250.00	G 04 250.00
10/28/2004	Frontier Equipment Design 1101 E 3rd St Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 04 500.00
10/28/2004	Janice Lowry Gothold 13071 St Marks Dr Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife None	100.00	349.00	G 04 349.00

SUBTOTAL \$ 2,200.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>10/17/2004</u>	CALIFORNIA FORM 460
through <u>12/31/2004</u>	
Page <u>8</u> of <u>30</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
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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)
10/28/2004	Manuel Pena Insurance Agency 300 E 4th St Ste 105 Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125.00	125.00	G 04 125.00
10/28/2004	Metropro Road Services Inc 2550 S Garnsey St Santa Ana, CA 92707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
10/28/2004	Stephanie Metzler 2315 N Towner St Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	250.00	250.00	G 04 250.00
10/28/2004	Mark Mulkerin 918 River Lane Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Mark Milkerin Esq	400.00	700.00	G 04 700.00
10/28/2004	Thomas Newmeyer 1748 Bonaire Way Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Thomas Newmeyer Esq	250.00	800.00	G 04 800.00
10/28/2004	Newmeyer & Dillion LLP 895 Dove St Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	1,000.00	G 04 1,000.00

SUBTOTAL \$ 1,474.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page <u>9</u> of <u>30</u>
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

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)
10/28/2004	John O Hara 1937 Port Albans Pl Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Newmeyer & Dillion	250.00	500.00	G 04 500.00
10/28/2004	Susan Peterson 27882 Camphor Tree Lane Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legal Assistant Newmeyer & Dillion	100.00	100.00	G 04 100.00
10/28/2004	Primary Source Office Furnishings Inc 902 Rivera Dr Santa Ana, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		925.00	1,000.00	G 04 1,000.00
10/29/2004	MHETPAC / Manufactured Housing Education Trust PAC (#820165) 30151 Tomas Rncho Snta Margarita, CA 92688	<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	G 04 1,000.00
10/30/2004	Hispanic 100 (#1247996) 7185 Navajo Rd Ste L San Diego, CA 92119	<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	G 04 1,000.00
11/01/2004	Alfonso Bustamante 819 N Spurgeon Santa Ana, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Alfonso Bustamante MD	500.00	540.00	G 04 540.00

SUBTOTAL \$ 3,775.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/17/2004</u>	CALIFORNIA FORM 460
through <u>12/31/2004</u>	
Page <u>10</u> of <u>30</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
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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)
11/01/2004	Tanya Acevedo 2457 Vi Mariposa San Dimas, CA 91773	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager County of Orange	100.00	100.00	G 04 100.00
11/01/2004	Hennessey Group 17300 17th St Ste J-251 Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 04 100.00
11/01/2004	Kim Massey 317 N winnipeg Pl Unit A Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Townsend Public Affairs	99.00	198.00	G 04 198.00
11/01/2004	Kim Massey 317 N winnipeg Pl Unit A Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Townsend Public Affairs	99.00	198.00	G 04 198.00
11/01/2004	Michael C Cho Attorney at Law 3991 Mac Arthur Blvd Ste 350 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	199.00	G 04 199.00
11/01/2004	Michael Motherway 950 River Lane Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Energy Consultant 4M Corporation	100.00	100.00	G 04 100.00
SUBTOTAL \$				598.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 11 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
---	------------------------

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)
11/01/2004	ORCO Block Co 8042 Katella Ave Stanton, CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 04 200.00
11/01/2004	Reindeer Inc / DBA Toms Towing PO Box 88 Santa Ana, CA 92702	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
11/01/2004	Stewart Sound Factory 204 N Broadway Ste N Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 04 500.00
11/01/2004	Sure Lease Rentals Inc 909 N Grand Ave Santa Ana, Ca 92702	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
11/01/2004	The Suzuji Depot PO Box 88 Santa Ana, CA 92702	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
11/01/2004	Sana Weisman 28392 Harvest View Ln Trabucco Canyon, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	500.00	500.00	G 04 500.00
SUBTOTAL \$				1,947.00		

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>10/17/2004</u>	CALIFORNIA FORM 460
through <u>12/31/2004</u>	
Page <u>12</u> of <u>30</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
---	------------------------

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)
11/03/2004	BIA of Southern CA PAC (#741733) 1330 S Valley Vista Dr Diamond Bar, CA 91765	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G 04 250.00
11/03/2004	Robin Christenson 210 N Bush St Santa Ana, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Scribble Theory	200.00	200.00	G 04 200.00
11/03/2004	Winston Covington 1818 E Catalina Ave Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive PPNA	100.00	100.00	G 04 100.00
11/03/2004	South Coast Apartment Association / CAAPAC (#745208) 980 Ninth St Ste 2150 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
11/03/2004	Carrie Ware 19222 Parker Circle Villa Park, CA 92661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Ware Disposal	249.00	249.00	G 04 249.00
11/10/2004	Nicanor Arteaga 540 W Chapman Ave Orange, CA 92868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Arteaga Landscaping	100.00	100.00	G 04 100.00

SUBTOTAL \$ 1,148.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 13 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
---	------------------------

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)
11/10/2004	Sempra Energy Employees State PAC (#842008) 101 Ash St HQ15B San Diego, CA 92101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G 04 150.00
11/30/2004	Harold Brown 2102 N Westwood Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Brown Mortuary	100.00	475.00	G 04 475.00
11/30/2004	Frank De Santis 9562 James Cir Villa Park, CA 92667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self/Frank De Santis	99.00	299.00	G 04 299.00
11/30/2004	Donald Kennedy PO Box 1151 Santa Ana, CA 92702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	99.00	1,099.00	G 04 1,099.00
11/30/2004	KITGY Group Inc 17992 Mitchell S Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 04 200.00
11/30/2004	Los Angeles/ Orange Counties Building and Construction Trades Council PAC (#822029) 1626 Beverly Blvd Los Angeles, CA 90026	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 04 200.00

SUBTOTAL \$ 848.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 14 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
---	------------------------

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)
11/30/2004	Alice Pieper 13122 Laurinda Way Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Alice Pieper	198.00	198.00	G 04 198.00
11/30/2004	Urban Arena Landscape Architecture & Planning 4611Teller Ave Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
11/30/2004	West Coast Arborists Inc 2200 E Via Burton St Anaheim, CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
12/01/2004	ABCO Realty & Investments Inc 18552 Mac Arthur Blvd Ste 205 Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
12/01/2004	Ralph Allen 1002 River Lane Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Ralph Allen & Partners, Architects	99.00	224.00	G 04 224.00
12/01/2004	Caribou Industries Inc 1200 N Main St Ste 900 Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00

SUBTOTAL \$ 1,293.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 15 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
---	------------------------

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)
12/01/2004	Robert Escalante 302 French St Santa Ana, CA 92701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Packard Restoration	125.00	125.00	G 04 125.00
12/01/2004	George Heidler 18571 Rosenaur Dr Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Tom's Truck Service	1,000.00	2,000.00	G 08 1,000.00 G 04 1,000.00
12/01/2004	Michael C Cho Attorney at Law 3991 Mac Arthur Blvd Ste 350 Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00	199.00	G 04 199.00
12/01/2004	Procedure Engineers Inc 23141 Verdugo Dr Ste 105 Laguna Hills, CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
12/01/2004	Timothy Rush 1402 N Towner St Santa Ana, CA 92706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Prudential	99.00	198.00	G 04 198.00
12/02/2004	PD Properties 1600 E 4th St Ste 350 Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G 04 150.00

SUBTOTAL \$ 1,722.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from <u>10/17/2004</u>		
through <u>12/31/2004</u>		Page <u>16</u> of <u>30</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Bustamante for Council	I.D. NUMBER 1266285
---	------------------------

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)
12/02/2004	John R Saunders 4525 MacArthur Blvd Ste A Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Saunders Property Co	99.00	599.00	G 04 599.00
12/06/2004	Santa Ana Fireman's Legislative Action Group (#782758) 1618 N French St Santa Ana, CA 92701	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
12/07/2004	Paula Krieger Enterprises Inc 617 E 17th St Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 04 1,000.00
12/09/2004	Manuel Padilla 19041 Chadbourne Ln Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Padilla Consulting	99.00	324.00	G 04 324.00
12/20/2004	Continental MHP Associates LP / DBA Continental Mobile Home Park 320 N Park Vista St Anaheim, CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,000.00	G 04 1,000.00
12/20/2004	Kerr Companies/Beexcuprov Inc 809 N Main St Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.00	125.00	G 04 125.00

SUBTOTAL \$ 1,997.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/17/2004</u>	CALIFORNIA FORM 460
through <u>12/31/2004</u>	
Page <u>17</u> of <u>30</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

I.D. NUMBER

1266285

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)
12/20/2004	Shea Homes 603 S Valencia Ave Brea, CA 92822	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	G 04 249.00
12/20/2004	US HealthWorks 3655 N Point Pkwy Ste 150 Alpharetta, GA 30005	<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	G 04 250.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				499.00		

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA FORM 460
Page 18 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

I.D. NUMBER

1266285

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Carlos Bustamante 1110 Sharon Rd Santa Ana, CA 92706 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager County of Orange	\$ 7,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 7,000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 7,000.00 06/29/2004 DATE INCURRED	CALENDAR YEAR \$ 9,000.00 PER ELECTION** 2004 9,000.00 \$
Carlos Bustamante 1110 Sharon Rd Santa Ana, CA 92706 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager County of Orange	\$ 0.00	\$ 2,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 2,000.00 11/15/2004 DATE INCURRED	CALENDAR YEAR \$ 9,000.00 PER ELECTION** 2004 9,000.00 \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$								
		\$ 2,000.00	\$	\$ 0.00	\$ 9,000.00	\$ 0.00		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 2,000.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 2,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

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

** If required.

† Contributor Codes

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

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 19 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bieber Communications 3605 W MacArthur Blvd, #712 Santa Ana CA 92704	LIT			9,588.18
Family Faith and Freedom (#1270781) 18002 Irvine Blvd Ste 108 Tustin CA 92780	LIT		Slate Card	100.00
Memphis Soul Cafe and Bar 2920 Bristol St Costa Mesa CA 92626	FND			280.00

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

SUBTOTAL \$ 9,968.18

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	39,978.63
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	39,978.63

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

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

SCHEDULE E

Statement covers period from <u>10/17/2004</u> through <u>12/31/2004</u>	CALIFORNIA FORM 460
Page <u>20</u> of <u>30</u>	I.D. NUMBER 1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

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

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Phyllis Schneider & Associates 12681 Bubbling Well Rd Santa Ana CA 92705	FND		1,000.00
Bieber Communications 3605 W MacArthur Blvd, #712 Santa Ana CA 92704	LIT		1,347.83
Bieber Communications 3605 W MacArthur Blvd, #712 Santa Ana CA 92704	LIT		1,977.68
Bieber Communications 3605 W MacArthur Blvd, #712 Santa Ana CA 92704	LIT		8,899.72
Bieber Communications 3605 W MacArthur Blvd, #712 Santa Ana CA 92704	LIT		9,312.27

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

SUBTOTAL \$ 22,537.50

Schedule E (Continuation Sheet)
Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 21 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

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

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Glaab & Associates 14 Halsey Ave Laguna Niguel CA 92677	CNS		3,000.00
Julie Stroud 1617 W Santa Clara Santa Ana CA 92706	POS		264.92
Sign Strategies Inc. 23151 Verdugo Suite 115 Laguna Hills CA 92653	CMP		1,275.00
Phyllis Schneider & Associates 12681 Bubbling Well Rd Santa Ana CA 92705	FND		1,000.00
Phyllis Schneider & Associates 12681 Bubbling Well Rd Santa Ana CA 92705	FND		728.42

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

SUBTOTAL \$ 6,268.34

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

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

SCHEDULE E

Statement covers period from <u>10/17/2004</u> through <u>12/31/2004</u>	CALIFORNIA FORM 460
Page <u>22</u> of <u>30</u>	I.D. NUMBER 1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

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

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | FET 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
Fredricka Older 1226 S Birch Santa Ana CA 92707	OFC		152.26
Phyllis Schneider & Associates 12681 Bubbling Well Rd Santa Ana CA 92705	FND		1,052.35

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

SUBTOTAL \$ 1,204.61

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 23 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bustamante for Council

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Carlos Bustamante 1110 Sharon Rd Santa Ana CA 92706	POS	555.00	0.00	0.00	555.00
The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	LIT	100.00	0.00	0.00	100.00
The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	LIT	274.44	0.00	0.00	274.44
SUBTOTALS \$		929.44 \$	0.00 \$	0.00 \$	929.44

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 9,822.22
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 9,822.22
May be a negative number

**Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 24 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

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

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	LIT	256.14	0.00	0.00	256.14
The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	LIT	335.84	0.00	0.00	335.84
Phyllis Schneider & Associates 12681 Bubbling Well Rd Santa Ana CA 92705	FND	0.00	1,209.00	0.00	1,209.00
Glaab & Associates 14 Halsey Ave Laguna Niguel CA 92677	CNS	0.00	8,000.00	0.00	8,000.00
The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	LIT	0.00	237.18	0.00	237.18

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

SUBTOTALS \$ 591.98 \$ 9,446.18 \$ 0.00 \$ 10,038.16

**Schedule F (Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 25 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

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

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Greensburgh Group 245 Fischer Ave C-3 Costa Mesa CA 92626	LIT	0.00	376.04	0.00	376.04

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

SUBTOTALS \$	0.00 \$	376.04 \$	0.00 \$	376.04
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 26 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Bieber Communications		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

I.D. NUMBER

1266285

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bieber Communications

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

- | | | |
|--|--|--|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		655.92
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		3,022.56
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		3,022.52
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		920.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 7,621.70

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

www.netfile.com

FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 10/17/2004
 through 12/31/2004

SCHEDULE G

CALIFORNIA FORM 460

Page 27 of 30

I.D. NUMBER
 1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Bieber Communications

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

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FL 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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		1,417.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1,417.14

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/17/2004	
through	12/31/2004	Page 28 of 30
NAME OF FILER		I.D. NUMBER
Bustamante for Council		1266285
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Phyllis Schneider & Associates		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

I.D. NUMBER

1266285

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Phyllis Schneider & Associates

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Xpedx Paper Store PO Box 18462 Chicago IL 60618	LIT		134.69
Thomas Printers 629 Terminal Way Ste 1 Costa Mesa CA 92627	LIT		237.05
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		22.94
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		322.27

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 716.95

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 10/17/2004
 through 12/31/2004

SCHEDULE G
CALIFORNIA FORM 460
 Page 29 of 30
 I.D. NUMBER
 1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Julie Stroud

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

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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Santa Ana Postal Station Santa Ana CA 92701	POS		264.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 264.92

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA FORM 460
Page 30 of 30
I.D. NUMBER
1266285

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bustamante for Council

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/20/2004	City of Santa Ana 20 Civic Center Plaza Santa Ana, CA 92701	Refund	703.68

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 703.68

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ 703.68
- 2. Unitemized increases to cash under \$100 this period. \$ 0.00
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ 0.00
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 703.68