

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | |
|---|--|
| Date Stamp RECEIVED AUG 10 2022 City Clerk's Office City of Laguna Beach, CA | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>7</u> For Official Use Only |

| | |
|--|--|
| Statement covers period from <u>7/1/22</u> through <u>12/31/22</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="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee <input checked="" type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> 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 type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1440907

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Preserve Laguna Now

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------------------------|--------------------|--------------------------|--------------------------|
| CITY <u>Laguna Beach</u> | STATE <u>CA</u> | ZIP CODE <u>92651</u> | 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
Glenn Gray

MAILING ADDRESS

| | | | |
|-----------------------------|--------------------|--------------------------|--------------------------|
| CITY <u>Laguna Beach</u> | STATE <u>CA</u> | ZIP CODE <u>92651</u> | AREA CODE/PHONE _____ |
|-----------------------------|--------------------|--------------------------|--------------------------|

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 <u>August 10, 2022</u> Date | By _____ Signature of Treasurer or Assistant Treasurer |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent |
| Executed on _____ Date | By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent |

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

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 _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES 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? YES 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 AN ORDINANCE CREATING AN OVERLAY ZONING DISTRICT AND REQUIRING VOTER APPROVAL OF MAJOR DEVELOPMENT PROJECTS

BALLOT NO. OR LETTER _____ JURISDICTION City of Laguna Beach, CA SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT _____

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 _____ SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE _____ OFFICE SOUGHT OR HELD _____ SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE _____ OFFICE SOUGHT OR HELD _____ SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE _____ OFFICE SOUGHT OR HELD _____ SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/2022</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2022</u> | |
| Page <u>3</u> of <u>7</u> | |
| I.D. NUMBER 1440907 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Preserve Laguna Now

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>3,200.00</u> | \$ <u>33,750.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>(5,200.00)</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>(2,000.00)</u> | \$ <u>33,750.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>(2,000.00)</u> | \$ <u>33,750.00</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..... <i>Schedule E, Line 4</i> | \$ <u>28,700.00</u> | \$ <u>33,750.00</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>28,700.00</u> | \$ <u>33,750.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>28,700.00</u> | \$ <u>33,750.00</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..... <i>Previous Summary Page, Line 16</i> | \$ <u>30,700.00</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>(2,000.00)</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | \$ <u>28,700.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</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).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/2022</u> through <u>12/31/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>7</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER Preserve Laguna Now | I.D. NUMBER 1440907 |
|---|-------------------------------|

| 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) |
|-----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/8/22 | Glenn Gray [REDACTED] 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 | CEO Pacific Marine Mammal Center | \$ 600.00 | \$ 600.00 | |
| 8/8/22 | Joe Hanauer [REDACTED] 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 | sel-employed owner Combined Investments | \$ 2,600.00 | \$ 5,100.00 | |
| | | <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 | | | | |
| SUBTOTAL \$ 3,200.00 | | | | | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,200.00
- 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 \$** 3,200.00

*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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 7/1/2022 through 12/31/2022

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Preserve Laguna Now

I.D. NUMBER

1440907

| 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 |
|--|--|--|------------------------------------|--|--|----------------------------------|--|--|
| Glenn Gray [REDACTED] 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 | CEO Pacific Marine Mammal Center | \$ 2,600.00 | \$ 0 | <input checked="" type="checkbox"/> PAID \$ 2,000.00 <input checked="" type="checkbox"/> FORGIVEN \$ 600.00 | \$ 0 n/a DATE DUE | 0 % RATE \$ 0 | \$ 2,600.00 10/14/21 DATE INCURRED | CALENDAR YEAR \$ 600.00 PER ELECTION** \$ |
| Joe Hanauer [REDACTED] 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 | self-employed owner Combined Investments | \$ 2,600.00 | \$ 0 | <input type="checkbox"/> PAID \$ <input checked="" type="checkbox"/> FORGIVEN \$ 2,600.00 | \$ 0 n/a DATE DUE | 0 % RATE \$ 0 | \$ 2,600.00 10/14/21 DATE INCURRED | CALENDAR YEAR \$ 5,100.00 PER ELECTION** \$ |
| † <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 | | \$ | \$ | \$ 3,200.00 | \$ | \$ | | |

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 5,200.00
(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 \$ (5,200.00)
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>7/1/2022</u> through <u>12/31/2022</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>7</u> |
| I.D. NUMBER 1440907 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Preserve Laguna Now

| 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) |
|------------------------------|---|--|--|--------------------|---|------------------------------------|
| 10/10/2022 | Citizens For Laguna's Future committee # 1450234 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | transfer balance of remaining funds to new committee, CFLF, formed for the same purpose as PLN | 28,700.00 | 28,700.00 | |
| | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| SUBTOTAL \$ 28,700.00 | | | | | | |

Schedule D Summary

| | |
|--|-----------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... | \$ 28,700.00 |
| 2. Unitemized contributions and independent expenditures made this period of under \$100..... | \$ 0 |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL.. \$ 28,700.00 |

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/2022</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2022</u> | |
| Page <u>7</u> of <u>7</u> | I.D. NUMBER 1440907 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Preserve Laguna Now

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 |
|---|---------|---|-------------|
| Citizens For Laguna's Future committee # 1450234 | TSF | transfer the balance of funds remaining to new committee, CFLF, formed for the same purpose as PLN | 28,700.00 |
| | | | |
| | | | |

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

SUBTOTAL \$ 28,700.00

Schedule E Summary

| | |
|--|----------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>28,700.00</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>28,700.00</u> |