Recipient Committee
Campaign Statement
Cover Page

Executed on ...



Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date Stamp

RECEIVED

COVER PAG CALIFORNIA FORM

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Page 1	of_	41

	Statement covers period 07/01/2018	Date of election if applicable: (Month, Day, Year)	SEP 2 7 2018 City Clerk's Office	For Official Use Only
EE INSTRUCTIONS ON REVERSE	through09/22/2018	11/06/2018	City of Laguna Beach, CA	
. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 1 Amendment (Explain b	nt	arterly Statement icial Odd-Year Report
. Committee information	D. NUMBER 1406878	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Christoph For Council 2018		Regina Hartley		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		1296 Catalina St		
31713 Coast Hwy		CITY	STATE ZIP C	
CITY STATE ZIP CO	DDE AREA CODE/PHONE	Laguna Beach	CA 926	949 357 9380
Laguna Beach Ca 9265		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	0.10.100.0074	MAILING ADDRESS		
same				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP CO	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	20	
ann@AC-LA.com		rbhartley1@gmail.com		
. Verification		, 9		
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my	knowledge the information contained	herein and in the attached sc	nedules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	d correct	0	readiso to a do dife complete.
Executed on	Bv	Regina Hart	Lex)	
9-27-18	-,	Signature of Treasurer or Assistan	t Treasurer	
Executed onDate	BySignature of Cont	trolling Officeholder, Candidate, State Measure Pr	panager or Responsible Officer of Spans	
Executed on		January, Sandado, State Measure Fr	oponent of Mesponsible Officer of Spons	VI
Date	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	-

FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377;

Recipient Committee Campaign Statement Cover Page — Part 2

COVERE	MGE " FARI &
CALIFORNIA FORM	460
_ 2	. 41

Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Ann Christoph						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N .	Пацеровт
City Council Member						SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP		11 de d			
31713 Coast Hwy Laguna	Beach CA 92651		identify the controlling office			oponent, if any.
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	OPONENT	
Related Committees Not Included in this Sta	tement: List any committees					
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive lidacy.		OFFICE SOUGHT OR HELD		DISTRICT	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
	I.D. NOMBER					
		-	Dulus sulles Essential Control			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offici for which this	enolder Committee committee is primarily for	List names of med.
	YES NO		NAME OF OFFICE IOLDER OF CO.		T	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	
						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		WAYE OF OFFICE VOLUMES OF SA			
			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HEL	5
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO					SUPPORT OPPOSE
						-
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Attac	ch continuatio	on sheets if necessary	

ampaign Disclosure Statement iummary Page

Amounts may be rounded to whole dollars.

SUMMARY PAG Statement covers period CALIFORNIA FORM 07/01/2018 from. 09/22/2018 through.

EE INSTRUCTIONS ON REVERSE AME OF FILER I.D. NUMBER Ann Christoph

, and other open					1406878
ontributions Received	(1	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
. Monetary Contributions	\$	35414.02 0 35414.02 427.60 35841.62	\$ \$		General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ 21. Expenditures Made \$ \$ \$
ixpenditures Made Payments Made Loans Made Schedule E, Line 4 Loans Made Schedule H, Line 3 Subtotal Cash Payments Add Lines 6 + 7 Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment Schedule C, Line 3 TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	0 18036.09 0 427.60			Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
2. Beginning Cash Balance Previous Summary Page, Line 16 3. Cash Receipts Column A, Line 3 above 4. Miscellaneous Increases to Cash Schedule I, Line 4 5. Cash Payments Column A, Line 8 above 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	35414.02 0 18136.09 17377.93	ad An of an be sh pro thi	calculate Column B, d amounts in Column to the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If s is the first report being of for this calendar year, ly carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
**Sash Equivalents and Outstanding Debts 8. Cash Equivalents		_		m Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

www.fppc.ca.gc

chedule lonetary	e A v Contributions Received	Amoui to	nts may be rounded whole dollars.	Statement co	vers period 1/2018	california 46		
E INSTRUCTION	ONS ON REVERSE			through09/	22/2018	Page		
Ann Chris	toph					1.D. NU 14068	JMBER 378	
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 T CALENDAR \(\)	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/2/18	Verna Rollinger	IND COM OTH PTY	Retired	360				
7/2/18	Scott Borthwick	ZIND COM OTH PTY SCC	Attorney Law Offices of Villabos & Borthwick	360			TWOMAN I	
7/3/18	Charlotte Masarik	☑IND □COM □OTH □PTY □SCC		360				
7/3/18	Alexander Masarik	☑ IND □ COM □ OTH □ PTY □ SCC		360				
7/3/18	Vicki Borthwick	☑IND □COM □OTH □PTY □SCC	Receptionist D/Amore Healing Center	360				
			· SUBTOTAL S	1800				
Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	29560.00	IND	itributor C – Individu 1 – Recipi		

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$_

Total monetary contributions received this period.

FPPC Form 460 (Jan/201)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-377; www.fppc.ca.gc

PTY - Political Party

5854.02

35414.02

ichedule A (Continuation Sheet) Nonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

ME OF FILER	Contributions Received	to whole o	dollars.		/2018 /2/2018	Page	1FORNIA 460 ORM 5 of 4/	
Ann Christo	ph					1.D. N	UMBER 878	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/3/18	Robert Borthwick	☑IND □COM □OTH □PTY □SCC	Landscape Architect BGB Inc	360				
7/5/18	Bonnie Hano	☑IND □COM □OTH □PTY □SCC	Retried	360				
7/5/18	Arnold Hano	☑IND □COM □OTH □PTY □SCC	Retried Journalist	360				
7/11/18	Margaret Thomas	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		360				
7/11/18	John B Thomas	☑IND □COM □OTH □PTY □SCC		360				
SUBTOTAL\$ 1800								

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

Ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

lonetary	Contributions Received	to whole (dollars.	00/0	ers period /2018 2/2018	F	orm 460
AME OF FILER				through09/2	#/EU U	Page .	JMBER
Ann Christo	pph					14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
7/6/18	Johanna Felder	☑IND □COM □OTH □PTY □SCC		360			
7/6/18	Gene Felder	☑ IND □ COM □ OTH □ PTY □ SCC		360			
7/15/18	Michael Bucaro, Michael Bucaro Trust	☑IND □COM □OTH □PTY □SCC	Psychologist Self	150		:	
7/ 1/2 /18	Adrian Kuyper	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150			
7/1 /2 /18	Christopher A Reed	IND COM OTH SCC	Retried Professor UC Riverside	360`			
			SUBTOTAL S	1380			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

ichedule A (Continuation Sheet)

Amounts may be rounded to whole dollars

SCHEDULE A (CON

	Contributions Received	to whole (ioliars.		/2018 22/2018	CALI F	FORNIA 460 7 of <u>41</u>
AME OF FILER						I.D. NU	MBER
Ann Christo	oph					14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/16/18	Randy Lewis	☑IND □COM □OTH □PTY □SCC	Retired	150			
7/16/18	Myron Wacholder	☑IND □COM □OTH □PTY □SCC	MD Retired	360			
7/17/18	Michael Hoad	IND COM OTH PTY SCC	Retired	360			
7/17/18	Barry Fogel	IND COM OTH PTY SCC	Retired	150			
7/17/18	Jan Banburv Praske	☑IND □COM □OTH □PTY □SCC	Retired	360			
			SUBTOTAL \$	1380			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

			SCHED	ULEA (CON	
State	ment covers period	CALI	FORNIA	ACC	
from	07/01/2018	1	FORM		
through_	09/22/2018	- Page _	8	of 41	

AME OF FILER							
Ann Christo	ph					1.D. N.	JMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE AR	PER ELECTION TO DATE (IF REQUIRED)
7/17/18	Joseph Praske	IND COM OTH PTY	Retired	360			
7/17/18	James Wantz `	IND COM OTH PTY	Retired	150			
7/17/18	Michael Slessinger	☑IND □COM □OTH □PTY □SCC	Retired	100			
7/17/18	Norman Powell -	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100			
7/17/18	Barbara Metzger	☑IND □COM □OTH □PTY □SCC	Editor Self Employed	360			
		\$ 1070					

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PTY – Political Party

ichedule A (Continuation Sheet) Nonetary Contributions Received

Amounts may be rounded to whole dollars.

		SCHEDU	LEA (COI
State	ment covers period	CALIFORNIA	160
from	07/01/2018	FORM	401
through _	09/22/2018	Page 9 o	41
		I.D. NUMBER	***

AME OF FILER						ID N	JMBER	
Ann Christo	pph					1406		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE 'EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/17/18	Rick Balzer	☑IND □COM □OTH □PTY □SCC	Realtor Berkshire Hathaway Laguna Beach	100				
7/17/18	Leroy Price	☑IND □COM □OTH □PTY □SCC	Physicist - Retired	360				
7/17/18	George Keplinger	☑IND □COM □OTH □PTY □SCC	Retired	150				
7/17/18	Kay Jones	IND □ COM □ OTH □ PTY □ SCC	Retired	360				
7/17/18	Angelique Hoskins	☑IND □COM □OTH □PTY □SCC	Retired	360				
	SUBTOTAL\$ 1330							

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

ichedule A (Continuation Sheet) Ionetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

Statement covers period

nonetary	onetary contributions Received		to whole dollars.		/2018	california 460		
				through09/22/2018		Page 10 of 41		
AME OF FILER					I.D. N	JMBER		
Ann Christo	oph					14068	378	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/17/18	Tom Osborne -	☑IND □COM □OTH □PTY □SCC	Retired	150		***************************************		
7/17/18	Neil Fitzpatrick	☑IND □COM □OTH □PTY □SCC	Retired	360				
7/17/18	Virginia Fitzpatrick	IND COM OTH SCC	Retired	360				
7/19/18	RussYensen1	DIND □ COM □ OTH □ PTY □ SCC	Self Employed Western State Equipment	150				
7/19/18	Kurt Weise	☑IND □COM □OTH □PTY □SCC	Attorney Retired	360				
			SUBTOTAL \$	1380				

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(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

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Statement covers period

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				through09/2	22/2018	Page .	11 of 41
AME OF FILER	•					I.D. NU	JMBER
Ann Christo	oph					14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
7/20/18	Leslie Daff	☑IND □COM □OTH □PTY □SCC	Attorney	360			
7/21/18	Rosemary Boyd ~	☑IND □COM □OTH □PTY □SCC	Retired	150			
7/21/18	Lvnn Bernard	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150			
7/21/18	Sarah Coffey	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150			
7/21/18	Vera Martinez -	☑IND □COM □OTH □PTY □SCC	Retired	150			
			SUBTOTAL S	\$ 960			

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ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

nonetary	ionetary Contributions Received		to whole dollars.		ers period /2018	CALIFORNIA 460		
				through <u>09/22/2018</u>		Page 12 of 41		
AME OF FILER						I.D. N	JMBER	
Ann Christ	oph					1406	378	
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 T CALENDAR \ (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
7/21/18	Maureen Killackey	☑IND □COM □OTH □PTY □SCC	Retired	100				
7/21/18	Mike Boone	☑IND □COM □OTH □PTY □SCC	Investor Kayour Corp	360				
7/21/18	Kerry Gray -	☑IND □COM □OTH □PTY □SCC		150				
7/21/18	Mark Evans	IND COM OTH PTY SCC	Contractor Evan Roofing Co Inc	250				
7/21/18	Cindy Evans	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Flight Attendant Alaska Airlines	250				
			SUBTOTAL S	1110				

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ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

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nonetary Contributions Received		to whole			Statement covers period from 07/01/2018		CALIFORNIA 460	
				through09/2	2/2018	Page.	13 of 4/	
AME OF FILER						I.D. NU	JMBER	
Ann Christo	ppn					14068	378	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/22/18	John Dombrink	☑IND □COM □OTH □PTY □SCC	Professor UC Irvine	150				
7/22/18	Greg MacGillivray	☑IND □COM □OTH □PTY □SCC	Film Maker MacGillivray Freeman Films	150				
7/22/18	Darrylin Girvin	IND COM OTH PTY SCC	Retired	150				
7/22/18	Bill O'Hare	IND COM OTH PTY SCC	Retired Attorney Snell & Willmer	360				
7/22/18	Theresa O'Hare	☑IND □COM □OTH □PTY □SCC	Retired	360				
			SUBTOTAL	1170				

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ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

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AME OF FILER Ann Christo	anh					I.D. NUMBER		
Aim Omst] 					14068	378	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	TO	ELECTION D DATE EQUIRED)
7/22/18	Trudy Josephson	☑IND □ COM □ OTH □ PTY □ SCC		100				
7/22/18	Audrey Prosser	☑IND □COM □OTH □PTY □SCC	Realtor Self	100				
7/22/18	John Hamil, DVM	☑IND □COM □OTH □PTY □SCC	Veterinarian Quest Care Veterinary Clinic	360				
7/22/18	Dana Randall	IND □ COM □ OTH □ PTY □ SCC	Environmental Consultant Randall Environmental	250				
7/22/18	Nelson Coates	☑IND □COM □OTH □PTY □SCC	Film Design Self	150				
			SUBTOTAL	960			1 09 85 01 6	

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ichedule A (Continuation Sheet)

Amounts may be rounded to whole dollars

SCHEDULE A (CON

nonetary Contributions Received		to whole (aonars.	Statement cov from07/01	ers period /2018	california 460		
AME OF HILER				through09/2	2/2018	Page	15 of 41	
AME OF FILER Ann Christo	nph						UMBER	
						1406	378	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/22/18	Gayle Joliet	☑IND □COM □OTH □PTY □SCC	Retired	360				
7/22/18	Tom Joliet	☑IND □COM □OTH □PTY □SCC	Retired	360				
7/22/18	Gary Rubel	IND COM OTH PTY SCC	Jewer Self - Rubels Jewelry	100				
7/22/18	Mary Ives -	☑IND □COM □OTH □PTY □SCC	Retired	360				
7/22/18	Eric Jessen	☑IND □COM □OTH □PTY □SCC	Retired	200				
			SUBTOTAL \$	1380				

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ichedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CON

Monetary Contributions Received		CALIFORNIA 46(FORM 46(Page 16 of 4)					
Ann Christo	ph					1.D. NO	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
7/22/18	Lisa Marks	☑IND □COM □OTH □PTY □SCC	Calemanager Real Estate	300			
7/22/18	Edward Merrilees	☑IND □COM □OTH □PTY □SCC	Retired	285	3	60	
7/24/18	Ann Barker	☑IND □COM □OTH □PTY □SCC	Attorney Self	150			
7/24/18	Scott Fraser	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Professor USC	360			
7/24/18	Rita Conn	☑IND □COM □OTH □PTY □SCC	Retired	150			
A			SUBTOTAL S	1245			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party

ichedule A (Continuation Sheet) Ilonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDU	LEA (CON
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nonetary Contributions Received			dollars.	Statement covers period from 07/01/2018 through 09/22/2018			CALIFORNIA 460 FORM of 41		
AME OF FILER						l	JMBER		
Ann Christo	oph					14068	378		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
7/22/18	GJ Pete Fielding	☑IND □COM □OTH □PTY □SCC	Professor Emeritus UC Irvine	100					
7/23/18	John Monahan ~	☑IND □COM □OTH □PTY □SCC	Real Estate Investments John Hancock Insurance	200					
7/22/18	Scott Sebastian	☑IND □COM □OTH □PTY □SCC	Landscape Architect Sebastian & Associates	360					
7/23/18	Michael Erlinger Jr	DIND COM OTH PTY SCC	Attorney Law Offices of Michael Erlinger Jr	360					
7/23/18	Amanda Erlinger	☑IND □COM □OTH □PTY □SCC	Artist Self	360					
	SUBTOTAL\$ 1380								

*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

ichedule A (Continuation Sheet) lonetary Contributions Received

Amounts may be rounded to whole dollars.

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Statement covers period

				from07/01	/2018	F	ORM T
				through09/2	2/2018	Page_	18 of 41
ME OF FILER						I.D. NU	IMBER
Ann Christo	oph					14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/23/18	Mia Hervin Moore	☑IND □COM □OTH □PTY □SCC	Minister, Artist Presyteria Mission Agency/ Mia Moore Art	100			
7/26/18	Roger Ohanesian	☑IND □COM □OTH □PTY □SCC	Opthamologist Self	200			
7/26/18	Geoffrev Sturgeon	☑IND □COM □OTH □PTY □SCC	Contractor GS Specialties	100			
7/27/18	Lori Gray	☑IND □COM □OTH □PTY □SCC	Consultant Self	360			
7/26/18	Linda Mayer -	☑IND □COM □OTH □PTY □SCC	Retired	285	360)	
			SUBTOTAL	1045			

*Contributor Codes

IND - Individual

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PTY - Political Party

ichedule A (Continuation Sheet) Ionetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

nonetary	Contributions Received	to whole (dollars,		ers period /2018 2/2018	CALI F Page	FORNIA 460 ORM 460
AME OF FILER							JMBER
Ann Christo	ph					14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/24/18	Catherine Jurca	☑IND □ COM □ OTH □ PTY □ SCC	Professor CA Institute of Technology	360			
7/24/18	Derek Ostensen	IND □ COM □ OTH □ PTY □ SCC	Wildlife Conservation Self	360			
7/25/18	Gregg Denicola	DOM COM OTH PTY SCC	Physician Caduceus	150			
7/31/18	Robert Gentry	☑IND □COM □OTH □PTY □SCC	Retired	100			
8/2/18	Bonnie Lynn McFarland	₩IND □ COM □ OTH □ PTY □ SCC	Education Administrator LA County Office of Education	150			
			SUBTOTAL \$	1120			

*Contributor Codes

IND - Individual

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

Ichedule A (Continuation Sheet) Ionetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

Nonetary Contributions Received to whole dollars.					ers period /2018 2/2018	CALIFORNIA 460 FORM Page 20 of 41		
AME OF FILER							JMBER	
Ann Christo	<u>abu</u>					14068	378	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/318	Frances Chicolte TTEE	☑IND □COM □OTH □PTY □SCC	Retired	250				
8/3/18	Ronald Chicolte TTEE	☑IND □COM □OTH □PTY □SCC	Retired	250				
8/8/18	Mary Rabe	☑IND □COM □OTH □PTY □SCC	Retired	150				
8/8/18	Russell Cogdill	IND COM OTH PTY SCC	CPA Self	200				
8/16/18	Barbara Manalis	☑IND □COM □OTH □PTY □SCC	Psychologist Self	100				
·····			SUBTOTAL	950				

*Contributor Codes

IND - Individual

COM - Reciplent Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

ichedule A (Continuation Sheet)

Amounts may be rounded to whole dollars

SCHEDULE A (C	40
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-	Contributions Neceived	to whole t	uo nai o		/2018 /2/2018	Page.	FORNIA 46(ORM 41
AME OF FILER						I.D. NU	JMBER
Ann Christo	oph	Walter and Committee of the Committee of		A		14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/21/18	Ellen Pickler-Harris	☑IND □COM □OTH □PTY □SCC	Financial Advisor Edward Jones	250			
8/23/18	Nancy Wessel	☑IND □COM □OTH □PTY □SCC	Retired	225	2	50	
8/29/18	Armando Baez	☑IND □COM □OTH □PTY □SCC	Retired	300			
8/26/18	Anne Caaenn	☑IND □COM □OTH □PTY □SCC	Retired	150			
9/2/18	John Brandon	☑ IND □ COM □ OTH □ PTY □ SCC	Physician SCPMG	360			
		· · · · · · · · · · · · · · · · · · ·	SUBTOTAL	\$ 1285			

*Contributor Codes

IND - Individual

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

Schedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

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from	07/01/2018	, F	ORM		13°)	
through	09/22/2018	Page _	2:2	of_	41	_
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AME OF FILER						I.D. NO	MBER
Ann Christo	ph					14068	78
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/6/18	Orange Co League of Conservation Voters FPPC# 1223961	□IND □COM □OTH □PTY □SCC	Endorsement 1406878	360			
9/6/18	Regina Hartley	☑IND □COM □OTH □PTY □SCC	Speech Language Pathologist Garden Grove USD	99	1	74	
9/7/18	Sharon Duffy	☑IND □COM □OTH □PTY □SCC	Retired	250			
9/7/18	John Duffy	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250			
9/8/18	Ronald Harris	ZIND COM OTH PTY SCC	Attorney Ronal Harris Attorneys at Law	360			
			SUBTOTAL	1319			

*Contributor Codes

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(other than PTY or SCC)
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PTY -- Political Party

SCC - Small Contributor Committee

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ichedule A (Continuation Sheet) Innetary Contributions Paraivad

Amounts may be rounded to whole dollars

SCHEDULE A (CON

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AME OF FILER							JMBER
Ann Christo	pph					14068	378
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/12/18	Ray Pierson	☑IND □COM □OTH □PTY □SCC	Retired	100			
9/15/18	Willa Gupta	IND COM OTH SCC	Retired	90	1	65	-
9/15/18	Anne Wiese	☑IND □COM □OTH □PTY □SCC	Retired	360			
9/17/18	Chris Tebbutt .	DIED COM COTH SCC	Realtor Chris Tebbutt Real Estate	90	1	65	
9/17/18	Barbara Granger -	☑IND □COM □OTH □PTY □SCC	Retired	90	1	65	
			SUBTOTALS	730	3 4 (1) 2 (1) (2)		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

ichedule A (Continuation Sheet) **Nonetary Contributions Received**

Amounts may be rounded to whole dollars.

	SCHEDULEA (CON
Statement covers period	CALIFORNIA A C
m 07/01/2018	FORM 40L

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09/22/2018	Page 24	of 41

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through _____ AME OF FILER I.D. NUMBER Ann Christoph 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)				
9/18/18	Benjamin Simon	☑IND □COM □OTH □PTY □SCC	Architect/Interior Designer ACME	360						
9/18/18	Carter Mudge	☑IND □COM □OTH □PTY □SCC	Attorney Terry Mudge LLP	200						
9/19/18	Natalia Ostensen	☑IND □COM □OTH □PTY □SCC	Realtor Olen Properties	360						
9/19/18	Anne Caaenn	☑IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	180	330					
9/20/18	Tom Osborne	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	180	330					
	SUBTOTAL\$ 1280									

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SCC - Small Contributor Committee

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www.fppc.ca.gc

schedule A (Continuation Sheet) **Nonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

Statement covers period

	Contributions Received	to whole (gonars.		01/2018 CALIFORNIA 4 FORM Page 25 of 4			
AME OF FILER						I.D. N	JMBER	
Ann Christo	ph					1406	8 7 8	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/16/18	Lisa Bell	☑IND □COM □OTH □PTY □SCC	Pharmacist Kaiser Permanente	100				
9/18/18	Gordon Cowan	ND COM OTH PTY SCC	Retired	100				
9/20/18	Mace Morse	D COM COM PTY SCC	Business owner Taylor Morse Ltd	200				
9/20/18	Gary Lefebvre	IND COM OTH PTY SCC	Retired	100				
9/22/18	Clark Collins	☑IND □COM □OTH □PTY □SCC	Real Estate Developer Collins Design & Build	200				
	SUBTOTAL\$ 700							

*Contributor Codes

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(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

ichedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A	(CO)
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Statement covers period

nonetary Contributions Received		to whole	dollars.		ers period /2018 22/2018	FORM 46		
AME OF FILER				8.		1	JMBER	
Ann Christo	oph					1406		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
9/22/18	Gregory Benford - ·	ZIND COM OTH PTY SCC	Physics Professor UCI	200				
9/22/18	Alan Haffen Warren	☑IND □COM □OTH □PTY □SCC	Instructor Jin Shin Jyutsu	90	165			
9/22/18	Norman Powell	☑IND □COM □OTH □PTY □SCC	Retired	90	1	90		
9/22/18	Stephen Judson	IND COM OTH PTY SCC	Film Maker MacGillivray Freeman Films	180				
9/22/18	Garv Jenkins	☑IND □COM □OTH □PTY □SCC	Retired MD	261	3	60		
			SUBTOTAL	821				

*Contributor Codes

IND - Individual

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PTY - Political Party

Schedule A (Continuation Sheet) flonetary Contributions Received

Amounts may be rounded to whole dollars.

		SCHEDULE A (CO
State	ement covers period	CALIFORNIA / C
from	07/01/2018	FORM 40
through .	09/22/2018	Page <u>27</u> of <u>41</u>
		LD NUMBER

AME OF FILER						150 811	DADEO
Ann Christo	pph					1406	UMBER 878
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
9/22/18	Katy Scott Moss	☑IND □COM □OTH □PTY □SCC	Property Manager Spectra Asset Management	100			Post California
9/22/18	Tim McAdam	☑IND □COM □OTH □PTY □SCC	Retired	100		***************************************	
9/22/18	Penny King	☑IND □COM □OTH □PTY □SCC	Retired	90	1	65	
9/22/18	Bonnie McFarland	IND COM OTH PTY SCC	Education Administrator LA COE	90	2	40	
9/22/18	Michael Ruiz	☑IND □COM □OTH □PTY □SCC	Artist Ruiz Art	180			
SUBTOTAL\$ 560							

*Contributor Codes

IND – Individual

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(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

ichedule A (Continuation Sheet) Nonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CON

ME OF FILER				Statement cov from 07/01 through 09/2	CALIFORNIA 460 FORM 460				
Ann Christo	nnh					ļ	JMBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
9/22/18	Vera Rios	☑IND □COM □OTH □PTY □SCC	Retired	100		***			
9/22/18	Betsy Jenkins	☑IND □ COM □ OTH □ PTY □ SCC	Retired	360					
9/23/18	Bob Brannon	IND □ COM □ OTH □ PTY □ SCC	Retired	360					
9/24/18	Cindalee Hall	IND □ COM □ OTH □ PTY □ SCC	Manager Rickenbacker Int'l Corp	360					
9/24/18	Rosemary Boyd	☑IND □COM □OTH □PTY □SCC	Retired	25	1	75	_		
	SUBTOTAL\$ 1205								

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

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

Amounts may be rounded to whole dollars.

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Statement covers period

				from <u>07/0</u> 1	/2018	FORM 46U		
Tu				through09/2	22/2018	Page 29 of 41		
Ame of filer Ann Christe	onh						JMBER	
Ann Onnoc	opn	1				14068	378	
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 CALENDARY (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/17/18	Ray Pierson	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100				
7/22/18	Cheryl Czyz	IND COM OTH PTY SCC	Retired	100				
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL S	200				

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IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

8 H S 1800 No. 4 A	Amounts may be rounded						SCHE	SCHEDULE B - PART		
chedule B – Part 1	ran.	to whole dollar		Γ	Statement cov	ers period	CALIFORNIA 460			
oans Received					from07/0	1/2018	FORM	4:00		
E INSTRUCTIONS ON REVERSE					through 09/2	22/2018	Page <u>30</u>	of_41_		
ME OF FILER							I.D. NUMBER			
nn Christoph							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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE		
ONE				☐ PAID				CALENDAR YEAR		
				\$	_ \$	%	\$	\$		
				FORGIVEN		RATE		PER ELECTION		
		s	\$	s	_	s		\$		
IND COM OTH PTY SCC					DATE DUE		DATE INCURRED			
				☐ PAID				CALENDAR YEAR		
				\$	_ \$	RATE	\$	\$		
				FORGIVEN				PER ELECTION		
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
IND COM OTH PTY SCC					BATE DUE		DATE INCORRED			
				☐ PAID				CALENDAR YEAR		
				\$	_ \$	% RATE	\$	\$		
				FORGIVEN		10.72		PER ELECTION		
IND □ COM □ OTH □ PTY □ SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$		
IND □ COM □ OTH □ PTY □ SCC					DATE ODE		DATE INCURRED			
		SUBTOTALS \$; 	\$	\$	\$				
chedule B Summary						(Enter (e) on Schedule E, Line 3)				
Loans received this period	************************************			\$						
(Total Column (b) plus unitemized loan				•		<u>(+</u> (Contributor Codes			
Loans paid or forgiven this period				ø			Donabulor Codes ID – Individual	l		
(Total Column (c) plus loans under \$10	0 paid or forgiven.)	•••••••••		Ф	<u></u>		OM - Recipient C	ommittee		
(Include loans paid by a third party that		dule A.)				١٥	other than l) TH – Other (e.g., l	PTY or SCC) business entity)		
·		•				b.	TY - Political Part	y		
Net change this period. (Subtract Line Enter the net here and on the Summar	e ∠ trom ⊾ine 1.) v Page, Column Δ ±ine 2	***************************************		•	May be a negative number)	Cs.	CC – Small Contri	putor Committee		
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** If required.

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^{*}Amounts forgiven or paid by another party also must be reported on Schedule A.

chedule B - Part 2 Amounts may be rounded to whole dollars.				Stater	nent covers period 07/01/2018		Section of Section Edition and the section	NIA 460
EE INSTRUCTIONS ON REVERSE			:	through -	09/22/2018		Proposite positiva	1 of 41
AME OF FILER					······································		I.D. NUMBER	
Ann Christoph							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		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
NONE	□IND □ COM		LENDER			CAL	ENDAR YEAR	
	□OTH □PTY □SCC		DATE			PE (IF	R ELECTION REQUIRED)	
	LISCC					\$		
	□IND □COM		LENDER			CAL	ENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PE (IP	R ELECTION REQUIRED)	
	□IND □ COM		LENDER			CAL	ENDAR YEAR	
	OTH PTY		DATE			PE (IF	R ELECTION REQUIRED)	
	□scc					\$		
	□IND	-	LENDER			CAL	ENDAR YEAR	
	□ COM □ OTH □ PTY		DATE				R ELECTION REQUIRED)	
	□scc					\$_		
			SUB	TOTAL \$		Sur	Enter on nmary Page, Ine 17 only.	

ichedule C Amounts may be rounded SCHEDULI to whole dollars. **Jonmonetary Contributions Received** Statement covers period **CALIFORNIA FORM** 07/01/2018 from 09/22/2018 Page 32 of 4/ through EE INSTRUCTIONS ON REVERSE AME OF FILER I.D. NUMBER Ann Christoph 1406878 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ DATE FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR RECEIVED TO DATE CODE * GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) **Z**IND Kate Clark Retired Professor Party planning Псом 7/11/18 360 Irvine Valle College furniture rental. □отн food.decorations. □ PTY prep,cleanup □ scc **Z** IND Michael Clark Retired Fundraising □сом 7/18/18 67.60 Party □отн ☐ PTY □ scc Псом Потн □ PTY □ scc □сом □ OTH □ PTY □scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** 427.60

ichedule C Summary

. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	360.00
. Amount received this period – unitemized nonmonetary contributions of less than \$100		
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 \$	427.60

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

ichedule D iummary of Expenditures iupporting/Opposing Other andidates, Measures and Committees

Amounts may be rounded to whole dollars.

| SCHEDULE | Statement covers period | CALIFORNIA 460 | FORM | FORM | Page 33 of 41 | I.D. NUMBER | I.D. NUMBER | SCHEDULE | SCHEDULE | SCHEDULE | CALIFORNIA 460 | FORM | FORM | FORM | FORM | I.D. NUMBER | I.D. N

EE INSTRUCTIO	DNS ON REVERSE			through <u>09/22/</u>	2018	Page	33 of 41
AME OF FILER						I.D. NUMB	BER
Ann Christo	oph					140687	78
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 CALENDAR (JAN. 1 - DE	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
8/27/18	Democratic Party of Orange County 1916 W Chapman, Steß Orange CA 92868	Monetary Contribution Nonmonetary Contribution Independent	Fees	50.00			
	☑ Support ☐ Oppose	Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			
	D Summary contributions and independent expenditures made	e this period. (Includ	de all Schedule D subtotals.)		\$_	50.00
. Unitemize	d contributions and independent expenditures ma	ade this period of u	nder \$100		•••••	\$	0
	ributions and independent expenditures made this						50.00

Schedule E Sayments Made EE INSTRUCTIONS ON REVERSE AME OF FILER Ann Christoph	Amounts may i to whole d			Statement covers period from 07/01/2018 through 09/22/2018	CALIFO FOR Page 3	M 41_er
CODES: If one of the following codes accurately described MP campaign paraphemalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	MBR member con MTG meetings an OFC office expen: PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance ses llating s survey researc ivery and mes	S	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	duction costs nd meals , and meals es of the same o	candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Secretary of State, Political Reform Division 500 11th St, Rm 495 Sacramento CA 95814	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FIL	Form 410 Stateme	ent of Organization		56
Charles Michael Murray Studio 655 Griffith Way .aguna Beach CA 92651		CNS	Marketing design media	of all media, implementation	of all	7100
ŹS Publishing ∕568 N Coast Hwy Łaguna Beach CA 92651		PRT	2x Weekly 1/4 pag	ge ad for 3 months		2706
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.	100000000000000000000000000000000000000	SI	JBTOTAL \$	9850
ichedule 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).)......\$_

18136.09

ichedule E	Amounts may b					s	SCHEDULE E (CON:
Continuation Sheet)	to whole do			Statem	ent covers period	CALIFO	
ayments Made				from	07/01/2018	FOR	EM C
EE INSTRUCTIONS ON REVERSE				through	09/22/2018	Page	35 of <u>41</u>
AME OF FILER Ann Christoph						I.D. NUME 1406878	
ODES: If one of the following codes accurately described in the campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey researd very and mes	s	RAD radi RFD retu SAL cam TEL t.v. o TRC can TRS staf TSF tran VOT vote	cribe the payment or airtime and production med contributions upaign workers' salaries or cable airtime and producted travel, lodging, affer between committeer registration technology cos	on costs s oduction costs and meals g, and meals es of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION OF	PAYMENT		AMOUNT PAID
Firebrand Media Laguna Beach Independent Newspaper 580 Broadway #301 Laguna Beach CA 92651		PRT					590.QC
Coastal Blue 3091 Cale Perfecto Gan Juan Capistrano Ca 92675		CMP					142.66
Avanti Printing 5321 Barranca Way wine CA 92648		СМР	Printing and Ma	ailing			4191.5€
COGS Lawn Boards 309 S Main St Santa Ana CA 92707		СМР					716.5 ¢

FIL

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

Sity of Laguna Beach G05 Forest Ave Laguna Beach CA 92651

SUBTOTAL \$

6640.72_

1000.00

Schedule E Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE AND Christoph	Amounts may b to whole do			1	ont covers period 07/01/2018 09/22/2018	CALIFO FOR - Page	M 400
Ann Christoph						1406878	
MP campaign paraphemalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events ID legal defense T campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating urvey researcl	i 1 senger services	RAD radio RFD return SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	airtime and productioned contributions baign workers' salarie cable airtime and pridate travel, lodging, spouse travel, lodging, fer between committed	on costs s oduction costs and meals g, and meals ees of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R D	ESCRIPTION OF F	AYMENT		AMOUNT PAID
mart Levels Media 6 Hammond vine CA 92618		CMP					230.0 <i>4</i>
Sheryl Czyz 175 S Coast Hwy Unit 5 aguna Beach Ca 92651		RFD					100.00
ayle Joliet 1722 Ocean Vista Dr aguna Beach CA 92651		RFD					75.0¢
om Joliet ส722 Ocean Vista Dr aguna Beach CA 92651		RFD					75.00
ay Pierson 1518 Egan Rd aguna Beach Ca 92651		RFD					100.00

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

SUBTOTAL \$

580.04

uninu finne en *ne*

Schedule E Continuation Sheet) Sayments Made EE INSTRUCTIONS ON REVERSE	ation Sheet) to whole dollars. Made					TAKA MANANCAN MANANCAN	
Ann Christoph						1.D. NUME	BER
CODES: If one of the following codes accurately describes MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees MD fundraising events ID independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey resear very and me	98	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and proc candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction costs nd meals and meals s of the sam	e candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Democratic Party of Orange County		СТВ	Fees				50.0
Doug Miller, Musician				***************************************			

Doug Miller, Musician
389 S Coast Hwy
aguna Beach CA 92651

Grace Freeman, Musician
3an Juan Capistrano CA

EFND

200.0C

EFundraising Connections LLC
831 G Street, Suite 120
3acramento CA 95816

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

1026.03

SUBTOTAL \$

					SCHEDUL
chedule F ccrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove	B11 - 100	LIFORNIA 460 FORM
EE INSTRUCTIONS ON REVERSE			through09/2	2/2018 Pa	ge 38 of 41
AME OF FILER Ann Christoph					NUMBER 06878
iODES: If one of the following codes accurately describe MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events ID independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings	s the payment, you may MBR member communication MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey reserved POS postage, delivery and reprofessional services (IPRT print ads	ns nces earch nessenger services	RAD radio airtime as RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratie	e payment. nd production costs butions ters' salaries time and production co el, lodging, and meals avel, lodging, and mea	osts als same candidate/sponsor
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					
Povements that are contillusting a leader of the state of					
Payments that are contributions or independent expenditures must also be immarized on Schedule D.	SUBTOTALS		\$		\$
Schedule F Summary					

. 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.)	\$0
. 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.)	0
. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	May be a negative number

ichedule G								SCHEDULE	
'ayments Made by an Agent or Independent Contractor (on Behalf of This Committee) Amounts may be rounded to whole dollars.					Staten	nent covers period 07/01/2018	CALIFORNIA 460		
					through:	09/22/2018		39 of 41	
E INSTRUCTIONS ON REVERSE AME OF FILER			····		through_				
							I.D. NUMBI		
Ann Christoph WE OF AGENT OR INDEPENDENT CONTRACTOR							1406878	3	
THE OF AGENT ON INDEFENDENT CONTRACTOR									
ODES: If one of the following codes accurately describes	s the payment.	vou mav e	nter the code.	Otherw	ise, des	cribe the paymen	t.	namatan kan pangan ang ang ang ang ang ang ang ang an	
MP campaign paraphernalia/misc. NS campaign consultants TB contribution (explain nonmonetary)* VC civic donations IL candidate filing/ballot fees ND fundraising events ID independent expenditure supporting/opposing others (explain)* EG legal defense T campaign literature and mailings Payments that are contributions or independent expenditures must also be	MBR member of meetings at OFC office experience petition circle. PHO phone ban POL polling and postage, deprofessions print ads	ommunications and appearance anses culating ks survey resea elivery and me al services (le	s ees	R R S T T T	AD radio FD return AL camp EL t.v. or RC candi RS staff/s SF trans OT voter	airtime and production ned contributions aign workers' salaries cable airtime and product travel, lodging, and spouse travel, lodging, fer between committee registration nation technology cost	n costs duction costs nd meals , and meals es of the same o	·	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIF	TION OF P	AYMENT		AMOUNT PAID	
IONE									
ttach additional information on appropriately labeled continue	ation sheets.						TOTAL* \$	<u> </u>	

TOTAL* \$

								SCHEDULE	
ichedule H		Amounts may be rounded to whole dollars.			Statement cov	-	CALIFORN	IA 460	
oans Made to Others.		10 17710	io aviiaioi		from07/0	1/2018	FORM		
EE INSTRUCTIONS ON REVERSE					through09/	22/2018	Page 40	of 41	
AME OF FILER				<u>L</u>		· · · · · · · · · · · · · · · · · · ·	I.D. NUMBER		
Ann Christoph							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 C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
IONE				☐ PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	\$	
				FORGIVEN				PER ELECTION	
		3	3	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$	\$	RATE	\$	\$	
				FORGIVEN		RALE		PER ELECTION	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
Loans that are contributions to another candidate	or committee must							<u> </u>	
also be summarized on Schedule D. Loans forgive eported on Schedule E.	an must also be	SUBTOTALS	\$	\$	\$	\$			
			<u> </u>			(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
. Loans made this period					¢	0			
(Total Column (b) plus unitemized loan	s of less than \$100.)	***************************************		*******	······································	u		**If Required	
. Payments received on loans		************************			\$	0	<u> </u>	· ····,	
(Total Column (c) plus unitemized payr	nents of less than \$100.)								
. Net change this period. (Subtract Line:			••••••	••••••		0			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.	}			(Me	y be a negative number)		

chedule I		Amounts may be rounded		SCHEDUI
liscelland	ous Increases to Cash	to whole dollars.	Statement covers per	
			from07/01/2018	
EE INSTRUCTIO	NS ON REVERSE		through09/22/201	8 Page 41 of 41
AME OF FILER			***************************************	I.D. NUMBER
Ann Christop	h			1406878
DATE RECEIVED	FULL NAME AND ADDRESS OF S (IF COMMITTEE, ALSO ENTER I.D. NUI		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NONE			
Attach addi	tional information on appropriately labeled continuation	n sheets.	รบ	BTOTAL \$
chedule I	Summary			
. Itemized in	creases to cash this period		\$	
	increases to cash of under \$100 this period			
Total of all	nterest received this period on loans made to of	thers. (Schedule H, Column (e).)	\$	
Total misce	llaneous increases to cash this period. (Add Lin	es 1, 2, and 3. Enter here and on the	TOTAL \$	
- www.milicalv F	aug. Eulo 14.1		ILJIAAI 35	