

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA 2001/02 FORM <b>460</b>
<b>RECEIVED</b> OCT 23 2014 City Clerk's Office City of Laguna Beach, CA	
Page <u>1</u> of <u>10</u>	For Official Use Only

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/14</u>
---	---

SEE INSTRUCTIONS ON REVERSE

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

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

### 2. Type of Statement:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	I.D. NUMBER
<u>Toni Iseman for Council</u>	<u>1371639</u>
STREET ADDRESS (NO P.O. BOX)	
<u>2338 Glenneyle St.</u>	
CITY STATE ZIP CODE AREA CODE/PHONE	
<u>Laguna Bch. CA 92651 (949) 494-7648</u>	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
CITY STATE ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS	

### Treasurer(s)

NAME OF TREASURER	
<u>Mary Ives</u>	
MAILING ADDRESS	
<u>31538 Egan Rd.</u>	
CITY STATE ZIP CODE AREA CODE/PHONE	
<u>Laguna Bch. CA 92651 (949) 499-285</u>	
NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS	
CITY STATE ZIP CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS	

### 4. Verification

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

Executed on <u>Oct 23, 2014</u>	By <u>Mary Ives</u> Signature of Treasurer or Assistant Treasurer
Executed on <u>Oct 23, 2014</u>	By <u>Toni Iseman</u> Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM <b>460</b>	
Page <u>2</u> of <u>10</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Toni Iseman

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

Laguna Beach City Council  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2338 Glenneyre St Laguna Bch. 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

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed 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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/1/14</u> through <u>10/18/14</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>10</u>
	I.D. NUMBER <u>1371639</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>5339.29</u>	\$ <u>42421.98</u>
2. Loans Received ..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>5339.29</u>	\$ <u>42421.98</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ _____	\$ _____

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>10193.79</u>	\$ <u>23065.37</u>
7. Loans Made ..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>10193.79</u>	\$ <u>23065.37</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3		
10. Nonmonetary Adjustment ..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>10193.79</u>	\$ <u>23065.37</u>

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>29221.11</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>5339.29</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	
15. Cash Payments ..... Column A, Line 8 above	<u>10193.79</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>24366.61</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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/1/14  
through 10/18/14

**CALIFORNIA  
FORM 460**

Page 4 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council

I.D. NUMBER

1371639

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)
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
				<b>SUBTOTAL \$</b>		

*see following 4 pages*

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 4200.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 1139.29
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5339.29

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

Contributions to Toni Iseman for Laguna Beach City Council  
Oct. 1-18 2014

5  
1

DATE RECEIVED	NAME, ADDRESS AND ZIP CODE	CODE	OCCUPATION AND EMPLOYER	AMT. LAST PERIOD	AMT. THIS PERIOD	CUM. TO DATE
10/3/14	ALBRITTON, John	IND	President John S. Albritton Company		\$100.00	\$100.00
10/12/14	BEANAN, R. Michael		Retired	\$200.00	\$150.00	\$350.00
10/12/14	BENT, Tom	IND	Physician		\$100.00	\$100.00
10/12/14	BORTHWICK, Robert	IND	Landscape Architect		\$100.00	\$100.00
8/24/14	BOYD, Rosemary	IND	Retired		\$100.00	\$100.00
10/12/14	BROWN, Linda	IND	<i>Retired</i>		\$100.00	\$100.00
10/9/14	BUSHNELL, Nancy	IND	Board Member Pitzer College		\$150.00	\$150.00
8/19/14	CAREAGA, Alfredo	IND	Retired		\$100.00	\$100.00

10/10/14	CHILCOTE, Frances	IND	Retired		\$100.00	\$100.00
10/10/14	CLARK, Katherine Laguna Beach, CA 92651	IND	<i>Retired</i>		\$150.00	\$150.00
10/3/14	DUBEY, Frank	IND	VP Parker-Hannifen		\$100.00	\$100.00
10/9/14	DUGGAR, Cate	IND	Retired	\$200.00	\$100.00	\$300.00
10/3/14	DUGGAR, <del>Cate</del> John	IND	<i>Retired</i>		\$100.00	\$100.00
10/3/14	FIELDING, G. J.	IND	Retired		\$100.00	\$100.00
10/10/14	FITZPATRICK, Neil	IND	Retired		\$200.00	\$200.00
10/3/14	GOLDSCHMITT, Mildred	IND	Principal Flirtea Aprons and Such		\$100.00	\$100.00
10/14/14	JOHNSON, Marvin	IND	Commisioner Laguna Beach County Water District		\$200.00	\$200.00
8/24//14	KAWAND, George	IND			\$100.00	\$100.00

8/15/14	KEPLINGER, Diane	IND	Retired		\$100.00	\$100.00
10/4/14	LAMBROS, Deborah K.	IND	Realtor	\$100.00	\$100.00	\$200.00
10/12/14	LYNN, Jack	IND	Owner Time Defiance Fitness		\$100.00	\$100.00
10/10/14	McHUGH, Colleen	IND	<i>Retired</i>		\$100.00	\$100.00
10/3/14	NEAL, Bradley	IND	Architect		\$100.00	\$100.00
10/8/14	PACKARD, Lauren	IND	Retired		\$250.00	\$250.00
8/24/14	PICHENY, Richard	IND	Retired		\$100.00	\$100.00
10/12/14	PICKETT, Genlavan	IND	Retired		\$100.00	\$100.00
10/12/14	QUILTER, Christopher M.	IND	Retired	\$100.00	\$100.00	\$200.00
10/16/14	RABE, Mary	IND	<i>Retired</i>		\$200.00	\$200.00

10/14/14/	ROSEN, Stanley	IND	Retired		\$100.00	\$100.00
10/11/14	SHOPOFF, William	IND	Real Estate Developer		\$200.00	\$200.00
10/1/14	SIMPSON, Linda	IND	Retired		\$200.00	\$200.00
10/3/14	SPELLACY, Joel	IND	Engineering Consultant		\$100.00	\$100.00
8/24/14	STAFFORD, Ruth	IND	Psychologist		\$100.00	\$100.00
10/13/14	TWITTY, Patricia	IND	Retired	\$100.00	\$100.00	\$200.00



**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/1/14  
through 10/18/14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council

I.D. NUMBER  
1371639

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MEM | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Firebrand 250 Broadway Laguna Bch. CA 92651	LIT		\$1450.00
Laguna Digital 1705 S. Coast Hwy Laguna Bch CA 92651	LIT		\$2668.7
Stu News stunews.laguna.com	PRT		\$3015.0

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>10193.7</u>
2. Unitemized payments made this period of under \$100	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> <u>10193.7</u>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/1/14  
through 10/18/14

**CALIFORNIA FORM 460**  
Page 10 of 10  
I.D. NUMBER  
1371639

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Constant Contact constantcontact.com</u>	<u>LIT</u>		<u>\$60.00</u>
<u>Charles McMahon 4320 Chase Ave. Los Angeles, CA 90066</u>	<u>SAL</u>		<u>\$3000.00</u>

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

**SUBTOTAL \$**