COVER PAGE **Recipient Committee** Date Stamp **CALIFORNIA** Campaign Statement RECEIVED **FORM Cover Page** Page. JAN 3 0 2020 Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only 07/01/2019 from City Clerk's Office City of Laguna Beach, Ca 12/31/2019 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee ☐ Preelection Statement Primarily Formed Ballot Measure ☐ Quarterly Statement O State Candidate Election Committee Committee ✓ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1410664 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Barbara Jean Dresel Toni Iseman for Council 2018 MAILING ADDRESS 1313 Morningside Drive STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 2338 Glenneyre Laguna Beach CA 92651 949-230-4731 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Laguna Beach CA 92651 949-813-3299 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE STATE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 01/28/2020 Executed on Date Signature of Treasurer or Assistant Treasurer 01/28/2020 Executed on

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on.

Executed on .

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www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Con	nmittee	6. Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Toni Iseman						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	<b>y</b>	SUPPORT OPPOSE
Laguna Beach City Council						☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  2338 Glenneyre Lagu	city STATE ZIP		Identify the controlling office	holder, candid	ate, or state measure	proponent, if any.
Edge	110 20001		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your c	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				1	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office	holder Committe	C List names of formed.
	YES NO		.,			
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
CITY STATE ZI	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)		***************************************			LUPPOSE

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Statement covers period 07/01/2019		CALIFORNIA 460
	from through	12/31/2019	Page 3 of 14
_			I.D. NUMBER 1410664

NAME OF FILER Toni Iseman for Council 2018 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections O 1/1 through 6/30 7/1 to Date 0 20. Contributions n 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ \_\_\_\_ Received 0 Nonmonetary Contributions...... Schedule C, Line 3 21, Expenditures Ω n Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** Candidates 0 0 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made\* 0 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 0 (mm/dd/yy) **Current Cash Statement** 7113 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_\_\_\_\_ To calculate Column B. add amounts in Column A to the corresponding \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may 7113 be negative figures that should be subtracted from If this is a termination statement. Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ \_\_\_\_ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

#### Schedule A Amounts may be rounded SCHEDULE A to whole dollars. **Monetary Contributions Received** Statement covers period **CALIFORNIA** 07/01/2019 **FORM** from 12/31/2019 14 through. Page ... SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Toni Iseman for Council 2018 1410664 PER ELECTION AMOUNT CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D, NUMBER) CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (IF REQUIRED) (JAN, 1 - DEC, 31) OF BUSINESS) □ COM Потн □ PTY SCC T IND Псом □ OTH □ PTY □ SCC □сом □отн ☐ PTY □ scc Псом OTH □ PTY □ scc □сом □ OTH PTY □ scc SUBTOTAL \$ 0 **Schedule A Summary** \*Contributor Codes

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period.

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

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

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COM - Recipient Committee

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

SCC - Small Contributor Committee

IND - Individual

PTY - Political Party

	Δm	ounts may be ro	hahnı				SCHE	DULE B - PART 1
Schedule B – Part 1	7	to whole dollars		Γ	Statement cov	ers period	CALIFORN	<sup>IA</sup> 460
Loans Received					from07/01	/2019	FORM	
					40.0	110010		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2019	Page5	of14
NAME OF FILER				•			I.D. NUMBER	
Toni Iseman for Council 2018							1410664	
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 FORGIVED THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				s	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	. s	<u></u> %	s	\$
				FORGIVEN		RATE		PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	s	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
IND COM OTH PTY SCC		s	\$	\$	DATE DUE	s	DATE INCURRED	s
		SUBTOTALS \$	0 \$	0	\$ 0	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
I. Loans received this period				\$	0			
(Total Column (b) plus unitemized loans		***************************************				(+0	Cantributas Cadaa	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10		***************************************	**********	\$		IN	Contributor Codes D – Individual DM – Recipient C	ommittee
(Include loans paid by a third party that		dule A.)				o	ΓH – Òther (e.g., i	PTY or SCC) business entity)
Net change this period. (Subtract Line	2 from Line 1 \			NET A	^	PT	Y – Political Part CC – Small Contri	y i
Enter the net here and on the Summan	: 2 110111 Line 1.)	***************************************			flay be a negative number)	(30	JO OHIGH CORKE	Dator Committee
	,			· ·	·			

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

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www.fppc.ca.gov

#### SCHEDULE B - PART 2 Schedule B - Part 2 Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. **Loan Guarantors** FORM 07/01/2019 from 12/31/2019 6 14 through of \_\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1.D. NUMBER Toni Iseman for Council 2018 1410664 IF AN INDIVIDUAL, ENTER **AMOUNT** BALANCE FULL NAME, STREET ADDRESS AND CUMULATIVE CONTRIBUTOR OCCUPATION AND EMPLOYER LOAN **GUARANTEED** OUTSTANDING ZIP CODE OF GUARANTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO DATE CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD TO DATE CALENDAR YEAR LENDER СОМ PER ELECTION □ OTH DATE (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER □ COM PER ELECTION □ OTH DATE (IF REQUIRED) \_\_\_ PTY SCC CALENDAR YEAR LENDER ПСОМ PER ELECTION (IF REQUIRED) ∭ ОТН DATE ☐ PTY □ scc CALENDAR YEAR LENDER

DATE

SUBTOTAL \$

□ COM

OTH

□ PTY □ scc PER ELECTION

(IF REQUIRED)

Enter on

Summary Page,

Line 17 only,

0

Schedul Nonmon	e C etary Contributions Received		Amounts may be rounded to whole dollars.		Sta from .	atement covers   07/01/20		CALIF FO	SCHEDUL ORNIA 46 RM
SEE INSTRUCTI	IONS ON REVERSE				throu	gh12/31/2	019	Page	7 of 14
NAME OF FILER								I.D. NUME	BER
Toni Isem	an for Council 2018							141066	64
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC			The state of the s				
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach addi	tional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	0			
1. Amount re	C Summary eceived this period – itemized nonmonetary				\$	0	IND	ntributor Cod – Individual 1 – Recipier	

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ \_

3. Total nonmonetary contributions received this period.

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www.fppc.ca.gov

PTY - Political Party

0

0

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedule D SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** 07/01/2019 from Candidates, Measures and Committees 12/31/2019 14 through Page. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1410664 Toni Iseman for Council 2018 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose SUBTOTAL \$ 0 **Schedule D Summary** 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....\$

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule E Payments Made	Amounts may t to whole d				State	ment covers 07/01/20		CALIF FO	SCHEDULE ORNIA 460 RM
SEE INSTRUCTIONS ON REVERSE					through	12/31/2	2019	Page _	9 of 14
Toni Iseman for Council 2018								1.D. NUM 141066	
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	s the payment, you make member common meetings and office expense petition circul phone banks polling and suppostage, deliper professional print ads	munications I appearances ses lating urvey research very and mess	i n senger services	R R S. TI TI TI V	AD radio FD retui AL cam EL t.v. c RC canc RS staff SF trans OT vote	o airtime and rned contribu paign worker or cable airtin didate travel, is pouse traves fer between r registration	production co tions rs' salaries ne and product lodging, and r el, lodging, an committees o	ition costs neals d meals if the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIP	TION OF I	PAYMENT			AMOUNT PAID
								The state of the s	
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.					SUB.	TOTAL \$	0
Schedule E Summary							***************************************		·····
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)	••••••			• • • • • • • • • • • • • • • • • • • •	***************************************		\$	
2. Unitemized payments made this period of under \$100			***************************************		• • • • • • • • • • • • • • • • • • • •			\$	
3. Total interest paid this period on loans. (Enter amount fron	n Schedule B, Par	t 1, Column	(e).)					\$	0

Calcadula F	Amounts may be rounded	production and administration of the control of the	SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period 67/01/2019	california 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2019	Page 10 of 14
NAME OF FILER			I.D. NUMBER
Toni Iseman for Council 2018			1410664
CODES: If one of the following codes accurately des	cribes the payment, you may enter the coo	de. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	osts
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and produ	ction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	meals

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

LIT campaign literature and mailings	PRT print ads	ogui, accounting)	WEB information tec	chnology 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
				1	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$	\$ 5	Б	\$ O

### Schedule F Summary

FND fundraising events

LEG legal defense

IND independent expenditure supporting/opposing others (explain)\*

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
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.)	\$ <u>0</u>
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	0

TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

	•
Statement covers period from 07/01/2019	california 460
through12/31/2019	— Page 11 of 14
 4	I.D. NUMBER
	1410664

Toni Iseman for Council 2018

NAME OF FILER

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

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions

CTB contribution (explain nonmonetary)\*

OFC office expenses

SAL campaign workers' salaries

CVC civic donations

PET petition circulating

TEL t.v. or cable airtime and production costs

FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals

IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

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

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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
Walker Control of the					
	SUBTOTALS	\$	\$	\$	\$ 0

Schedule G Payments Made by an Agent or Indepertual Contractor (on Behalf of This Committee)		Statement covers period from07/01/2019	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2019	Page
NAME OF FILER		······································	I.D. NUMBER
Toni Iseman for Council 2018			1410664
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately d			
CMP campaign paraphernalia/misc.	MBR member communications MTG meetings and appearances	RAD radio airtime and production of RFD returned contributions	costs
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airlime and produ	uction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, a	nd meals

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

independent expenditure supporting/opposing others (explain)\*

IND

LIT

legal defense

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		A CONTRACTOR OF THE CONTRACTOR		
		THE STATE OF THE S		
		NAMES OF THE PARTY		
				1

<sup>\*</sup> 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

0

TSF transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SCHEDULE H Amounts may be rounded Statement covers period Schedule H **CALIFORNIA** to whole dollars. 07/01/2019 Loans Made to Others\* **FORM** from 12/31/2019 Page through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Toni Iseman for Council 2018 1410664 (a) OUTSTANDING (b) AMOUNT (d) OUTSTANDING BALANCE AT (g) (c) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE INTEREST ORIGINAL CUMULATIVE REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE OF RECIPIENT LOANED THIS RECEIVED AMOUNT OF LOANS **FORGIVENESS** (IF SELF-EMPLOYED, ENTER BEGINNING THIS PERIOD CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PERIOD TO DATE NAME OF BUSINESS) LOAN THIS PERIOD\* PERIOD CALENDAR YEAR ☐ PAID RATE PER ELECTION\*\* FORGIVEN DATE INCURRED DATE DUE **CALENDAR YEAR** ☐ PAID RATE PER ELECTION\*\* FORGIVEN DATE DUE DATE INCURRED \*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be 0 0 SUBTOTALS \$ 0 | \$ 0 \$ reported on Schedule E. (Enter (e) on Schedule I. Line 3) **Schedule H Summary** 1. Loans made this period.....\$ \*\*If Required (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans ......\$ (Total Column (c) plus unitemized payments of less than \$100.) (May be a negative number)

(Enter the net here and on the Summary Page, Column A, Line 7.)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars. Staten		SCHEDULE	
				ent covers period	CALIFORNIA 160
			from	07/01/2019	FORM TOO
			through	12/31/2019	Page 14 of 14
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE				I.D. NUMBER
Toni Iseman	for Council 2018				1410664
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E	DESCRIPTION OF F	ECEIPT	AMOUNT OF INCREASE TO CASH
<del>dam.</del>					
4 ** 1 4 1*					
Attach addit	ional information on appropriately labeled continuation she	9018.		SUBTOTAL \$	0
Schedule I					
1. Itemized increases to cash this period				_	
2. Unitemized increases to cash of under \$100 this period					
5. Total of all little est received this period of loans made to others. (Schedule 11, Column (e).)					
I. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)					