

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp RECEIVED SEP 28 2022 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 460
Page <u>1</u> of <u>8</u>	
For Official Use Only	

Statement covers period
from 7/1/2022

through 9/24/2022

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

11/8/2022

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 type="checkbox"/> Primarily Formed Ballot Measure Committee
<input 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 checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
990381

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

Village Laguna, Inc.

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

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

Laguna Beach	CA	92651	[REDACTED]
--------------	----	-------	------------

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

P. O. Box 1309

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

Laguna Beach, CA 92651	CA	92652	[REDACTED]
------------------------	----	-------	------------

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Mary Ives

MAILING ADDRESS

[REDACTED]

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

Laguna Beach	CA	92651	[REDACTED]
--------------	----	-------	------------

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sept. 28, 2022
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED]
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**

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? <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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

NAME OF OFFICEHOLDER OR CANDIDATE Mark Orgill	OFFICE SOUGHT OR HELD City Council	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
--	---------------------------------------	--

NAME OF OFFICEHOLDER OR CANDIDATE Jerome Pudwell	OFFICE SOUGHT OR HELD City Council	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
---	---------------------------------------	--

NAME OF OFFICEHOLDER OR CANDIDATE Sue Kempf	OFFICE SOUGHT OR HELD City Council	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
--	---------------------------------------	--

NAME OF OFFICEHOLDER OR CANDIDATE Alex Rounaghi	OFFICE SOUGHT OR HELD City Council	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
--	---------------------------------------	--

Attach continuation sheets if necessary

see attached

California FPPC Form 460 – page 5 (continued)

Date: September 28, 2022

Village Laguna (ID 990381)

page 3 of 8

7. Primarily Formed Candidate/Officeholder Committee

(Additional candidate listing)

Candidate Name		Support	Oppose
Peter Blake	City Council		X
Louis Weil	City Council		X
Ruben Flores	City Council		X

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>9/24/2022</u>	
Page <u>4</u> of <u>8</u>	
I.D. NUMBER 990381	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Village Laguna, Inc.

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>4,819</u>	\$ <u>28,455</u>
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>4,819</u>	\$ <u>28,455</u>
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>4,819</u>	\$ <u>28,455</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>14,642</u>	\$ <u>22,335</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>14,642</u>	\$ <u>22,335</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3		
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>14,642</u>	\$ <u>22,335</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>52,727</u>
13. Cash Receipts..... Column A, Line 3 above	<u>4,819</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	<u>14,642</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>42,904</u>

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

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.

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

Cash Equivalents and Outstanding Debts

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

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>9/24/2022</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Village Laguna, Inc.

I.D. NUMBER

990381

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)
7/13/2022	Ron Chilcoate [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	retired	100	250	100
7/18/2022	Catherine Jurca [REDACTED] Glendale, CA 91208	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor California Institute of Technology	500	500	500
8/7/2022	Tom & Ginger Osbourne [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	retired	200	350	200
8/13/2022	Johanna & Gene Felder [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	retired	1,000	2,000	1,000
8/17/2022	Charlotte & Alex Masarik [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	retired	500	500	500

SUBTOTAL \$ 2,300

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 3,750
- Amount received this period – unitemized monetary contributions of less than \$100\$ 1,069
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 4,819

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2022</u>	CALIFORNIA FORM 460
through <u>9/24/2022</u>	
Page <u>6</u> of <u>8</u>	

NAME OF FILER Village Laguna, Inc.	I.D. NUMBER 990381
---------------------------------------	-----------------------

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)
8/23/2022	Meg & John Monahan [REDACTED] Lagunaa Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	100	100	100
8/23/2022	Anne Caenn [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	retired	100	200	200
9/9/2022	Chris Etow [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	retired	500	500	500
9/20/2022	Bob & Vicki Borthwick [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	landscape architect BCB design group	250	310	250
8/29/2022	Jacob Cherub [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	owner, Now You See It	500	500	500
SUBTOTAL \$				1450		

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2022
through 9/24/2022

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Village Laguna, Inc.

I.D. NUMBER

990381

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
Postmaster	OFC	Post Office box	156
Postmaster	POS	postage	372
Laguna Digital Lab 1705 South Coast Highway, Laguna Beach, CA 92651	MBR	printing newsletter	455

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

SUBTOTAL \$ 983

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 14,594
- Unitemized payments made this period of under \$100..... \$ 48
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 14,642

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/2022</u> through <u>9/24/2022</u>	CALIFORNIA FORM 460 Page <u>8</u> of <u>8</u>
	I.D. NUMBER 990381

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Village Laguna, Inc.

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
City of Laguna Beach 505 Forest Ave., Laguna Beach, CA 92651	MTG		reimburse for refreshments	300
2s Publishing 668 N Coast Hwy #112, Laguna Beach, CA 92651			stunews ad	625
Day & Nite Publishing 20268 Carrey Road, Walnut, CA 91789			yard signs	1805
Brawley-Hawley Law Group 13760 Arnold Drive, Glen Ellen, CA 95442	PRO			5,000
PrintFirm 21333 Deering Court, Canoga Park, CA 91304	LIT			5881

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

SUBTOTAL \$ 13,611