C	ecipient Committee ampaign Statement over Page		5	Date Stamp RECEIVED	california 460
		Statement covers period from 9/25/2022	Date of election if applicable: (Month, Day, Year)	OCT 2 6 2022	For Official Use Only
SEI	E INSTRUCTIONS ON REVERSE	through 10/22/2022	11/8/2022	City Clerk's Office City of Laguna Beach, CA	
1.	Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	terly Statement ial Odd-Year Report
3.	Committee Intormation	D. NUMBER 90381	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Village Laguna, Inc.		Mary Ives MAILING ADDRESS		
ı	STREET ADDRESS (NO P.O. BOX)		СПҮ Laguna Beach	STATE ZIP CO	
	CITY STATE ZIP CO Laguna Beach CA 9265 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	51	NAME OF ASSISTANT TREASU	RER, IF ANY	
		^	MAILING ADDRESS		
	P. O. Box 1309 CITY STATE ZIP CO Laguna Beach, CA 92651 CA 9265	SUSSECUTION AND ASSESSMENT OF THE PROPERTY OF	СПҮ	STATE ZIP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4.	Verification				
	I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my l	knowledge the information containe	d herein and in the attached sc	hedules 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 Date	Ву	Signature of Treasurer or Assista	nt Treasurer	
	Executed on	By Signature of Control	olling Officeholder, Candidate, State Measure F	Proponent or Responsible Officer of Spon	sor
	Executed onDate	Ву	ignature of Controlling Officeholder, Candidate	, State Measure Proponent	
	Executed onDate	Bys	signature of Controlling Officeholder, Candidate	, State Measure Proponent	FPPC Form 460 (Jan/2016)

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/2022

CALIFORNIA FORM

through 10/22/2022

SUMMARY PAGE

I.D. NUMBER 990381

		990381
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
0 = 0 0	\$ 31,248 \$ 31,248	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ 21. Expenditures Made \$ \$
\$	\$ 36,826 \$ 36,826	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) /
2 793 14,491 \$ 31,206	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. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
	* 14,491 \$ 14,491 \$ 14,491	\$ 2,793 \$ 31,248 \$ 31,248

Amounts may be rounded

SCHEDULE A

Schedule A Monetary Contributions Received			whole dollars.	Statement covers period CALIFOR FORM			ORNIA 460
EE INSTRUCTIO	ONS ON REVERSE			through 10/22/20	22	Page _	3_of_6_
IAME OF FILER Village Lagun	na, Inc.					1.D. NUN 990381	/BER
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELECTION

FULL NAME, STREET ADDRESS AND ZIP CODE OF		IC AND MONOPULAL ENTED	AMOUNT	CUMULATIVE TO DATE	PER ELECTION
CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
Carl & Linda Brown Laguna Beach, CA 92651	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	200	350	200
Dixie Jordan Laguna Beach, CA 92651	☑IND □COM □OTH □PTY □SCC	retired	100	100	100
Audrey Prosser Huntington Beach, CA 92646	☑IND □COM □OTH □PTY □SCC	retired	1,000	1,000	1,000
Karen & Gary Schwager Laguna Beach, CA 92651	IND COM OTH PTY	artist	100	250	100
Kurt Weise Laguna Beach, CA 92651	IND COM OTH PTY	retired	500	500	500
	Carl & Linda Brown Laguna Beach, CA 92651 Dixie Jordan Laguna Beach, CA 92651 Audrey Prosser Huntington Beach, CA 92646 Karen & Gary Schwager Laguna Beach, CA 92651 Kurt Weise	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Carl & Linda Brown Commoth Commoth Dixle Jordan Dixle Jordan Laguna Beach, CA 92651 Audrey Prosser Audrey Prosser Huntington Beach, CA 92646 Karen & Gary Schwager Laguna Beach, CA 92651 Kurt Weise COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Carl & Linda Brown Carl & Linda Brown Laguna Beach, CA 92651 Dixie Jordan Laguna Beach, CA 92651 Audrey Prosser Huntington Beach, CA 92646 Karen & Gary Schwager Laguna Beach, CA 92651 Kurt Weise CODE * GF SELF-EMPLOYED, ENTER NAME OF BUSINESS) PIND COM OTH PTY SCC IND COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Carl & Linda Brown Carl & Linda Brown Laguna Beach, CA 92651 Dixie Jordan Common	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Carl & Linda Brown Laguna Beach, CA 92651 Dixie Jordan Laguna Beach, CA 92651 Audrey Prosser Huntington Beach, CA 92646 Karen & Gary Schwager Laguna Beach, CA 92651 Kurt Weise CODE * (F SEL-EMPLOYED, ENTER NAME OF SUNTER NAME OF

•	SORIOIAL 2	1 4	$\mathcal{O}($)	8
	· · · · · · · · · · · · · · · · · · ·				-
Schedule A Summary		,			

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.).....\$

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

3.	Total monetary contributions received this period.	47	` (ar i	ユ
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	<u> </u>		<u> </u>	

*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.)

CALIFORNIA

Statement covers period

•				from 9/25/2022		, FQ	DRM 400
			1	through 10/22/202	22		4 or 6
NAME OF FILER Village Lagur	na, Inc.					1.D. NU 990381	I
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)
10/12/2022	Bonnie McFarland Laguna Beach, CA 92651	IND COM OTH PTY	retired	500	500		500
10/12/2022	Janet Fritsen & Geniavon Pickett Laguna Beach, CA 92651	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	200	200		200
10/12/2022	John & Margaret Thomas Laguna Beach, CA 92651	IND COM	retired	100	100		100
		□ IND □ COM □ OTH □ PTY □ SCC					
		□IND □COM □OTH □PTY □SCC				22.53	
			SUBTOTAL S	s 800			

*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.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from 74170022 9/25/22	FORM 400
through <u>9/24/2022</u> (0/22/22	Page 5 of 6
	I.D. NUMBER
	000001

SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUME	IER	
Village Laguna, Inc.					990381		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications MTG meetings and appearances MTG petition circulating PET petition circulating PHO phone banks TRC candidate travel, lodging, and measure and mailings MBR member communications MTG meetings and appearances RFD returned contributions Campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. or cable airtime and production costs or campaign workers' salaries t.v. o					action costs I meals nd meals of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR				IPTION OF PAYMENT		AMOUNT PAID	
Firebrand Media 900 Glenneyre St. Suite B, Laguna Beach, CA		PRT				3,200	
Postmaster		POS				120	
Laguna Digital Lab 1705 South Coast Highway, Laguna Beach, CA 92651		MBR	printing newsletter			151	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 3, 471							
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.)							
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. Ent	1. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)						

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

Schedule		
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 11112022 9 /25 / 22	CALIFORNIA 460
through <u>9/24/2022-10/23/</u> 2)	~ Page <u>6</u> of <u>6</u>
	I.D. NUMBER
	990381

SEE INSTRUCTIONS ON REVERSE

campaign literature and mallings

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.

RAD radio airtime and production costs CMP campaign paraphemalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses PET petition circulating TEL. t.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND

PRO professional services (legal, accounting) VOT voter registration LEG legal defense

PRT print ads

TSF transfer between committees of the same candidate/sponsor

WEB Information technology costs (internet, e-mail)

campaign iteratore and manings			TIED anomation to among you (married o many	
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	rental of room	235
Day & Nite Publishing	B	LIT		9,923
walnut, CA 91789				

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

SUBTOTAL \$