

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
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SEP 27 2018
City Clerk's Office
City of Laguna Beach, CA

CALIFORNIA FORM 460

Page 1 of 41

For Official Use Only

Statement covers period
from 07/01/2018
through 09/22/2018

Date of election if applicable:
(Month, Day, Year)
11/06/2018

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 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)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

i. Committee Information

I.D. NUMBER
1406878

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

Christoph For Council 2018

STREET ADDRESS (NO P.O. BOX)

31713 Coast Hwy

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	Ca	92651	949 499 3574

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

same

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

ann@AC-LA.com

Treasurer(s)

NAME OF TREASURER

Regina Hartley

MAILING ADDRESS

1296 Catalina St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Laguna Beach	CA	92651	949 357 9380

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

rbhartley1@gmail.com

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 9/27/18
Date

Executed on 9-27-18
Date

Executed on _____
Date

Executed on _____
Date

By Regina Hartley
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

Ann Christoph

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

31713 Coast Hwy Laguna Beach CA 92651

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
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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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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
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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
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2018</u>	CALIFORNIA FORM 460
through <u>09/22/2018</u>	
Page <u>3</u> of <u>41</u>	I.D. NUMBER <u>1406878</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ann Christoph

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ <u>35414.02</u>	\$ _____
Loans Received..... Schedule B, Line 3	<u>0</u>	_____
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>35414.02</u>	\$ _____
Nonmonetary Contributions..... Schedule C, Line 3	<u>427.60</u>	_____
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>35841.62</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
Payments Made..... Schedule E, Line 4	\$ <u>18036.09</u>	\$ _____
Loans Made..... Schedule H, Line 3	<u>0</u>	_____
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>18036.09</u>	\$ _____
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	_____
0. Nonmonetary Adjustment..... Schedule C, Line 3	<u>427.60</u>	_____
1. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>18463.69</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

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>100.00</u>
3. Cash Receipts..... Column A, Line 3 above	<u>35414.02</u>
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
5. Cash Payments..... Column A, Line 8 above	<u>18136.09</u>
6. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>17377.93</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).

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

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

*Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>41</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
7/2/18	Verna Rollinger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/2/18	Scott Borthwick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Villabos & Borthwick	360		
7/3/18	Charlotte Masarik	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		360		
7/3/18	Alexander Masarik	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		360		
7/3/18	Vicki Borthwick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Receptionist D/Amore Healing Center	360		
SUBTOTAL \$				1800		

Schedule A Summary

Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 29560.00

Amount received this period – unitemized monetary contributions of less than \$100 \$ 5854.02

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 35414.02

*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 (CON

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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7/3/18	Robert Borthwick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscape Architect BGB Inc	360		
7/5/18	Bonnie Hano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/5/18	Arnold Hano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Journalist	360		
7/11/18	Margaret Thomas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		360		
7/11/18	John B Thomas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		360		
SUBTOTAL \$				1800		

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 OTH - Other (e.g., business entity)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page <u>6</u> of <u>41</u>

NAME OF FILER Ann Christoph	I.D. NUMBER 1406878
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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)
7/6/18	Johanna Felder	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		360		
7/6/18	Gene Felder	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		360		
7/16/18	Michael Bucaro, Michael Bucaro Trust	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Self	150		
7/16/18	Adrian Kuyper	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/16/18	Christopher A Reed	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retried Professor UC Riverside	360		
SUBTOTAL \$				1380		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page <u>7</u> of <u>41</u>

NAME OF FILER Ann Christoph	I.D. NUMBER 1406878
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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)
7/16/18	Randy Lewis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/16/18	Myron Wacholder	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MD Retired	360		
7/17/18	Michael Hoac	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/17/18	Barry Fogel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/17/18	Jan Banburv Praske	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
SUBTOTAL \$				1380		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

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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)
7/17/18	Joseph Praske	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/17/18	James Wantz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/17/18	Michael Slessinger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
7/17/18	Norman Powell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
7/17/18	Barbara Metzner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Editor Self Employed	360		
SUBTOTAL \$				1070		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
7/17/18	Rick Balzer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Berkshire Hathaway Laguna Beach	100		
7/17/18	Leroy Price	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physicist - Retired	360		
7/17/18	George Keplinger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/17/18	Kay Jones	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/17/18	Angelique Hoskins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
SUBTOTAL \$				1330		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	07/01/2018	
through	09/22/2018	Page <u>10</u> of <u>41</u>

NAME OF FILER

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7/17/18	Tom Osborne	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/17/18	Neil Fitzpatrick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/17/18	Virginia Fitzpatrick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/19/18	RussYensen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Western State Equipment	150		
7/19/18	Kurt Weise	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Retired	360		
SUBTOTAL \$				1380		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

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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)
7/20/18	Leslie Daff	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	360		
7/21/18	Rosemary Boyd	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/21/18	Lvnn Bernard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/21/18	Sarah Coffey	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/21/18	Vera Martinez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
SUBTOTAL \$				960		

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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 (CON

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

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7/21/18	Maureen Killackey	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
7/21/18	Mike Boone	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Kayour Corp	360		
7/21/18	Kerry Gray	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150		
7/21/18	Mark Evans	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Evan Roofing Co Inc	250		
7/21/18	Cindy Evans	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flight Attendant Alaska Airlines	250		
SUBTOTAL \$				1110		

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- IND - Individual
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(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 (CON

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7/22/18	John Dombrink	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor UC Irvine	150		
7/22/18	Greg MacGillivray	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Maker MacGillivray Freeman Films	150		
7/22/18	Darrylin Girvin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
7/22/18	Bill O'Hare	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Attorney Snell & Willmer	360		
7/22/18	Theresa O'Hare	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
SUBTOTAL \$				1170		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
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7/22/18	Trudy Josephson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100		
7/22/18	Audrey Prosser	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self	100		
7/22/18	John Hamil, DVM	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veterinarian Quest Care Veterinary Clinic	360		
7/22/18	Dana Randall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Consultant Randall Environmental	250		
7/22/18	Nelson Coates	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Design Self	150		
SUBTOTAL \$				960		

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FPPC Form 460 (Jan/2011)

FPPC Advice: advice@fppc.ca.gov (866/275-377)

www.fppc.ca.gov

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7/22/18	Gayle Joliet	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/22/18	Tom Joliet	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/22/18	Gary Rubel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeweler Self - Rubels Jewelry	100		
7/22/18	Mary Ives	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
7/22/18	Eric Jessen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200		
SUBTOTAL \$				1380		

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7/22/18	Lisa Marks	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Calemanager Real Estate	300		
7/22/18	Edward Merrilees	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	285	360	
7/24/18	Ann Barker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	150		
7/24/18	Scott Fraser	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor USC	360		
7/24/18	Rita Conn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
SUBTOTAL \$				1245		

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7/22/18	GJ Pete Fieldina	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Emeritus UC Irvine	100		
7/23/18	John Monahan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investments John Hancock Insurance	200		
7/22/18	Scott Sebastian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscape Architect Sebastian & Associates	360		
7/23/18	Michael Erlinger Jr	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Michael Erlinger Jr	360		
7/23/18	Amanda Erlinger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Self	360		
SUBTOTAL \$				1380		

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7/23/18	Mia Hervin Moore	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Minister, Artist Presyteria Mission Agency/ Mia Moore Art	100		
7/26/18	Roger Ohanesian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ophthalmologist Self	200		
7/26/18	Geoffrey Sturgeon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor GS Specialties	100		
7/27/18	Lori Gray	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self	360		
7/26/18	Linda Mayer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	285	360	
SUBTOTAL \$				1045		

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7/24/18	Catherine Jurca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor CA Institute of Technology	360		
7/24/18	Derek Ostensen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wildlife Conservation Self	360		
7/25/18	Gregg Denicola	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Caduceus	150		
7/31/18	Robert Gentry	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
8/2/18	Bonnie Lynn McFarland	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Administrator LA County Office of Education	150		
SUBTOTAL \$				1120		

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8/3/18	Frances Chicolte TTEE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
8/3/18	Ronald Chicolte TTEE	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
8/8/18	Mary Rabe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
8/8/18	Russell Cogdill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Self	200		
8/16/18	Barbara Manalis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist Self	100		
SUBTOTAL \$				950		

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8/21/18	Ellen Pickler-Harris	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor Edward Jones	250		
8/23/18	Nancy Wessel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	225	250	
8/29/18	Armando Baez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300		
8/26/18	Anne Caaenn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
9/2/18	John Brandon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician SCPMG	360		

SUBTOTAL \$ 1285

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9/6/18	Orange Co League of Conservation Voters FPPC# 1223961	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Endorsement 1406878	360		
9/6/18	Regina Hartley -	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Speech Language Pathologist Garden Grove USD	99	174	
9/7/18	Sharon Duffy	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
9/7/18	John Duffy	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250		
9/8/18	Ronald Harris	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Ronald Harris Attorneys at Law	360		
SUBTOTAL \$				1319		

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9/12/18	Ray Pierson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/15/18	Willa Gupta	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	90	165	
9/15/18	Anne Wiese	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
9/17/18	Chris Tebbutt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Chris Tebbutt Real Estate	90	165	
9/17/18	Barbara Granger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	90	165	
SUBTOTAL \$				730		

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9/18/18	Benjamin Simon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect/Interior Designer ACME	360		
9/18/18	Carter Mudge	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Terry Mudge LLP	200		
9/19/18	Natalia Ostensen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Olen Properties	360		
9/19/18	Anne Caaenn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	180	330	
9/20/18	Tom Osborne	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	180	330	
SUBTOTAL \$				1280		

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9/16/18	Lisa Bell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist Kaiser Permanente	100		
9/18/18	Gordon Cowan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/20/18	Mace Morse	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business owner Taylor Morse Ltd	200		
9/20/18	Gary Lefebvre	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/22/18	Clark Collins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Collins Design & Build	200		
SUBTOTAL \$				700		

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1406878

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)
9/22/18	Gregory Benford --	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physics Professor UCI	200		
9/22/18	Alan Haffen Warren ----	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor Jin Shin Jyutsu	90	165	
9/22/18	Norman Powell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	90	190	
9/22/18	Stephen Judson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Maker MacGillivray Freeman Films	180		
9/22/18	Garv Jenkins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired MD	261	360	
SUBTOTAL \$				821		

*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 (CON

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Ann Christoph	I.D. NUMBER 1406878
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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)
9/22/18	Katy Scott Moss	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Spectra Asset Management	100		
9/22/18	Tim McAdam	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/22/18	Penny King	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	90	165	
9/22/18	Bonnie McFarland	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Education Administrator LA COE	90	240	
9/22/18	Michael Ruiz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist Ruiz Art	180		
SUBTOTAL \$				560		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
9/22/18	Vera Rios	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
9/22/18	Betsy Jenkins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
9/23/18	Bob Brannon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
9/24/18	Cindalee Hall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Rickenbacker Int'l Corp	360		
9/24/18	Rosemary Boyd	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	175	
SUBTOTAL \$				1205		

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
7/17/18	Ray Pierson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
7/22/18	Cheryl Czyz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				200		

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 IND - Individual
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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER
1406878

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 CONTRIBUTION TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
NONE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	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		\$ _____	\$ _____	\$ _____	\$ _____	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		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION† _____
SUBTOTALS \$								\$ _____	\$ _____

Schedule B Summary

Loans received this period \$ 0
 (Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period \$ 0
 (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
 Enter the net here and on the Summary Page, Column A, Line 2.
 (May be a negative number)

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

†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 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART

Statement covers period
from 07/01/2018
through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$					Enter on Summary Page, Line 17 only.	

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>07/01/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
7/11/18	Kate Clark	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Professor Irvine Valle College	Party planning furniture rental, food,decorations, prep,cleanup	360		
7/18/18	Michael Clark	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Fundraising Party	67.60		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
					SUBTOTAL \$	427.60	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	<u>360.00</u>
Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	<u>67.60</u>
Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....	TOTAL \$	<u>427.60</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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/18	Democratic Party of Orange County <i>1916 W Chapman, Ste B Orange CA 92868</i>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	<i>Fees</i>	50.00		
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....	\$ <u>50.00</u>
Unitemized contributions and independent expenditures made this period of under \$100.....	\$ <u>0</u>
Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).....	TOTAL.. \$ <u>50.00</u>

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER
1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| IL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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
Secretary of State, Political Reform Division 500 11th St, Rm 495 Sacramento CA 95814	FIL	Form 410 Statement of Organization	50
Charles Michael Murray Studio 655 Griffith Way Laguna Beach CA 92651	CNS	Marketing design of all media, implementation of all media	7100
2S Publishing 668 N Coast Hwy Laguna Beach CA 92651	PRT	2x Weekly 1/4 page ad for 3 months	2700

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

SUBTOTAL \$ 9850

Schedule E Summary

. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 18096.79
. Unitemized payments made this period of under \$100.....	\$ 39.30
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 18136.09

Schedule E
Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| IL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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
Firebrand Media Laguna Beach Independent Newspaper 580 Broadway #301 Laguna Beach CA 92651	PRT			590.00
Coastal Blue 13091 Cale Perfecto San Juan Capistrano Ca 92675	CMP			142.60
Avanti Printing 5321 Barranca Way Irvine CA 92648	CMP		Printing and Mailing	4191.50
COGS Lawn Boards 1309 S Main St Santa Ana CA 92707	CMP			716.50
City of Laguna Beach 505 Forest Ave Laguna Beach CA 92651	FIL			1000.00

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

SUBTOTAL \$ 6640.72

Schedule E
Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
T 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
Smart Levels Media 16 Hammond Avenue CA 92618	CMP			230.04
Cheryl Czyz 2175 S Coast Hwy Unit 5 Laguna Beach Ca 92651	RFD			100.00
Gayle Joliet 31722 Ocean Vista Dr Laguna Beach CA 92651	RFD			75.00
Tom Joliet 31722 Ocean Vista Dr Laguna Beach CA 92651	RFD			75.00
Ray Pierson 31518 Egan Rd Laguna Beach Ca 92651	RFD			100.00

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

SUBTOTAL \$ 580.04

**Schedule E
Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CON

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NAME OF FILER

Ann Christoph

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| IL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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
Democratic Party of Orange County	CTB		<i>Fees</i>	50.00
Doug Miller, Musician 389 S Coast Hwy Laguna Beach CA 92651	FND			200.00
Grace Freeman, Musician San Juan Capistrano CA	FND			200.00
Fundraising Connections LLC 1831 G Street, Suite 120 Sacramento CA 95816	PRO			576.03

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

SUBTOTAL \$ 1026.03

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER
1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| IL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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
NONE					

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

SUBTOTALS \$ _____ **\$** _____ **\$** _____ **\$** _____

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 accrued expenses under \$100.) **INCURRED TOTALS \$** _____ **0**

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 \$** _____ **0**

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 \$** _____ **0**
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.

Statement covers period
 from 07/01/2018
 through 09/22/2018

SCHEDULE
CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|--|---|---|
| MP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| IL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| ID independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T 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
NONE				

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

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 H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
NONE		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION* \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ \$ _____ PER ELECTION* \$ _____
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____		

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

Schedule H Summary

1. Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2018
through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NONE		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____