Recipient Committee Campaign Statement Cover Page

Date Stamp RECEIVED **CALIFORNIA FORM**

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Page_	t	of	13
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SEE INSTRUCTIONS ON REVERSE	Statement covers period from <u>08/20/2022</u> through <u>08/23/2022</u>	Date of election if applicable: (Month, Day, Year) 11/08/2022	AUG 3 1 2022 City Clerk's Office Dity of Laguna Beach, CA	For Official Use Only
1. Type of Recipient Committee: All Committees - Com	pplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Production Officeholder, Candidate Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder, Candidate Electi	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t ☐ Spec ermination)	erly Statement al Odd-Year Report	
3. Commutee miormation	NUMBER nding	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Rounaghi for City Council 2022		Ketta Brown		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
		Laguna Beach	CA 92651	
CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Laguna Beach CA 92651 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ESS	
1. 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	08/25/2022		
Excouled on		Date	
Executed on	08/25/2022		
Excounce on		Date	
Executed on			
		Date	
Executed on			
		Date	

A 1 .	0	Signature of Tre	easurer or Assistant Treasurer
Signature of Co	ontrolling Office	ceholder Candidate	e, State Measure Proponent or Responsible Officer of Sponso
			,
			holder, Candidate, State Measure Proponent
	Signature o	of Controlling Officel	

FPPC Form 460 (Jan/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE Alex Rounaghi					NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS City Council Member	STRICT NUMBER I	F APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	1 -	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY Laguna Beach	STATE CA	ZIP 92651		Identify the controlling office			measure prop	onent, if any.
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily f	t any con ormed to	nmittees receive		OFFICE SOUGHT OR HELD	NDIDATE, OR I	PROPONENT	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER								
NAME OF TREASURER	CONTROLLE	D COMMI		7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Co committee is p	mmittee Lis primarily forme	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	О. ВОХ)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIF	OCODE A	REA COL	DE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D. O.O.A.A.H.	***************************************		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	☐ YES	D COMMIT	ilee/		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	JGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE A	REA COD	E/PHONE		Atta	ch continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole donard.		atement covers period 3/20/2022	FORM 460	460
EE INSTRUCTIONS ON REVERSE		throug	h 08/25/2022	Page 3 of 13	
AME OF FILER		<u> </u>		I.D. NUMBER	_
Rounaghi for City Council 2022				Pending	
Name to the state of the state	Column A	Column B	Calendar Year Su	mmary for Candidates	

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	10,810.00 1,050.00	\$ \$	1,050.00	20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$			
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	Ÿ	1,050.00	Ť	1,050.00	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$			
Current Cash Statement 12. Beginning Cash Balance	\$		ac A ar of ar be sh pr th file or	o calculate Column B, and amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may be negative figures that hould be subtracted from evious period amounts. If is is the first report being ed for this calendar year, aly carry over the amounts om Lines 2, 7, and 9 (if my).	*Amounts in this section may be different from amounts reported in Column B.			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$				FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772			

Schedule A Monetary Contributions Received			ats may be rounded whole dollars.	Statement cov from <u>08/20/2022</u>	ers period	CAL F	california 460	
SEE INSTRUCTI	IONS ON REVERSE			through 08/25/202	2	Pag	e <u>4</u> of <u>13</u>	
NAME OF FILER Rounaghi fo	or City Council 2022					I.D. N Pend	имвек ing	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
8/20/2022	Alex Rounaghi Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Policy Advisor, County of Orange	\$100.00	\$100.00		\$100.00	
8/20/2022	Barbara McMurray Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Writer, Self employed	\$150.00	\$150.00		\$150.00	
8/20/2022	Chris Quilter Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	retired	\$440.00	\$440.00		\$440.00	
8/20/2022	Linda Hayward Sacramento, CA 95818	☑IND □COM □OTH □PTY □SCC	retired	\$440.00	\$440.00		\$440.00	
8/20/22	Susan Kempf Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	retired	\$440.00	\$440.00		\$440.00	
·			SUBTOTAL S	\$ 1,570.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$,610.00		(othe		

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

3. Total monetary contributions received this period.

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4

Statement covers period

				from <u>08/20/2022</u>		F	ORM 400
NAME OF FILER	ni for City Council 2022			through <u>08/25/202</u>	2	I.D. NL	5 of 13
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/20/2022	James Azadian Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Attorney, Dykema	\$440.00	\$440.00		\$440.00
8/20/2022	Cheryl Sykes Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	retired	\$440.00	\$440.00		\$440.00
08/20/2022	Peggy Wolff Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Director, CEO Leadership Alliance	\$440.00	\$440.00	1	\$440.00
08/20/2022	Rebecca Visconti Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	retired	\$440.00	\$440.00		\$440.00
08/20/2022	Arash Rounaghi Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Laguna Graphic Arts, Printer	\$440.00	\$440.00		\$440.00

SUBTOTAL \$ 2,200.00

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 08/20/2022	CALIFORNIA 460		
		through 08/25/2022	_ Page <u>6</u> of <u>3</u>		
IAME OF FILER			I.D. NUMBER		
Rounagh: for City council 2022			Pending		
FULL NAME STREET ADDRESS AND ZIP CODE OF	IF AN INDIVIDUAL ENTED	AMOUNT CHAIR ATIVE	TO DATE BED ELECTION		

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)		
8/21/2022	Carrie Reynolds Laguna Beach, CA 92651	IND COM OTH PTY	Maarketing, Self	\$250.00	\$250.00	\$250.00		
8/21/2022	Leslie Daff Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Attorney, Estate Plan Inc	\$440.00	\$440.00	\$440.00		
08/21/2022	Stacey King Laguna Beach, CA 92651	IND COM OTH PTY	Designer, Self	\$100.00	\$100.00	\$100.00		
08/21/2022	Angie Miller Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Event Planner, Fun is First	\$100.00	\$100.00	\$100.00		
08/21/2022	Jacqueline Schaefgen Laguna Beach, CA	☑IND □COM □OTH □PTY □SCC	College counselor, Self	\$150.00	\$150.00	\$150.00		
	SUBTOTAL \$ 1,040,00							

*Cont	ributo	r Coc	les
INID	India.	امتيامة	

IND – Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from <u>08/20/2022</u>		FORM TOO
NAME OF FILER				through <u>08/25/202</u>	,	Page of
Rounaghi fo	r City Council 2022				F	Pending
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
8/21/2022	Gwen McNallan Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	President, STS Foundation	\$100.00	\$100.00	\$100.00
8/21/2022	Ketta Brown Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Retired	\$440.00	\$440.00	\$440.00
08/21/2022	Steven Chadima Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Retired	\$440.00	\$440.00	\$440.00
08/21/2022	Tim Black Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$100.00	\$100.00	\$100.00
08/21/2022	Cody Engle Laguna Beach, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$440.00	\$440.00	\$440.00
			SUBTOTAL	\$ 1,520 .00		

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 08/20/2022

NAME OF FILER Rounaghi fo	Rounaghi for City Council 2022					Page 9 of 125 I.D. NUMBER Pending	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
8/21/2022	Edie Tonkon Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00	\$100.00		\$100.00
8/21/2022	Anna Hecker Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Logistics Manager, California Almond Traders	\$100.00	\$100.00		\$100.00
08/21/2022	Lisa Mansour Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$440.00	\$440.00		\$440.00
08/21/2022	John Mansour Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Developer, The Athens Group	\$440.00	\$440.00		\$440.00
08/21/2022	Deborah Engle Laguna Beach, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$440.00	\$440.00		\$440.00
verdere. derderdere			SUBTOTAL \$	1,520.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from 08/20/2022

NAME OF FILER Rounaghi fo	or City Council 2022			Page 9 of 13 I.D. NUMBER Pending				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)	
8/21/2022	Jill Colburn San Diego CA 92103	☑IND □COM □OTH □PTY □SCC	Construction Manager, Johnstone Moyer	\$100.00	\$100.00		\$100.00	
8/21/2022	Samantha Washer Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00	\$100.00		\$100.00	
08/21/2022	Heidi Draper Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$440.00	\$440.00		\$440.00	
08/22/2022	Claudia Rounaghi Santa Ana, CA 92705	☑IND □COM □OTH □PTY □SCC	Retired	\$440.00	\$440.00		\$440.00	
08/22/2022	AMir Rounaghi Santa Ana, CA 92705	☑ IND □ COM □ OTH □ PTY □ SCC	Physician, PIH Health	\$440.00	\$440.00		\$440.00	
	SUBTOTAL \$ 1,520.00							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	1.0001704			from <u>08/20/2022</u>	vers period	CALI	ORM 460
NAME OF FILER				through 08/25/202	22		10 of 13
	or City Council 2022					Pendi	UMBER ing
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	CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
8/22/2022	Kristin Fast Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$100.00	\$100.00		\$100.00
8/22/2022	Cindy Jacobs Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Retired	\$150.00	\$150.00		\$150.00
08/22/2022	Jeff Benowitz	☑ IND	Attorney, State of	\$100.00	\$100.00		\$100.00

			SUBTO	TAL \$ 890.00			2350 3350
- The second sec	Laguna Beach, CA 92651	☐ COM ☐ OTH ☐ PTY ☐ SCC	rieator, Gell	φ440.00	\$440.00	\$440.00	
8/22/2022	Brendy Michael	✓ IND	Realtor, Self	\$440.00	\$440.00	\$440.00	_
	Laguna Beach, CA 92651	☐ COM ☐ OTH ☐ PTY ☐ SCC					
8/22/2022	Patience Shutts	☑ IND	CEO Trainer, Self	\$100.00	\$100.00	\$100.00	
	Encinitas, CA 92024	☐ COM ☐ OTH ☐ PTY ☐ SCC	California	\$100.00	\$100.00	\$100.00	
JUIZZIZUZZ	1 DELIGNIC	(V) IND	Attorney, State of	\$100.00	\$100.00	1 \$100.00	

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule A (Continuation Sheet)

Amounte may be rounded

SCHEDULE A (CONT)

		Amounts may						
Monetary Contributions Received		to whole dollars.		Statement covers period from 08/20/2022			CALIFORNIA 460	
				through <u>08/25/202</u>	2	Page_	11 of 13	
NAME OF FILER Rounaghi fo	or City Council 2022					Pendi		
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 T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
8/22/2022	Cara Abrahams	☑ IND □ COM □ OTH	Retired	\$100.00	\$100.00		\$100.00	

RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
8/22/2022	Cara Abrahams Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	Retired	\$100.00	\$100.00	\$100.00
8/22/2022	Steven Kellenberg Laguna Beach, CA 92651	☑ IND □ COM □ OTH □ PTY □ SCC	Urban Planner, Self	\$250.00	\$250.00	\$250.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL	\$ 350.00		

*Contributor Code:
IND - Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party

SCH	(FD	ULF	B-	PΑ	RT	1

	Δm	ounts may be ro	unded				SCHED	ULE B - PART 1		
Schedule B – Part 1	71111	to whole dollars			Statement cov	ers period	CALIFORNIA 460			
Loans Received					from 08/20/2022		FORM 400			
SEE INSTRUCTIONS ON REVERSE					through <u>08/25/202</u>	22	Page 12	of_ <u>13</u>		
NAME OF FILER							I.D. NUMBER			
Rounaghi for City Council 2022							Pending			
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAID	(d) OUTSTANDING	(e) INTEREST	ORIGINAL	(g) CUMULATIVE		
OF LENDER	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS	OR FORGIVEN	BALANCE AT	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE		
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	NAME OF BUSINESS)	PERIOD	PERIOD		PERIOD	T ENIOD	LOZU	CALENDAR YEAR		
Ketta Brown				✓ PAID			1 050 00			
				\$ 1,050.00	\$ <u>0</u>	RATE	\$ <u>1,050.00</u>	\$ <u>1,050.00</u>		
Laguna Beach, CA 92651				☐ FORGIVEN		RAIE		PER ELECTION**		
		0	1,050.00			•	8/20/2022			
TIND COM COTH PTY SCC		\$	\$	*	DATE DUE	•	DATE INCURRED	,		
				☐ PAID				CALENDAR YEAR		
				s	s	%	s	,		
				FORGIVEN		RATE		**		
				- FORGIVEN				PER ELECTION**		
.		s	s	s	DATE DUE	\$	- BATE INCUIDED	\$		
™ IND □ COM □ OTH □ PTY □ SCC		,			DATE DUE		DATE INCURRED	CALENDAR YEAR		
				☐ PAID				CALENDAR TEAR		
	 			s	s	RATE	\$	\$		
	į			FORGIVEN		NAIE		PER ELECTION**		
	 	٩	s	s		\$	_	s		
[†] □IND □ COM □ OTH □ PTY □ SCC			***************************************		DATE DUE		DATE INCURRED			
	S	UBTOTALS \$;	}	\$	\$				
				***************************************		(Enter (e) on Sched	Jule E, Line 3)			
Schedule B Summary				4.0	F0 00	(m.n., (-)	,,			
1. Loans received this period	***************************************		,	\$ <u>1,0</u>	50.00					
(Total Column (b) plus unitemized loan				_{\$} 1,0	50.00	(+	Contributor Codes			
Loans paid or forgiven this period				\$ -1,0	30.00		Contributor Codes ND – Individual	1		
(Total Column (c) plus loans under \$10						c	OM - Recipient C			
(Include loans paid by a third party that				NET 0			other than) TH – Other (e.g.,	PTY or SCC)		
3. Net change this period. (Subtract Line				.N≿I \$		P	TH – Other (e.g., TY – Political Parl	v		
Enter the net here and on the Summar	y Page, Column A, Line 2.						CC - Small Contr			

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

** If required.

(May be a negative number)

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

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Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 8/20/2022	california 46
SEE INSTRUCTIONS ON REVERSE		through 8/25/2022	Page 13 of 13
NAME OF FILER			I.D. NUMBER

Zouragh: for City Courcil 2022 Pending

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Bank 310 Glenneyre Laguna Beach, CA 92651	FIL	Opening deposit to campaign bank account	\$1,000.00
Secretary of State, CA Political Reform Division Room 495 Sacramento, CA 95814	FIL	Form 410 filling fee	\$50.00

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

SUBTOTAL \$ \$1,050.00

Schedu	le E	Sum	mary
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Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period, (Add Lines 1, 2, and 3, Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1,050.00

FPPC Form 460 (Jan/2016))