CO		

I	Recipient Committee				COVER PAC
	Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
				RECEIVED	COPPOSE DE L'ESTRES
		Statement covers period	Date of election if applicable:		Page of
		from January 1, 2022	(Month, Day, Year)	AUG 0 1 2022	For Official Use Only
800	EE INSTRUCTIONS ON REVERSE	through June 30, 2022	November 8,2022	City Clerk's Office Dity of Laguna Beach, 199	
1	. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	- Jagana Belgor Ind	
_	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	t	arterly Statement ecial Odd-Year Report
3.	14	NUMBER 49548	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Mark Orgill for Laguna Council 2022		Michael G. Orgill		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY		
			Laguna Niguel	STATE ZIP C	
	CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		0//
	Laguna Beach CA 92651		Dora Orgill		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP COD	E AREA CODE/PHONE			
	51AL 211 66B	AREA CODE/PHONE	CITY	STATE ZIP C	THE TOTAL HONE
	OPTIONAL: FAX / E-MAIL ADDRESS		Laguna Beach OPTIONAL: FAX / E-MAIL ADDRES	CA 926	51
-					
	Verification				
	I have used all reasonable diligence in preparing and reviewing	this statement and to the best of my ki	powledge the information contained t	nerein and in the attached so	hedules is true and complete. I
	The policies the laws of the State of Ci	alifornia that the foregoing is true and d	orrect.		·
	Executed on July 29, 2022	Ву			
	Executed on July 29, 2022		Signature of Treasurer or Assistant T	reasurer	
	Date	BySignature of Control	ling Officeholder, Candidate, State Measure Prop	onent or Responsible Office of Spons	or
	Executed on	BySign	nature of Controlling Officeholder, Candidate, Sta		
	Executed on	By		6-00-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
		Sig	nature of Controlling Officeholder, Candidate, Sta	te Measure Proponent	

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

Recipient Committee Campaign Statement Cover Page — Part 2

•	COVER	PAGE	- PART	2
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F	JKIMI			
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Page _		. of	(

. Officeholder or Candidate Controlled Con	ımittee	6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Mark Orgill			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
Laguna Beach City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP Laguna Beac CA 92651		Identify the controlling office			pponent, if any.
Related Committees Not Included in this S	itatement: List any committees		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR F		
not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive indidacy.		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	or which this	eholder Committee committee is primarily form	List names of ned.
CITY STATE 200			NAME OF OFFICEHOLDER OR C	SANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
COMMITTEE NAME	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
NAME OF TREASURER	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Attac	h continuatic	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.		Statement covers pelod from January 1, 2022	FORM 460		
SEE INSTRUCTIONS ON REVERSE			through June 30, 2022	Page		
NAME OF FILER Mark Orgill for Laguna Council 2022				I.D. NUMBER 1449548		
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column E Calendar yea Total to dati		nmary for Candidates ne State Primary and		
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$		20. Contributions Received \$	\$\$		
Expenditures Made 6. Payments Made	\$		Candidates 22. (Limulati	Summary for State ve Expenditures Made* o Voluntary Expenditure Limit) Total to Date		
Current Cash Statement 12. Beginning Cash Balance	\$ <u>0</u>	To calculate Column add amounts in Colu A to the correspondir amounts from Column of your last report. S amounts in Column A be negative figures the should be subtracted previous period amouthis is the first report filed for this calendar only carry over the arfrom Lines 2, 7, and 8 any).	#Amounts in this ection in the section in the secti	may be different from amounts		
8. Cash Equivalents	\$ <u>0</u>		FPPC Ad√ce; adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	Statement cov from January 1, 2	022	california 460		
SEE INSTRUCTION	NS ON REVERSE			through June 30,	2022	Page	of 11	
NAME OF FILER Mark Orgill for	r Laguna Council 2022					1.D. NI 144954	umber 48	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			The state of the s			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC				THE PARTY OF THE P		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL (i de	·			
(Include all S	Summary ived this period – itemized monetary contribution chedule A subtotals.) ved this period – unitemized monetary contributi	**********************	·		IND - COM OTH PTY	other) Other of Politica	ual lent Committee than PTY or SCC) (e.g., business entity) al Party	
3. Total monetar	ry contributions received this period. and 2. Enter here and on the Summary Page, Co		•		scc	·	Contributor Committee	

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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors	to whole dollars. Statement coversperiod GALIE			from January 1, 2022				ORNIA 460 RM		
SEE INSTRUCTIONS ON REVERSE				through Jun	e 30, 202		Page <u>5</u>	of <u>[[</u>		
NAME OF FILER Mark Orgill for Laguna Council 2022							.D. NUMBER 449548			
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)	LOAN	-	AMOUNI GUARANTIED THIS PER®D		ULATIVE DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM	LENDER		CALE	IDAR YEAR					
	□OTH □PTY □SCC		DATE			PER I	ELECTION EQUIRED)			
□IND			LENDER			\$CALEN	DAR YEAR			
	☐ COM ☐ OTH ☐ PTY ☐ SCC	□ OTH □ PTY		DATE		- venil diagnatis	PERE (IF RE	LECTION EQUIRED)		
	□IND		LĘNDER			CALEN	DAR YEAR			
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE	With the transfer of the trans		PER E	PER ELECTION (IF REQUIRED)			
		***************************************	LENDER			CALEN	DAR YEAR			
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE			PERE (IF RE	LECTION QUIRED)			
			SUBT	OTAL \$0		Summ	ter on ary Page, 17 only.			

Schedule			Amounts may be rounded to whole dollars.							
Nonmone	tary Contributions Received		to whole donais.			Statement covers m January 1, 202		CALIF	SCHEDULE ORNIA 46 0	
SEE INSTRUCTION	NS ON REVERSE				thre	ough <u>June 30, 20</u>		Page	le_ of 11_	
	r Laguna Council 2022							I.D. NUM		
wan Oigni io	Laguna Council 2022	and a support of the						144954	8	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA		PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach additio	nal information on appropriately labele	d continuation	sheets.	SUBTO	TAL	0				
(Include all s	eived this period — itemized nonmoneta Schedule C subtotals.)	etary contributi			\$ <u>0</u>		IND - COM OTH PTY	other th - Other (e. - Political F	nt Committee an PTY or SCC) g., business entity)	
iotai nonmo (Add Lines 1	netary contributions received this perional and 2. Enter here and on the Summa	id. ry Page, Colur	nn A, Lines 4 and 10.)	TOTA	L\$_0					

ndidat	ng/Opposing Other es, Measures and (Measures and Committees				021	CALIFO	SW IO
IE OF FILER						***************************************	I.D. NUME 1449548	BER
DATE NAME	NAME OF CANDIDATE, OFF MEASURE NUMBER OR LET OR COMM	TER AND JURISDICTION,	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDA (JAN. 1 -		PER ELECTIO TO DATE (IF REQUIRED)
			Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	□ Орроѕе	Independent Expenditure					
	, j		Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
			Monetary Contribution					
			Nonmonetary Contribution					
	☐ Support	☐ Oppose	Independent Expenditure					
				SUBTOTAL	\$ 0			
edule D) Summary							
	ontributions and independe	ent expenditures made	this period. (Include a	il Schedule D subtotals	.)		s 0	
	contributions and indeper							

Schedule E Payments Made	Amounts may to whole c				Statement covers period from January 1, 2022	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through June 30, 2022	- Page_	8 of [[
Mark Orgill for Laguna Council 2022				-	· · · · · · · · · · · · · · · · · · ·	I.D. NÜN	
Wark Organior Laguna Council 2022			Monte extracted bits of contrast of supplier to the extract of the supplier to the supplier to the extract of the supplier to th			1 44954	48
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s ch	Othen	wise, describe the payment. RAD radio airtime and productio RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cos	n costs duction costs nd meals , and meals es of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR .	DESC	RIPTION OF PAYMENT	destinate e e et tipe e de france que es principa y de pologica.	AMOUNT PAID
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			Si	JBTOTAL \$	0
Schedule E Summary							***************************************
-						n	
. Itemized payments made this period. (Include all Schedule							-
Unitemized payments made this period of under \$100							
. Total interest paid this period on loans. (Enter amount from	i Schedule B, Part	٦, Columr	ı (e).)		********************************	S <u> </u>	

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be roun to whole dollars.	nded	Statement cov from January 1, through June 30,	, 2022	ALIFORNIA 460 FORM Page 9 of 1
Mark Orgill for Laguna Council 2022 CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (in print ads	ons inces earch messenger services legal, accounting)	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr	ne payment. Ind production costs ibutions kers'salaries ritimeand production et, lodging, and mea avel, fodging, and men committees of the conchrology costs (inter-	n costs als eals e same candidate/sponsor met, 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	BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$ 0	\$ 0 \$	5 0	\$ 0
 Schedule F Summary Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized plus	edule F, Column (c) subtoto payments on accrued expe	als for payments on enses under \$100.)	,	. PAID TOTALS	3 \$ <u>0</u>

Schedule H Loans Made to Others*			may be rounded ole dollars.		Statement cov	·	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through June 30	, 2021	Page 1 6	of	
Mark Orgill for Laguna Council 2022							1449548		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AWOUNT	(6) REPAYMENT O FORGIVENESS THIS PERIOD	BALANCEAL	(0) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				☐ PAID				CAL ENDAR YEAR	
				\$	\$	% RATE	\$	\$PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID \$ FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION**	
		\$	s	\$	DATE DUE	\$	DATE INCURRED	. ls	
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$ 0			
						(Erler (e) on Schedule I, Line 3)			
Schedule H Summary					n	ı	ı		
Loans made this period	s of less than \$100.)				_			**If Required	
Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	? from Line 1.)				NET \$ 0				

(May be a negave number)

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.	Statement covers perior from January 1, 2022	california 460
			through <u>June 30, 2022</u>	Page of(
NAME OF FILER				I.D. NUMBER
Mark Orgill for Laguna C	Council 2022		,	1449548
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional Information on appropriately labeled continuation sheets.				OTAL\$ 0
Schedule Summa	-		s 0	
	cash this period		***************************************	***************************************
2. Unitemized increases to cash of under \$100 this period				······································
3. Total of all interest red	peived this period on loans made to others.	(Schedule H, Column (e).)	<u> </u>	
4. Total miscellaneous ir	ncreases to cash this period. (Add Lines 1, :	2, and 3. Enter here and on the	0	
	•			FPPC Form 460 (Jan/2016)] e: advice@fppc.ca.gov (866/275-3772)

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