

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

| | |
|--|---|
| Date Stamp RECEIVED OCT 28 2022 City Clerk's Office City of Laguna Beach, CA | CALIFORNIA 2001/02 FORM 460 |
| Page <u>1</u> of <u>10</u> For Official Use Only | |

| | |
|---|---|
| Statement covers period from <u>9/25/2022</u> through <u>10/22/2022</u> | Date of election if applicable: (Month, Day, Year) <u>11/8/2022</u> |
|---|---|

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 checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall (Also Complete Part 5) | <input checked="" type="checkbox"/> Sponsored (Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

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
1441800

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

STREET ADDRESS (NO P.O. BOX)
464 S. Lucas Avenue Suite 201

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017 | (213) 481-6530 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
777 S. Figueroa Street Suite 4050

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017 | (213) 452-6565 |

OPTIONAL: FAX/E-MAIL ADDRESS
(213) 452-6575 / sshin@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Susan Minato

MAILING ADDRESS
464 S. Lucas Avenue Suite 201

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90017 | (213) 481-6530 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

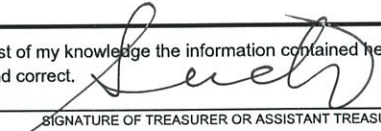
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 10/27/2022
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE 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**

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
Hotel Worker Protection Ordinance Initiative & Initiative to Create the Hotel Development Overlay Zoning District and Require Voter Approval for Hotel Development Projects

| | | |
|---------------------------|--------------------------------------|--|
| BALLOT NO. OR LETTER S | JURISDICTION City of Laguna Beach | <input checked="" 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 | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**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

Initiative to Create the Hotel Development Overlay

| | | |
|---------------------------|--------------------------------------|--|
| BALLOT NO. OR LETTER R | JURISDICTION City of Laguna Beach | <input checked="" 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 | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|-------------------------|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 9/25/2022 | |
| through 10/22/2022 | |
| Page 4 of 10 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER

1441800

Contributions Received

| | Column A Total This Period (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$0.00 | \$26,000.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+ 2 | \$0.00 | \$26,000.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$0.00 | \$26,000.00 |

**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 | Column B |
|--|-------------|-------------|
| 6. Payments Made..... Schedule E, Line 4 | \$13,833.54 | \$40,228.83 |
| 7. Loans Made..... Schedule H, Line 3 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$13,833.54 | \$40,228.83 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$8,773.54 | \$21,992.74 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 +9 + 10 | \$22,607.08 | \$62,221.57 |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yyyy) | Total to Date |
|----------------------------------|---------------|
| | |

Current Cash Statement

| | |
|---|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$13,833.54 |
| 13. Cash Receipts..... Column A, Line 3 above | \$0.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$0.00 |
| 15. Cash Payments..... Column A, Line 8 above | \$13,833.54 |
| 16. ENDING CASH BALANCE...Add Lines 12+13+14, then subtract Line 15 | \$0.00 |
| If this is a termination statement, Line 16 must be zero. | |
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$0.00 |

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 schedule B.

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$0.00 |
| 19. Outstanding Debts..... Add Line 2+Line 9 in Column B above | \$21,992.74 |

**Schedule C
Nonmonetary Contributions Received**

. Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|----------------------------|--------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>9/25/2022</u> | |
| through <u>10/22/2022</u> | |
| Page <u>5</u> of <u>10</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11
I.D. NUMBER: 1441800

| 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 OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|---|--------------------------|---|------------------------------------|
| 10/05/2022 | UNITE HERE Local 11 (Nonprofit) 501 (c)(5) 464 Lucas Ave # 201 Los Angeles, CA 90017-2074 ID: 1405171 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Memo: \$719.20 Legal & Treasury Fees and Expenses Paid by | \$0.00 | \$26,000.00 | |

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** \$0.00

Schedule C Summary

1. Amount received this period -itemized nonmonetary contributions.
(Include all Schedule C subtotals.)..... \$0.00

2. Amount received this period -unitemized nonmonetary contributions of less than \$100..... \$0.00

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL** \$0.00

*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 E
Payments Made**

. Amounts may be rounded to whole dollars.

SCHEDULE E

| | |
|----------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>9/25/2022</u> | |
| through <u>10/22/2022</u> | |
| Page <u>6</u> of <u>10</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER
1441800

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 | 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 |
|---|---------|------------------------|-------------|
| Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670 | LIT | | \$6,691.44 |
| Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670 | POS | | \$7,142.10 |

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

SUBTOTAL \$13,833.54

Schedule E Summary

| | |
|---|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$13,833.54 |
| 2. Unitemized payments made this period of under \$100..... | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$13,833.54 |

**Schedule F
Accrued Expenses (Unpaid Bills)**

. Amounts may be rounded to whole dollars.

SCHEDULE F

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 9/25/2022 | |
| through 10/22/2022 | |
| Page 7 of 10 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER
1441800

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 | 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 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 E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Image Cube 15840 Monte St Ste 109 Sylmar, CA 91342-7670 | LIT | \$0.00 | \$5,316.72 | \$0.00 | \$5,316.72 |
| Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864 | PRO, Paid by Sponsor | \$665.50 | (\$665.50) | \$0.00 | \$0.00 |
| Kaufman Legal Group 777 S Figueroa St Ste 4050 Los Angeles, CA 90017-5864 | OFC, Paid by Sponsor | \$53.70 | (\$53.70) | \$0.00 | \$0.00 |
| SUBTOTALS | | \$719.20 | \$4,597.52 | \$0.00 | \$5,316.72 |

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

Schedule F Summary

| | | |
|---|------------------------|---|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | INCURRED TOTALS | <u>\$8,773.54</u> |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS | <u>\$0.00</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET | <u>\$8,773.54</u> (May be a negative number) |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

SCHEDULE F

| | |
|----------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>9/25/2022</u> | |
| through <u>10/22/2022</u> | |
| Page <u>8</u> of <u>10</u> | |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11 | I.D. NUMBER 1441800 |
|---|------------------------|

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 | 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 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 E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--------------------------------|---|---------------------------------------|---|--|
| UNITE HERE Local 11 PAC 464 Lucas Ave Ste 201 Los Angeles, CA 90017-2074 ID: 981585 | PHO | \$0.00 | \$4,176.02 | \$0.00 | \$4,176.02 |
| Worker Power PAC 1021 S 7th Ave Ste 202 Phoenix, AZ 85007-3760 ID: C00756569 | Field Program Expenses | \$12,500.00 | \$0.00 | \$0.00 | \$12,500.00 |

| | | | | | |
|---|------------------|-------------|------------|--------|-------------|
| *Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$12,500.00 | \$4,176.02 | \$0.00 | \$16,676.02 |
|---|------------------|-------------|------------|--------|-------------|

Schedule F Summary

| | | |
|---|------------------------|---|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | INCURRED TOTALS | <u>\$8,773.54</u> |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS | <u>\$0.00</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET | <u>\$8,773.54</u> (May be a negative number) |

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

. Amounts may be rounded to whole dollars.

SCHEDULE G

| | |
|----------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>9/25/2022</u> | |
| through <u>10/22/2022</u> | |
| Page <u>9</u> of <u>10</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER
 1441800

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 UNITE HERE Local 11 PAC

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 | 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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Stones Phones 13742 Harper St Santa Ana, CA 92703-1419 | PHO | | \$4,176.02 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4,176.02

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 9/25/2022 | |
| through 10/22/2022 | |
| Page 10 of 10 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Yes on Measure R and S - Citizens for a Sustainable Laguna Beach, Sponsored by Unite Here Local 11

I.D. NUMBER
 1441800

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Image Cube

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 | 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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------------|
| United States Postal Service 475 Lenfant Plz SW Rm 4012 Washington, DC 20260-0004 | POS | | \$7,142.10 |
| TOTAL* | | | \$7,142.10 |

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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