

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp RECEIVED OCT 28 2022 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 460
	Page <u>1</u> of <u>11</u>
	For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>09/25/2022</u>	<u>11/08/2022</u>
through <u>10/22/2022</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 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 type="radio"/> Controlled
<input checked="" type="checkbox"/> 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 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"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1450051

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

STREET ADDRESS (NO P.O. BOX)
1278 GLENNEYRE ST., #459

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA BEACH	CA	92651	(213) 624-6200

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

OPTIONAL: FAX / E-MAIL ADDRESS
(213) 623-1692 / sosfilings@politicallaw.com

Treasurer(s)

NAME OF TREASURER
CARY DAVIDSON

MAILING ADDRESS
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL FARR

MAILING ADDRESS
515 S. FIGUEROA ST., STE. 1110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90071	(213) 624-6200

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

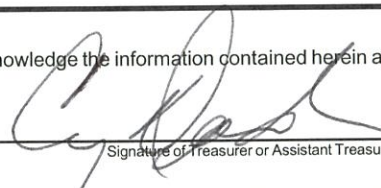
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 10/26/2022
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 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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
See continuation for Part 6a

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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
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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
Part 6a. Primarily Formed Ballot Measure Committee (continued)

NAME OF BALLOT MEASURE

AN ORDINANCE AMENDING THE LAGUNA BEACH MUNICIPAL CODE TO CREATE A MINIMUM WAGE AND WORKPLACE STANDARDS AND PROTECTIONS FOR HOTEL

BALLOT NO. OR LETTER
S

JURISDICTION
CITY OF LAGUNA BEACH

SUPPORT/OPOSE
Oppose

NAME OF BALLOT MEASURE

AN ORDINANCE CREATING A HOTEL DEVELOPMENT OVERLAY ZONING DISTRICT AND REQUIRING VOTER APPROVAL OF HOTEL DEVELOPMENT PROJECTS

BALLOT NO. OR LETTER
R

JURISDICTION
CITY OF LAGUNA BEACH

SUPPORT/OPOSE
Oppose

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>11</u>	I.D. NUMBER 1450051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND
DTRS MLB, LLC

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>0.00</u>	\$ <u>0.00</u>
2. Loans Received Schedule B, Line 3	<u>0.00</u>	<u>1,370,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>1,370,000.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>1,370,000.00</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

6. Payments Made Schedule E, Line 4	\$ <u>289,806.73</u>	\$ <u>1,175,881.02</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>289,806.73</u>	\$ <u>1,175,881.02</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>289,806.73</u>	\$ <u>1,175,881.02</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>483,925.71</u>
13. Cash Receipts Column A, Line 3 above	<u>0.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>289,806.73</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>194,118.98</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>1,370,000.00</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 B – Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page <u>5</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC	I.D. NUMBER 1450051
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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
DTRS MLB, LLC (MARY ROGERS) 30801 S. COAST HIGHWAY LAGUNA BEACH, CA 92651		\$ 87,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 87,500.00 06/30/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 87,500.00 07/11/2022 DATE INCURRED	CALENDAR YEAR \$ 685,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 125,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 125,000.00 06/30/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 125,000.00 07/19/2022 DATE INCURRED	CALENDAR YEAR \$ 685,000.00 PER ELECTION** \$
DTRS MLB, LLC (MARY ROGERS) 30801 S. COAST HIGHWAY LAGUNA BEACH, CA 92651		\$ 472,500.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 472,500.00 06/30/2023 DATE DUE	0.00% RATE \$ 0.00	\$ 472,500.00 08/04/2022 DATE INCURRED	CALENDAR YEAR \$ 685,000.00 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SUBTOTALS \$						
		0.00	\$	0.00	\$	685,000.00	\$	0.00

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

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$** 0.00
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 B – Part 1 (Continuation Sheet)
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC	I.D. NUMBER 1450051
---	------------------------

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
REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES 1555 S. COAST HIGHWAY LAGUNA BEACH, CA 92651 CONTRIBUTION RECEIVED FROM REGENCY PROPERTIES, L.P.		\$ <u>87,500.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>87,500.00</u> <u>06/30/2023</u> DATE DUE	<u>0.00</u> % RATE \$ <u>0.00</u>	\$ <u>87,500.00</u> <u>07/07/2022</u> DATE INCURRED	CALENDAR YEAR \$ <u>685,000.00</u> PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>125,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>125,000.00</u> <u>06/30/2023</u> DATE DUE	<u>0.00</u> % RATE \$ <u>0.00</u>	\$ <u>125,000.00</u> <u>07/22/2022</u> DATE INCURRED	CALENDAR YEAR \$ <u>685,000.00</u> PER ELECTION** \$ _____
REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES 1555 S. COAST HIGHWAY LAGUNA BEACH, CA 92651 CONTRIBUTION RECEIVED FROM REGENCY PROPERTIES, L.P.		\$ <u>472,500.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>472,500.00</u> <u>06/30/2023</u> DATE DUE	<u>0.00</u> % RATE \$ <u>0.00</u>	\$ <u>472,500.00</u> <u>08/05/2022</u> DATE INCURRED	CALENDAR YEAR \$ <u>685,000.00</u> PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" 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** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SUBTOTALS \$ 0.00 \$ 0.00 \$ 685,000.00 \$ 0.00						

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

†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		CALIFORNIA FORM 460
from	09/25/2022	
through	10/22/2022	Page <u>7</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC		1450051

SEE INSTRUCTIONS ON REVERSE

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
REED & DAVIDSON, LLP 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071	PRO		CARY DAVIDSON, TREASURER, IS A PARTNER OF REED & DAVIDSON, LLP	6,677.46
VICTORY CAMPAIGN CONSULTING 1278 S. GLENNEYRE ST., #95 LAGUNA BEACH, CA 92651	CNS			149,743.65
VICTORY CAMPAIGN CONSULTING 1278 S. GLENNEYRE ST., #95 LAGUNA BEACH, CA 92651	LIT			133,385.62
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				
SUBTOTAL \$				289,806.73

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	289,806.73
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 \$	289,806.73

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

Amounts may be rounded to whole dollars.

Statement covers period
 from 09/25/2022
 through 10/22/2022

SCHEDULE G

CALIFORNIA FORM 460

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I.D. NUMBER
1450051

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

VICTORY CAMPAIGN CONSULTING

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) |

* 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
CANDID RESEARCH SOLUTIONS 268 BOULDER POINT LANE OHATCHEE, AL 36271	POL		18,000.00
LAGUNA BEACH PROPERTIES 32921-A CALLE PERFECTO SAN JUAN CAPISTRANO, CA 92675	CMP		953.60
META 1 HACKER WAY MENLO PARK, CA 94025	WEB		500.00
POLITICAL DATA, INC. 12501 IMPERIAL HIGHWAY, STE. 200 NORWALK, CA 90650		VOTER FILE	814.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 20,268.52

* 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.

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

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
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I.D. NUMBER
 1450051

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 VICTORY CAMPAIGN CONSULTING

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) |

* 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
PRINTING GRAPHICS 21236 S. WESTERN AVE. TORRANCE, CA 90501	LIT		20,496.54
PRINTING GRAPHICS 21236 S. WESTERN AVE. TORRANCE, CA 90501	LIT		26,164.00
PRINTING GRAPHICS 21236 S. WESTERN AVE. TORRANCE, CA 90501	LIT		20,496.54
PRINTING GRAPHICS 21236 S. WESTERN AVE. TORRANCE, CA 90501	LIT		20,496.54

TOTAL* \$ 87,653.62

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.

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

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC

I.D. NUMBER
 1450051

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 VICTORY CAMPAIGN CONSULTING

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) |

* 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
PRINTING GRAPHICS 21236 S. WESTERN AVE. TORRANCE, CA 90501	LIT		20,496.54
PRINTING GRAPHICS 21236 S. WESTERN AVE. TORRANCE, CA 90501	CMP		1,125.00
U.S. POSTMASTER 350 FOREST AVE. LAGUNA BEACH, CA 92652	POS		3,023.97
U.S. POSTMASTER 350 FOREST AVE. LAGUNA BEACH, CA 92652	POS		3,860.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 28,505.63

* 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.

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

SCHEDULE G (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/25/2022</u> through <u>10/22/2022</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER PROTECT AND KEEP LAGUNA LOCAL, NO ON MEASURES R & S, SPONSORED BY REGENCY PROPERTIES, L.P. AND AFFILIATED ENTITIES AND DTRS MLB, LLC	I.D. NUMBER 1450051
NAME OF AGENT OR INDEPENDENT CONTRACTOR VICTORY CAMPAIGN CONSULTING	

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) |

* 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
U.S. POSTMASTER 350 FOREST AVE. LAGUNA BEACH, CA 92652	POS		3,023.97
U.S. POSTMASTER 350 FOREST AVE. LAGUNA BEACH, CA 92652	POS		3,023.97
U.S. POSTMASTER 350 FOREST AVE. LAGUNA BEACH, CA 92652	POS		3,023.97

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 9,071.91

* 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.