Recipient Committee Campaign Statement	Type or print in	ink.	Date Stamp	CALIFORNIA 460
Cover Page			RECEIVED	FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/1/14 through 10/18/14	Date of election if applicable: (Month, Day, Year)	OCT 23 2014 City Clerk's Office City of Laguna Beach, C.	Page ofC
		2. Type of Statement:	e City of Laguna seach, C.	
O State Candidate Election Committee O Recall (Also Complete Pert 5) General Purpose Committee O Sponsored O Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Ballot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain t	t Spec	eriy Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information	D. NUMBER 1371639	Treasurer(s)		
TON I SEMAN FOR COMMITTEE, TON I SEMAN FOR CO STREET ADDRESS (NO P.O. BOX) 2338 (SLONN 246 S CITY STATE ZIP O MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. CITY STATE ZIP O OPTIONAL: FAX / E-MAIL ADDRESS	oncil t. ODE AREA CODE/PHONE (949)494-7648 BOX	NAME OF TREASURER MAILING ADDRESS SITS 38 FGO CITY LAGUNA BCH NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADD	CA 926.51 STATE ZIPC STATE ZIPC STATE ZIPC	(949)499-285
4. Verification I have used all reasonable diligence in preparing and revier certify under penalty of perjury under the laws of the State Executed on Date Executed on Date	of California that the foregoing is true	and correct.	nt Treasurer Proponent or Responsible Officer of Sponsor	schedules is true and complete. I
Executed on	By memory and an analysis of the second and a second and	Signature of Controlling Officeholder, Candidate	e, State Measure Proponent	FPPC Form 450 (June/01 PPC Toll-Free Helpline: 866/ASK-FPPI

COVER PAGE

State of Californi

5. Officeholder or Candidate Controlled Committee	e 6		Ballot Measure Commit	ee			2443
NAME OF OFFICEHOLDER OR CANDIDATE	The second secon	Ī	NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NO			BALLOT NO. OR LETTER	JURISDICTION	BB APPOCING - NAME AND AND AND APPORT AND APPORT APPORT ARE	8	SUPPORT OPPOSE
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	1	Identify the controlling office	eholder, cand	lidate, or state mea	sure p	roponent, if any.
2338 Glenneyre St. Lagu	na Bch. CA 9265	•	NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Related Committees Not Included in this Staten not included in this statement that are controlled by you or all contributions or make expenditures on behalf of your candidates.	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF	- ANY
COMMITTEE NAME I.E.). NUMBER		# manufactured by the ground have commissioned brights abilitized by a part of the ground by the gro				and the state of t
MANUAL OF THE PROPERTY.	ONTROLLED COMMITTEE?	7.	Primarily Formed Comi		names of officeholder	(s) or ca	andidate(s) for
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	0 110		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME 1.1	D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
TANDE OF THE CONTENT	ONTROLLED COMMITTEE? O YES O NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD	E AREA CODE/PHONE		Attac	h continuatio	n sheets if necess	ary	

Campaign Disclosure Statement Summary Page

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM 10/18/14 Page 3 of 10

FPPC Toll-Free Helpline: 866/ASK-FPP(

through 10/18/14 SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 3716 for Counci Iseman **Calendar Year Summary for Candidates** Column B Column A **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) General Elections 1. Monetary Contributions Schedule A, Line 3 7/1 to Date 1/1 through 6/30 Loans Received Schedule B, Line 3 5339, 29 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received Nonmonetary Contributions Schedule C, Line 3 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** s 23065.37 Candidates 6. Payments Made Schedule E, Line 4 Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 10193,79 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). FPPC Form 460 (June/01

Schedule A Monetary Contributions Received

Type or print in link.

Amounts may be rounded to whole dollars.

Statement covers period from 10/1/14 CALIFORNIA 460 FORM through 10/18/14 Page 4 of 10

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER VAME OF FILER Iseman for Council Toni PER ELECTION **CUMULATIVE TO DATE** AMOUNT IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR RECEIVED THIS TO DATE DATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) ○COM ботн **OPTY** SCC OIND COM Оотн **ÖPTY** Oscc QIND **OCOM** OOTH **OPTY** CSCC OIND COM OOTH **OPTY** OSCC OIND Осом TOTH (PTY CSCC **SUBTOTALS**

Schedule A Summary

Amount received this period – contributions of \$100 or more.
 (Include all Schedule A subtotals.)

 Amount received this period – unitemized contributions of less than \$100
 \$ 1139,39

 *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPPC

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

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RECEIVED	NAME, ADDRESS AND ZIP CODE	CODE	EMPLOYER	PERIOD	PERIOD	DATE
	ALBRITTON, John		President	And playing the production of the control of the co	(And Annual Annu	2
		The state of the s	John S. Albritton		la do con y y gran	and the state of t
10/3/14		IND	Company		\$100.00	\$100.00
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10/12/14		A Commence of the Commence of	Retired Retired	\$200.00	\$150.00	\$350.00
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10/12/14		IND	Physician	Continued according to the control of the control o	\$100.00	\$100.00
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educhasses disorders	,		Landscape	A TITLE OF STREET, THE STREET,	The second secon	
10/12/14		IND	Architect		\$100.00	\$100.00
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8/24/14	·		 Retired	Landa Barrian	\$100.00	\$100.00
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and the same of th	BUSHNELL, Nancy	A CONTRACTOR OF THE CONTRACTOR		Bollman F. Polishir (Fr	The state of the s	
na manakan da kanakan		TWA EDIT PORT	Board Member	***************************************	And the state of t	
10/9/14		IND	Pitzer College		\$150.00	\$150.00
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8/19/14		IND	Retired	Andrew population process and this continue and the conti	\$100.0C	\$100.00

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10/10/14	Laguna Beach, CA 92651	IND	Retired		\$150.00	\$150.00
	DUBEY, Frank				далуууна таман	Tago, chinhalallo
10/3/14		IND	VP Parker-Hannifen		\$100.00	\$100.00
	DUGGAR, Cate	Assess Larger and Control of Cont		да дуууу суучин ай	100 July 2000	
10/9/14		IND	Retired	\$200.00	\$100.00	\$300.00
	DUGGAR, Cate John	No respectively	- Daniel Andrews	e de la constante de la consta		og e e for de la ferio de la f
10/3/14		IND	Retired		\$100.00	\$100.00
iktikarement förfö	FIELDING, G. J.		00 mm m m m m m m m m m m m m m m m m m			non-the state of the state of t
10/3/14			Retired		\$100.00	\$100.00
	FITZPATRICK, Neil					
10/10/14		——————————————————————————————————————	Retired		\$200.00	\$200.00
denne dels a restricted	GOLDSCHMITT, Mildred		Principal	A THE STATE OF THE		
10/3/14		Communication of the Communica	Flirtea Aprons and Such		\$100.00	\$100.00
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10/14/14		IND	County Water District	1 HAVE PARTIES AND ADDRESS OF THE PARTIES AND AD	\$200.00	\$200.00
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8/24//14		IND			\$100.00	\$100.00

ICHENY, Richard ICKETT, Geniavon OUILTER, Christopher M. ABE, Mary	IND	Retired Retired Retired	\$100.00	\$100.00 \$100.00 \$100.00	\$100.00 \$200.00
ICKETT, Geniavon DUILTER, Christopher M.	IND	Retired	\$100.00	\$100.00	\$100.00
ICKETT, Geniavon	IND	Retired	\$100.00	\$100.00	\$100.00
ICKETT, Geniavon	IND	ун од ондом на дого вистем в того вого того од		мория в под	Agency communication and an analysis of the second control of the
	IND	ун од ондом на дого вистем в того вого того од		мория в под	And the second s
		Retired		\$100.00	\$100.00
ICHENY, Richard		Retired		\$100.00	\$100.00
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	IND	Retired	de de la constante de la const	\$250.00	\$250.00
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		Architect		\$100.00	\$100.00
EAL, Bradley	- Children was an annual state of the children		A significant signature of the significant signature of the significant signif	AAA WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Automobile
	IND	Retired		\$100.00	\$100.00
cHUGH, Colleen		у в од с с Учений на Совет на	The second section of the second seco		
NN, Jack	 	Time Defiance		\$100.00	\$100.00
	IND	Realtor	\$100.00	\$100.00	\$200.00
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in the state of th	TNIT	Datirad		\$100.00	\$100.00
	NN, Jack HUGH, Colleen	MBROS, Deborah K. IND NN, Jack IND CHUGH, Colleen IND EAL, Bradley	IND Retired MBROS, Deborah K. IND Realtor Owner Time Defiance Fitness CHUGH, Colleen EAL, Bradley IND Architect IND Architect	IND Retired MBROS, Deborah K. IND Realtor \$100.00 NN, Jack Owner Time Defiance IND Fitness CHUGH, Colleen IND Realtor Owner Time Defiance IND Fitness CHUGH, Colleen IND Architect	MBROS, Deborah K. IND Realtor \$100.00 \$100.00 NN, Jack Owner Time Defiance Fitness \$100.00 CHUGH, Colleen IND Realtor \$100.00 ACKARD, Lauren IND Architect \$100.00

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10/14/14/		IND	Retired		\$100.00	\$100.00
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10/11/14		IND	Developer		\$200.00	\$200.00
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10/3/14		IND	Engineering Consultant		\$100.00	\$100.00
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10/13/14	And the second s	IND	Retired	\$100.00	\$100.00	\$200.00

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA / CA
from 10/1/14	FORM TOU
through _10/16/14	Page 9 of 10
	I.D. NUMBER
	1371639

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Toni Iseman for Council

independent expenditure supporting/opposing others (explain)* POS postage, del	munications RAD radio airtime and production costs d appearances RFD returned contributions ses SAL campaign workers' salaries t.v. or cable airtime and production costs t.v. or cable airtime and production costs	didate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT A	MOUNT PAID
Firebrand 250 Broadway Laguna Ben. CA 92651 Laguna Digital	LIT 81	450.00
Laguna Digital 1705 S. Coast Hwy Laguna Bon CA 72651	LIT 32	668.
stunewslaguna.com	PRT 43	015.0
* Payments that are contributions or independent expenditures must also be sumn	narized on Schedule D. SUBTOTAL\$	
Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtota 2. Unitemized payments made this period of under \$100	3. (3.13.14.4.14.13.15.14.14.17.14.14.14.14.14.14.14.14.14.14.14.14.14.	army below to be a second to the second to t
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Column A, Line 6.)	193.7

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 Page 10 of 10

Payments wade		th	rough 10/18/14	Page	
NAME OF FILER TON: ISEMAN FOR COUNCIL			200 AND COMPANY AND COMPACT TO A RECOGNIC TO A RECOGNIC TO A RECOGNIC AND A RECOG	1.D. NUMBER 1371639	no recommo
CODES: If one of the following codes accurately describes the payr campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* POS positions POS position	ment, you may enter other communications at appearances are expenses at a circulating and survey research tage, delivery and messe fessional services (legal, t ads	RAPE SAPER S	Tradio airtime and producing returned contributions L. campaign workers' salarie L.v. or cable airtime and producing artifice and idate travel, lodging, and artifications are travel, lodging, and artifications are travel.	t. on costs oduction costs and meals g, and meals ees of the same candidate/spor	nso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIF	PTION OF PAYMENT	AMOUNT PAID	
Constant Contact constant contact. com				\$60.0	<u></u>
Charles McMahon 4320 Chase Ave. Los Angeles CA 98066	SAL			9 _{3000.0}	٥
					(Make amount)