Desinient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460 FORM
	Statement covers period from10/21/2018	Date of election if applicable: (Month, Day, Year)	JAN 31 2019	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	11/06/2018	City Clerk's Office City of Laguna Beach, CA	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	rterly Statement sial Odd-Year Report
	NUMBER 410664	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Toni Iseman for Council 2018		NAME OF TREASURER Barbara Jean Dresel MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		1313 Morningside Drive	e STATE ZIP CO	DDE AREA CODE/PHONE
2338 Glenneyre		Laguna Beach	CA 9265	
CITY STATE ZIP COL Laguna Beach CA 92651		NAME OF ASSISTANT TREASURE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
tiseman2@aol.com		b.dresel@cox.net		
4. Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 0	ng this statement and to the best of my k California that the foregoing is true and	nowledge the information contained orrect.	herein and in the attached sch	nedules is true and complete. I
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	
01/30/2019	D.:	qui Bemer		

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Executed on.

Executed on _

Date

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA / CO
FORM 400
But the first of the state of t
Page2 of

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		<u>, , , , , , , , , , , , , , , , , , , </u>	
Toni Iseman						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
Laguna Beach City Council						☐ OPPOSE
	STATE ZIP Beach CA 92651		Identify the controlling officel	nolder, candidate,	or state measure pro	oponent, if any.
2000 Clothioy10 Eagune	. 2001		NAME OF OFFICEHOLDER, CAND	IDATE, OR PROPONI	ENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER				I	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s) i	for which this comn	nittee is primarily form	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	ox)		NAME OF OFFICEHOLDER OR CA	NDIDATE OFF	ICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE OFF	ICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OFF	ICE SOUGHT OR HELE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE OFF	ICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)					
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attac	h continuation sh	eets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 10/21/2018 from .. 3 12/31/2018

SEE INSTRUCTIONS ON REVERSE		through .	12/31/2010	Page of
NAME OF FILER Toni Iseman for Council 2018				I.D. NUMBER 1410664
Contributions Received 1. Monetary Contributions	\$ 0 1470. 0	\$ Column B CALENDAR YEAR TOTAL TO DATE \$ 49837. \$ 49837. \$ 3104. \$ 52941.	Running in Both the General Elections 1/1 t 20. Contributions Received \$ 21. Expenditures	nmary for Candidates ne State Primary and through 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 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	\$ 15983 -2485.	\$ 46608 0 \$ 46608. 0 0 0 46608	Candidates 22. Cumulati	Summary for State ive Expenditures Made* o Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$\$	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).	reported in Column B.	may be different from amounts FPPC Form 460 (Jan/2016
13. Outstanding Debts Add Line 2 + Line 9 in Column B above	Ψ		FPPC Advice: ad	vice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

/lonetary	Contributions Received	το	whole dollars.	Statement covers period 10/21/2018		CALIFORNIA 460	
FE INSTRUCTIO	ONS ON REVERSE			through12/3	31/2018	Page .	of
AME OF FILER		7				I.D. NUI	MBER
Toni Isema	an for Council 2018					14106	664
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 YEA (JAN, 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
10/28/18	Anita May Rosenstein	☑IND □COM □OTH □PTY □SCC	Investments No separate business name	\$360	\$36	30	
10/30/18	John Dedischew	IND COM OTH PTY SCC	Retired	\$200	\$200		
10/30/18	Joe Thornburgh	☑IND □COM □OTH □PTY □SCC	Accountant Murphy Overseas LLC	\$200	\$200		
11/3/18	Kurt Wiese	IND COM OTH PTY	Retired	\$360	\$36	30	
11/3/18	John Albritton	IND COM OTH PTY SCC	Sales The John S Albritton Company	\$100	\$10	00	
			SUBTOTAL \$	1220.			
. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	1470.	IND	•	l l
. Amount re	eceived this period – unitemized monetary contribution	ns of less than	ո \$100\$	0	OTH-		e.g., business entity)
. Total mone	etary contributions received this period.			1470.			Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

10/21/2018

		through 12/3		age5 of		
NAME OF FILER Toni Isemar	n for Council 2018		-	•		D. NUMBER 410664
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
11/6/18	Alexander Mendivil MD	ØIND □COM □OTH □PTY □SCC	Physician Scripps Heathcare	\$250	\$250	
		□IND □COM □OTH □PTY □SCC			. "	
9/24/18	Arne Rosencrantrz	DON COM COM SCC SCC	Retired	\$0	\$350	
9/24/18	Lynn Rosencrantrz	☑IND □COM □OTH □PTY □SCC	Retired	\$0	\$150	
9/12/18	Dr I eslie Blumberg	☑IND □COM □OTH □PTY □SCC	Psychologist No separate business name	\$0	\$360	
			SUBTOTAL \$	250.		

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

	Δn	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1		to whole dollar		ſ	Statement cov	ers period	CALIFORN	JIA 460
Loans Received					from10/21	1/2018	FORM	
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2018	Page 6	. of
NAME OF FILER				·	, , <u>, , , , , , , , , , , , , , , , , </u>		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 PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				☐ PAID				CALENDAR YEA
•				s	_ \$	%	\$	s
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
Transcription of the Control of the				PAID				CALENDAR YEA
				\$	_ \$	%	s	\$
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEA
				s	_ \$	RATE	\$	\$
				FORGIVEN		l roue		PER ELECTION
† IND COM OTH PTY SCC		\$ <u></u>	s	\$ <u></u>	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	3 :	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line	3)	
Loans received this period (Total Column (b) plus unitemized loan		***************************************	******************************	\$	None_	_		
(Total Column (b) plus uniternized loar	is oriess than \$100.)					l l	†Contributor Codes	3
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)			\$	None_		IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par	PTY or SCC) business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)	• • • • • • • • • • • • • • • • • • • •		.NET \$			SCC – Small Contr	

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

** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

(May be a negative number)

Schedule B – Part 2		Amounts may be rounded		SCHEDULE B - PART					
_oan Guarantors		to whole dollars.		Stater	nent covers period	O'ALII O'	RNIA 460		
Loan Guarantors				from	10/21/2018	FOR			
SEE INSTRUCTIONS ON REVERSE				through.	12/31/2018	Page	7of		
NAME OF FILER						I.D. NUMBE	₹		
Toni Iseman for Council 2018						1410664	ļ		
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
			LENDER		0	CALENDAR YEAR	0		
	□ COM □ OTH □ PTY		DATE		U	PER ELECTION (IF REQUIRED)			
	□scc					\$			
	□IND	, ,, ,	LENDER			CALENDAR YEAR			
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)			
		THE PROPERTY OF THE PROPERTY O				\$CALENDAR YEAR			
	☐ IND		LENDER		3	\$			
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)			
	□scc					\$			
			LENDER		:	CALENDAR YEAR			
	□ COM □ OTH □ PTY		DATE		and the state of t	PER ELECTION (IF REQUIRED)			
	□scc					\$			
			SUB	TOTAL \$	0	Enter on Summary Page, Line 17 only.			

Schedule Nonmone	C tary Contributions Received		Amounts may be rounded to whole dollars.		from	10/21/0	18	CALIF(FOI	RM TOC
SEE INSTRUCTION	S ON REVERSE				thro	ugh12/3/1/2	010	Page	
	n for Council 2018							1.D. NUME	
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	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach addition	nal information on appropriately labeled	continuation :	sheets.	SUBTO	OTAL \$				
	Summary eived this period – itemized nonmonetar Schedule C subtotals.)				\$	None	IND		des nt Committee an PTY or SCC)

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.

FPPC Form 460 (Jan/2016)

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

SCC - Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

PTY - Political Party

None

None

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol		Statement covers	٧	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through 12/31/	<u>/2018</u> Pa	ge9 of		
NAME OF FILER Toni Isemai	n for Council 2018		•			. number 410664		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR TO DATE		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL \$	None				
1. Itemized co	D Summary ontributions and independent expenditures made		·					

None

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM** 10/21/2018 Candidates, Measures and Committees 12/31/2018 Page _____10___ of__ through. NAME OF FILER 1.D. NUMBER Toni Iseman for Council 2018 1410664 **CUMULATIVE TO DATE** PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE AMOUNT THIS TYPE OF PAYMENT CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (IF REQUIRED) (JAN, 1 - DEC, 31) OR COMMITTEE ☐ Monetary Contribution □ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose SUBTOTAL \$

None

							SCHEDUL
Schedule E	Amounts may b to whole de			State	nent covers period	CALIFO	DRNIA 460
Payments Made				from	10/21/2018	FOR	SIM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Toni Iseman for Council 2018				through.	12/31/2018	Page	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense 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	nmunications d appearances ses lating urvey research	s n senger services	RAD radio RFD return SAL cam TEL t.v. c TRC canc TRS staff TSF trans VOT vote	ribe the payment. o airtime and production of the contributions paign workers' salaries or cable airtime and production airtime and production of the contribution of	uction costs I meals and meals of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	PR DESC	CRIPTION OF F	PAYMENT		AMOUNT PAID
Mozambique 1740 S Coast Hwy Laguna Beach, CA 92651		CMP					\$246
Firebrand Media 580 Broadway, Ste. 301 Laguna Beach, CA 92651		PRT					\$2135
2S Publishing, LLC 608 N Coast Hwy #1125 Laguna Beach, CA 92651		WEB	Electronic ads on	news site			\$1000
* Payments that are contributions or independent expenditures must also t	be summarized on Sche	dule D.			SUI	BTOTAL \$	3381
Schedule E Summary							

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

15503.

15983.

480

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars. Statement covers period from 10/21/2018 through 12/31/2018				CALIFORNIA 460 FORM Page 12 of		
NAME OF FILER Toni Iseman for Council 2018					344-70-404	I.D. NUMBI 1410664	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants 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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearance es ating urvey researd very and mes	s	RAD ran RFD ref SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	scribe the payment dio airtime and production urned contributions mpaign workers' salaries or cable airtime and producted travel, lodging, aff/spouse travel, lodging insfer between committed ter registration ormation technology cos	on costs s oduction costs and meals g, and meals es of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION O	F PAYMENT		AMOUNT PAID
David Raber		WEB					\$555
Bill Atkins		PRT					\$2,475
KX 93.5	14 11 (0.41)	RAD					\$1000
2S Publishing, LLC		WEB					\$1000

LIT

Katie Ford/ Ford Design Group

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

1.6

SUBTOTAL \$

\$5162

\$10,156.

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

		*** *********************************
Statement covers period		CALIFORNIA / CO
from	10/21/2018	FORM FOU
through_	12/31/2018	Page of
		I.D. NUMBER
		1410664

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

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

e candidate/sponsor
-mail)
E

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Toni Iseman	FIL	\$1000 Candidate Statement \$200 Bank Account Startup	\$1200.
Home Depot	СМР		\$144.
Ralph's	СМР		\$222.
Chela Altimarado	СМР		\$200.
Angela Barrera	СМР		\$200.
* Payments that are contributions or independent expenditures must also be summarized on Sc	nedule D.	SUBTOTAL	\$ 1966.

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars. Statement cove from10/21/			####### <u>####</u> #	FORNIA 460
NAME OF FILER Toni Iseman for Council 2018			<u> </u>	I.D. NUI 1410	
CODES: If one of the following codes accurately described 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	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs butions ters' salaries time and production costs el, lodging, and meals avel, lodging, and meals en committees of the sam	e 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) (c) AMOUNT INCURRED AMOUNT PARTIES G THIS PERIOD THIS PERION (ALSO REPORT		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bill Atkins	PRT	\$2475.	\$0	\$2475.	\$0
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	\$	\$	5	B
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	accrued expenses under \$	\$100.)		JRRED TOTALS \$ _	\$0
 Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p Net change this period. (Subtract Line 2 from Line 1. Ent 	payments on accrued exp	enses under \$100.).			
on the Summary Page, Column A, Line 9.)		********************************	************************************	NET \$ _N	lay be a negative number

Schedule	e F
(Continua	ation Sheet)
Accrued	Expenses (Unpaid Bills)

Toni Iseman for Council 2018

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Staten	nent covers period	CALIFORNIA / CO
from	10/21/2018	FORM TOU
through _	12/31/2018	Page 145 of
J		I.D. NUMBER
		1410664

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

^{*} 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
	SUBTOTALS:	\$	\$	\$	\$

y		nts may be ro whole dolla		State	ment covers period 10/21/2018	CALIFO FOR		
SEE INSTRUCTIONS ON REVERSE				through	12/31/2018	Page1	6 of	
NAME OF FILER						I.D. NUMBE	R	
Toni Iseman for Council 2018						141066		
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describes 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 * Payments that are contributions or independent expenditures must also be	MBR member commedings a office experiment petition circle. PHO phone bank POL polling and postage, de PRO professional print ads	ommunications and appearance anses culating ks survey resea elivery and me al services (leg	s ces	RAD radio RFD retul SAL cam TEL t.v. c TRC canc TRS staff TSF trans VOT vote	scribe the payment. o airlime and production of the contributions of the contributions of the contributions of the contributions of the contribution of the contributi	uction costs I meals and meals of the same o	•	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF I	PAYMENT		AMOUNT PAID	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ None

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

SCHEDULE H Amounts may be rounded Statement covers period Schedule H **CALIFORNIA** to whole dollars. 10/21/2018 **FORM Loans Made to Others*** from 12/31/2018 Page. through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER Toni Iseman for Council 2018 1410664 (b) AMOUNT (d) OUTSTANDING IF AN INDIVIDUAL, ENTER OUTSTANDING CUMULATIVE FULL NAME, STREET ADDRESS AND ZIP CODE INTEREST **ORIGINAL** REPAYMENT OR OCCUPATION AND EMPLOYER BALANCE AT OF RECIPIENT BALANCE RECEIVED AMOUNT OF LOANS LOANED THIS **FORGIVENESS** (IF SELF-EMPLOYED, ENTER BEGINNING THIS PERIOD CLOSE OF THIS (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO DATE PERIOD NAME OF BUSINESS) THIS PERIOD LOAN PERIOD CALENDAR YEAR ☐ PAID RATE FORGIVEN PER ELECTION** DATE INCURRED DATE DUE CALENDAR YEAR ☐ PAID PER ELECTION** FORGIVEN DATE INCURRED DATE DUE *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be \$ SUBTOTALS \$ reported on Schedule E. (Enter (e) on Schedule I, Line 3) Schedule H Summary None . 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.)

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

None

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be re		SCHEDULE		
		to whole dolla	rs.	Statement covers		CALIFORNIA 460
				from10/21/20	18	FORM TO
opp biotolioticale an opvicos				through12/31/2	2018	Page of
SEE INSTRUCTIONS ON REVER: NAME OF FILER	55.					I.D. NUMBER
Toni Iseman for Council	I 2018					1410664
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E	DES	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
	•					
				***************************************	01177741.6	- ASSESSED SERVICE CONTROL OF CON
Attach additional inform	ation on appropriately labeled continuation she	901S.			SUBTOTAL \$	0
Schedule I Summai	ry					
	cash this period				25	
	to cash of under \$100 this period				_	
	eived this period on loans made to others			\$	U	
	creases to cash this period. (Add Lines 1, 14.)			TOTAL \$	65	