RECEIVED

Recipient Committee Campaign Statement Cover Page — Part 2

AUG 0 2 2018

City Clerk's Office City of Laguna Beach, CA

COVER P	AGE - PART 2
CALIFORNIA FORM	460
Page	15

		6.	Primarily Formed Ball	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Sue Kempf			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF Laguna Beach City Council 2018	APPLICABLE)		BALLOT NO. OR LETTER	SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1545 Bluebird Canyon Laguna Beach, C.	STATE ZIP A 92651		Identify the controlling office	eholder, cand	idate, or state measure	proponent, if any.
Related Committees Not Included in this Statement: Land included in this statement that are controlled by you or are primarily contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME	formed to receive		OFFICE SOUGHT OR HELD	NDIDALE, OR PR		NO. IF ANY
☐ YES	ED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offices) for which this	eholder Committe committee is primarily f	E List names of ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD I
SITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	AREA CODE/PHONE			CANDIDATE		SUPPORT OPPOSE SUPPORT OPPOSE

Recipient Committee			*		COVER PAGE
Campaign Statement Cover Page			Date Stamp	CA	LIFORNIA 460
	Statement covers period 07/01/2018	Date of election if applicable: (Month, Day, Year)		Pag	e of5
SEE INSTRUCTIONS ON REVERSE	07/31/18	11/08/2018			
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		Anna de Carlos de Car	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor 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 Terminat Amendment (Explain below)	ion)	Quarterly St	atement -Year Report
3. Committee Information	D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sue Kempf for Council 2018		NAME OF TREASURER Anne McGraw MAILING ADDRESS 1278 Glenneyre Street 285			
STREET ADDRESS (NO P.O. BOX) 1545 Bluebird Canyon		CITY Laguna Beach	STATE	ZIP CODE 92651	AREA CODE/PHONE 949-683-7288
CITY STATE ZIP COI Laguna Beach CA 9265		NAME OF ASSISTANT TREASURER, IF AN	Y		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1278 Glenneyre Street 285		MAILING ADDRESS			
CITY STATE ZIP COI Laguna Beach CA 9265		CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of 08/07/18 Executed on	ng this statement and to the best of my li California that the foregoing is true and By	converge the information contained herein correct. Signature of Treasurer or Assistant Treasurer	and in the attac	hed schedules	is true and complete. I
Executed on	By — Signature of Control	olling Officeholder, Candidate, State Measure Proponent of	r Responsible Officer	of Sponsor	
Executed onDate	ByS	ignature of Controlling Officeholder, Candidate, State Mea	sure Proponent		
Executed onDate	ByS	ignature of Controlling Officeholder, Candidate, State Mean	sure Proponent		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Contributions Received	Column A TOTAL THIS PERIOD	Column B		nmary for Candidates
NAME OF FILER Sue Kempf for Council 2018				I.D. NUMBER
SEE INSTRUCTIONS ON REVERSE		throug	07/31/18 h	Page 3 of 15
Summary Page		from_	07/01/2018	CALIFORNIA 460

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) 2099.00 2099.00 2099.00 2099.00 2099.00	Column B	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 \$ 17307.00 \$ 2099.00 21. Expanditures Made \$ 324.10 \$ 2089.66
Expenditures Made 6. Payments Made	\$ 2089,66 0 0	\$ 2413.76 0 \$ 2413.76 0 0 0 \$ 2413.76	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)
Current Cash Statement 12. Beginning Cash Balance	2099.00 0 2089.66 16992.24	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,	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents Sae Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	s0	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

www.fppc.ca.gov

Schedule Monetary	e A / Contributions Received		ints may be rounded o whole dollars.	from	1/2018	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through	//31/18	Page _	+ of 15	
NAME OF FILER						I.D. NUM		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. 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.	AR	PER ELECTION TO DATE (IF REQUIRED)	
07/04/18	Samuel Goldstein	IND COM OTH PTY	Real Estate	240.00	240.0	10		
07/24/18	Ann McDonald	ZIND COM OTH PTY SCC	Retiered	250.00	250.0	250.00		
07/24/18	Donald Craver	☑IND □COM □OTH □PTY □SCC	Retired .	250.00	250.0)0		
07/24/18	Terry Kostka	IND COM OTH PTY	Retired	150.00	150.0	0	-	
07/24/18	Al Roberts	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	0		
			SUBTOTAL \$	\$ 990.00				
	A Summary			100000		ibutor Cod		

 Amount received this period – itemized monetary contributions. 1900.00 199.00 (Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

Wonetary	Contributions Received	to whole	uonars.	from	/2018 /31/18	18 FORM 460			
NAME OF FILER				through		Page .	Of 10		
Sue Kemp	f for Council 2018								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)		
07/24/18	Rick Balzer	DIND COM OTH PTY SCC	Real Estate Broker	100.00	100.00		100.00		
07/24/18	Fred Sattler	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00				
07/24/18	Barbara McMurray	ØIND □COM □OTH □PTY □SCC	Publicist	150.00	150.00				
07/24/18	Chris Toy	MIND □ COM □ OTH □ PTY □ SCC	Retired	100,00	100.00				
07/24/18	Terry Hustwick	ND COM COTH PTY SCC	Retired	100.00	100.0	00			
-			SUBTOTAL S	\$ 550.00					

*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

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA 07/01/2018 FORM from 07/31/18 through ... Page . NAME OF FILER I.D. NUMBER Sue Kempf for Council 2018 IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION AMOUNT DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED THIS CALENDAR YEAR TO DATE CODE * PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) Cathy Nokes **IND** Homemaker СОМ 360.00 360.00 □отн ☐ PTY □ scc TIND СОМ Потн □ PTY □scc СОМ □отн ☐ PTY □ scc □сом Потн ☐ PTY SCC □сом ⊟отн

□ PTY □ SCC

*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

360.00

SUBTOTAL \$

A	Δm	ounts may be ro	unded				SCHEDULE B - PART 1			
Schedule B – Part 1 Loans Received	7	to whole dollar			Statement cov 07/01 from	ers period /2018	CALIFORN FORM	¹⁴ 460		
SEE INSTRUCTIONS ON REVERSE					through	/31/18	Page 1	of 15		
NAME OF FILER				·			I.D. NUMBER			
Sue Kempf for Council 2018								,		
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	(°) AMOUNT PAIC OR FORGIVEI THIS PERIOD	N CLOSE OF THIS	(6) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
	•			☐ PAID				CALENDAR YEAR		
				s	. \$	RATE	5	s		
				FORGIVEN	Ì	IONIE	,	PER ELECTION**		
TO IND COM OTH PTY SCC		\$	\$	s	DATE DUE	s	DATE INCURRED	s		
				☐ PAID				CALENDAR YEAR		
		:		s	. \$	s	s	s		
				FORGIVEN		RATE		PER ELECTION**		
↑ IND COM OTH PTY SCC		s	s	\$	DATE DUE	s	DATE INCURRED	s		
				☐ PAID				CALENDAR YEAR		
					s	%	s	s		
				FORGIVEN		RATE		PER ELECTION**		
† IND COM OTH PTY SCC		s	s	s	DATE DUE	5	DATE INCURRED	\$		
	s	SUBTOTALS \$	\$	i	\$	\$				
Schedule B Summary						(Enter (a) on Schedulo E, Lino 3)	I	· · · · · · · · · · · · · · · · · · ·		
Loans received this period (Total Column (b) plus unitemized loans	of less than \$100.)		***************************************	\$	0_	· · ·				
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	D paid or forgiven.)		•••••	\$		INI CC O7	ontributor Codes D – Individual DM – Recipient Co (olher than F "H – Other (e.g., b	PTY or SCC) usiness entity)		
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.	***************************************			O ay be a negative number)		Y - Political Party C - Small Contributor Committee			

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

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

** If required.

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.	y be rounded				NIA 460		
SEE INSTRUCTIONS ON REVERSE				through .	07/31/18	Page	8	or 15	
NAME OF FILER Sue Kempf for Council 2018						I.D. NL	IMBER		
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER (.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	į	AMOUNT GUARANTEED THIS PERIOD	CUMULAT TO DATE	VE	BALANCE OUTSTANDING TO DATE	
	□IND □ COM		LENDER			CALENDAR Y	/EAR		
□ OTH □ PTY □ SCC			DATE			PER ELECT (IF REQUIR	ION ED)		
	□IND		LENDER			SCALENDAR Y	EAR		
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE			PER ELECT (IF REQUIR	ION ED)		
	□ IND □ COM		LENDER			CALENDAR Y	EAR		
	□OTH □PTY		DATE			PER ELECTI (IF REQUIRI			
	□scc		LENDER			\$CALENDARY	EAR		
	□COM □OTH □PTY	·	DATE			PER ELECTI (IF REQUIRE	ON ED)		
	□scc		SUB	TOTAL \$, 0	Enter on Summary Pa Line 17 only)e,	······································	

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			fror	Statement covers : 07/01/20		CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE					ough 07/31/	/18	Page	7 , 15	
Sue Kempf	for Council 2018							I.D. NUME	BER	
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	ATIVE TO ATE AR YEAR DEC 31)	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	onal information on appropriately labeled o	continuation s	sheets.	SUBTO	TAL \$	0				
1. Amount rec	Summary ceived this period – itemized nonmonetary Schedule C subtotals.)				\$_	0	IND-	tributor Cod - Individual I – Recipien	nt Committee	
2. Amount red 3. Total nonmo	ceived this period – unitemized nonmoneto onetary contributions received this period 1 and 2. Enter here and on the Summary	ary contribution	ons of less than \$100	***********************	\$	0	PTY	Other (e.g.Political P	an PTY or SCC) g., business entity) Party entributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be to whole do		Statement covers 07/01/26 from 07/31 through	018	CALIFORNIA 46 FORM Page Of 5		
Sue Kempf DATE	for Council 2018 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	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				. The state of the		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL S	6 0			· · · · · · · · · · · · · · · · · · ·	
1. Itemized co	O Summary Ontributions and independent expenditures mad I contributions and independent expenditures m		·				0	

Amounts may be rounded to whole dollars. EE INSTRUCTIONS ON REVERSE				Staten from through _	07/01/2018 07/31/18	CALIFO FOI	1 of 15
NAME OF FILER Sue Kempf for Council 2018						I.D. NUMI	BER
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc, CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundralsing events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mallings	MBR member commeetings and OFC office expense PET petition circul PHO phone banks POL polling and suppostage, deli	nmunications d appearance ses lating urvey researd very and mes	es ch	RAD radio RFD retun SAL camp TEL t.v. or TRC cand TRS staff/ TSF trans VOT voter	ribe the payment, airlime and production of the contributions walgn workers' salaries cable airlime and producte travel, lodging, and spouse travel, lodging, a fer between committees registration nation technology costs	action costs I meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	SCRIPTION OF PA	YMENT		AMOUNT PAID
Stu News		PRT	Stu News Advert	ising			1000.00
Stu News		PRT	Stu News Advert	ising			1000.00
Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SUE	STOTAL \$	2000.00
Schedule E Summary							0000.00
 Itemized payments made this period. (Include all Schedule Unitemized payments made this period of under \$100 		************			***********************	\$	89.66
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Parl	i 1, Colum	n (e).)			\$	2089.66

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cov 07/01 from07/ through	31/18	SCHEDULE F (CONT CALIFORNIA 460 FORM 460	
NAME OF FILER Sue Kempf for Council 2018					I.D. NUMBER
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and re PRO professional services (in	ons nces earch nessenger services legal, accounting)	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	and production costibutions kers' salaries ritime and production rel, lodging, and movel, iodging, and hen committees of the	on costs eals meals the 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 PAI THIS PERIOI (ALSO REPORT O	BALANCE AT CLOSE
					·

SUBTOTALS \$

\$

\$

Sc	hedule G								SCHEDULE
	yments Made by an Agent or Independen Intractor (on Behalf of This Committee)				fr	Statement covers period 07/01/2018 om		CALIFORNIA 460	
						tì	07/31/18 nrough	Page 1.3	, 15
	INSTRUCTIONS ON REVERSE E OF FILER							I.D. NUMB	
	ue Kempf for Council 2018							1,12, 1401815	
NAM	OF AGENT OR INDEPENDENT CONTRACTOR					•••		J	
co	DES: If one of the following codes accurately describes	the	payment,	you may e	enter the code.	Otherwis	e, describe the paymer	nt.	
CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings yments that are contributions or independent expenditures must also be	MTG OFC PET PHO POL POS PRO PRT	meetings a office expe petition circ phone band polling and postage, de professions print ads	culating ks survey resea elivery and m al services (le	ces	RFU SAL TEL TRO TRS TSF VOT	oradio alrtime and production returned contributions campaign workers' salarie t.v. or cable airtime and proceedings and candidate travel, lodging, salaffspouse travel, lodging transfer between committed voter registration	s oduction costs and meals g, and meals ses of the same	,
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)				OR	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
	(I' COMMITTEE, ALSO ENTER TO NOMBER)								
									<u> </u>

				4					
		٠							

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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
Schedule H Loans Made to Others*			ay be rounded de dollars.		Statement co 07/0 from	vers period 1/2018	california 460 form	
SEE INSTRUCTIONS ON REVERSE					through	7/31/18	Page 14	o <u>f 15</u>
NAME OF FILER Sue Kempf for Council 2018							I.D. NUMBER	
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)	(2) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		,		\$ FORGIVEN	\$	RAYE	\$ <u></u>	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		S	\$	PAID FORGIVEN	S	RATE S	\$	S—————————————————————————————————————
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must in must also be	SUBTOTALS	\$	\$	\$	\$	DATE INCORNED	
						(Enter (e) on Schedule (, Line 3)		·
Schedule H Summary 1. Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)	***************************************	**************	***************************************	\$	0	-	**If Required
Payments received on loans (Total Column (c) plus unitemized paym		******************	***************************************	****************	\$		-	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar			*******************	***************************************		y be a negativa number)		

Schedule I	·	Amounts may be rounded		SCHEDULE		
Miscellaneous Ind	creases to Cash	to whole dollars.	Statement covers period 07/01/2018 from	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVER	2SF		07/31/18 through	Page 15 of 15		
NAME OF FILER	355			I.D. NUMBER		
Sue Kempf for Council	2018					
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
4-						
Attach additional inform	nation on appropriately labeled continuation sheets	S.	SUBTOTAL	.\$		
Schedule I Summa	ry					
	cash this period	>+++++++++++++++++++++++++++++++++++++	\$(<u> </u>		
	to cash of under \$100 this period					
3. Total of all interest red	ceived this period on loans made to others. (S	Schedule H, Column (e).)	\$			
I. Total miscellaneous in	ncreases to cash this period. (Add Lines 1, 2,	and 3. Enter here and on the	TOTAL \$)		

Recipient Committee				COVER PAGE
Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460
	Statement covers period 08/01/2018	Date of election if applicable: (Month, Day, Year)	OCT 01 2018	Page of
SEE INSTRUCTIONS ON REVERSE	08/31/2018 through	11/06/18	City Clerk's Office City of Laguna Beach, CA	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4,	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central 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 T Amendment (Explain b	nt Spe	rterly Statement cial Odd-Year Report
	I.D. NUMBER 1404520	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sue Kempf for Council 2018		NAME OF TREASURER Anne McGraw		
		MAILING ADDRESS 1278 Glenneyre Street	285	
STREET ADDRESS (NO P.O. BOX) 1545 Bluebird Canyon		CITY Laguna Beach	STATE ZIP CO CA 9265	
CITY STATE ZIP C Laguna Beach CA 926		NAME OF ASSISTANT TREASURE	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1278 Glenneyre Street 285		MAILING ADDRESS		
CITY STATE ZIP C Laguna Beach CA 926		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
I. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ving this statement and to the best of my	knowledge the information contained	I herein and in the attached scl	nedules is true and complete. I
08/31/18	or camornia that the foregoing is ride and	Melle		
Executed onDate	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on	By — Signature of Cont	rolling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Spons	or
Executed on	By	Signature of Controlling Officeholder, Candidate, S		
Executed on	Bv			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

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CALIFOR	NIA	46	60
i Oraș			
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Page 2 of 17

Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Sue Kempf						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Laguna Beach City Council 2018						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			•		
1545 Bluebird Canyon Lagun	a Beach CA 92651		Identify the controlling office			e proponent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	OT NO, IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cane	didate/Offic	eholder Committe	ee List names of
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)		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	☐ SUPPORT
COMMITTEE NAME	I.D. NUMBER		<u> </u>			☐ OPPOSE
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	YES NO					OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE					
SIAIE ZIPO	CODE AREA CODE/PHONE		Atta	ch continuation	on sheets if necessar	y

Campaign Disclosure Statement Summary Page

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

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

Cash Equivalents and Outstanding Debts

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

Statement covers period

08/01/2018

		['	irom	
SEE INSTRUCTIONS ON REVERSE		1	08/31/2018 through	Page 3 of 17
NAME OF FILER				I.D. NUMBER 1404520
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column E CALENDAR YEA TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5096.00 \$ 5096.00 \$ 5096.00 \$	\$ 2435. \$ 2435. \$ 2435.	2.00 20. Contributions Received \$	17307.00 \$ 7/1 to Date 324.10 \$ 5784.68
Expenditures Made 6. Payments Made	\$ 3965.02 0 0	\$ 6108 \$ 6108 \$ 6108	0 O Date of Election (mm/dd/yy)	Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ \frac{16992.24}{5096.00} \frac{0}{3965.02} \frac{18123.22}{5096.00} \frac{18123.22}{3965.02} \frac{18123.22}{3000} \frac{18123.22}{30000} \frac{18123.22}{3000} \frac{18123.22}{3000} \frac{18123.22}{3000} \frac{18123.22}{3000} \frac{18123.22}{3000} \frac{18123.22}{30000} \frac{18123.22}{3000} \frac{18123.22}{3000} 18123.2	To calculate Column add amounts in Colu A to the correspondir amounts from Colum of your last report. S amounts in Column A be negative figures the should be subtracted previous period amouth is is the first report.	*Amounts in this section r reported in Column B. A may hat if from unts. If	nay be different from amounts

filed for this calendar year,

from Lines 2, 7, and 9 (if

any).

only carry over the amounts

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

www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

VAME OF FILER

Amounts may be rounded to whole dollars.

SC	Н	E	D	U	Ļ	Ε	

Statement covers period **CALIFORNIA** 08/01/2018 **FORM** from 08/31/2018 through _ I.D. NUMBER

Sue Kemp	of for Council 2018				1.D. N 1404	UMBER 520
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)
08/10/18	Jonathan Burke	☑IND □COM □OTH □PTY □SCC	Unknown-PayPal	100.00	100.00	
08/11/18	Margaret Oberting 1	☑IND □COM □OTH □PTY □SCC	Unknown-PayPal	200.00	200.00	
08/12/18	JL Benedick :	☑IND □COM □OTH □PTY □SCC	Unknown-PayPal	200.00	200.00	
08/20/18	Michael Johnson	IND COM OTH PTY	Unknown-PayPal	360.00	360.00	
08/24/18	Betty Haight	IND COM OTH PTY	Unknown-PayPal	200.00	200.00	
			SUBTOTAL \$	1060.00		
Schedule	A Summary				*Contributor	Codes
	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	4330.00		ual pient Committee r than PTY or SCC)
				766.00	(61.10	, , 0, 000)

766.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period.

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

PTY - Political Party SCC - Small Contributor Committee

5096.00

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

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

Amounts may be rounded to whole dollars.

SCHEDULE A	A (CONT
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CALIFORNIA FORM

Statement covers period

08/01/2018

			THE PARTY OF THE P	from	12010	FORM	7.00
				through08/3		Page 5	of 17
NAME OF FILER Sue Kempf	for Council 2018					1.D. NUMBER 1404520	
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. 3	AR	ER ELECTION TO DATE REQUIRED)
08/27/18	Ivan Spiers	IND COM OTH PTY	Self Employed/ Restaurant Owner	360.00	360.0	00	
08/27/18	E. Swift Torrance	IND COM OTH PTY	Retiered	100.00	100.0	00	
08/27/18	Gary Beverage	IND COM OTH PTY	Retiered	200.00	200.0	00	
08/27/18	John Adams	MIND COM OTH PTY SCC	Judge	200.00	200.0	00	
08/27/18	Kathleen Abel	☑IND □COM □OTH □PTY □SCC	Self Empoyed	100.00	100.00	0	
			SUBTOTAL	\$ 960.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT
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CALIFORNIA 160

Statement covers period

•				from08/01/2018			DRM 46U	
				through	1/2018	Page_	Page of 7	
NAME OF FILER Sue Kempf	for Council 2018					1.D. NU 14045		
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 CUMULATIVE TO RECEIVED THIS CALENDAR Y PERIOD (JAN. 1 - DEC		EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/27/18	John Meehan	☑IND □COM □OTH □PTY □SCC	Self Employed	200.00	200.	200.00		
8/27/18	Edward Lainfiesta	☑ IND □ COM □ OTH □ PTY □ SCC	Finance	200.00	200.	00		
3/27/18	Nicola Lainfiesta	IND COM OTH PTY	Finance	200.00	200.	00		
8/21/18	Marilyn Alexander	IND COM OTH PTY SCC	Retierd	100.00	100.	00		
8/27/18	Russell Fluter	☑IND □COM □OTH □PTY □SCC	Real Estate	250.00	250.	00		
			SUBTOTAL	950.00				

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (C	CONT.
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Statement covers period

wonetary	Contributions Received	to whole (ioliars.	Statement cov from	ers period /2018	FORM 460			
				through08/31/2018			of 17		
NAME OF FILER Sue Kempt	for Council 2018			-		1.D. NU 1404	JMBER 520		
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)		THIS CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
% 118	Suzanne Redfern	☑IND □COM □OTH □PTY □SCC	Author	100,00			100.00		
8/21/18	Elisa Slee	☑ IND □ COM □ OTH □ PTY □ SCC	Teacher	250.00	250.00				
3/21/18	Earl Slee	IND COM OTH PTY	Engineer	250.00	250.00				
8/27/18	Hector Cebreros	☑IND □COM □OTH □PTY □SCC	Retiered	100.00	100.00 100.00				
8/71/18 ====	Mary Shapero	☑IND □COM □OTH □PTY □SCC	Unknown	100.00	100.4	00			
			SUBTOTAL	\$ 800,00					

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.

CALIFORNIA

Statement covers period

				from08/01	/2018	FO	RM 460
				through	1/2018		8_ of]7_
NAME OF FILER Sue Kempf	for Council 2018					1.D. NUM 140452	
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/27/18	William Blackburn	☑IND □COM □OTH □PTY □SCC	Self Employed	360.00	360.00		
8/27/18	Craig Davis	IND COM OTH PTY	Unknown	200.00	200.0	00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				A PARTICIPATION AND A PART	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 560.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement covers period 08/01/2018 CALIFORNIA FORM				
SEE INSTRUCTIONS ON REVERSE					through	31/2018	Page	of 📗	
Sue Kempf for Council 2018							1404520		
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 PAII OR FORGIVE THIS PERIOI	N CLOSE OF THIS	· (e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
				PAID FORGIVEN	\$	RATE	\$	CALENDAR YEAR \$ PER ELECTION ¹	
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		s	5	PAID \$ FORGIVEN	\$		\$	\$PER ELECTION \$	
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				*	DATE DUE		DATE INCURRED		
		\$	\$	\$ \$ FORGIVEN \$			\$	\$PER ELECTION*	
TO IND COMOTH PTY SCC				-	DATE DUE		DATE INCURRED		
		SUBTOTALS \$	5	S	\$	\$			
Schedule B Summary 1. Loans received this period				\$	0	(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)			\$		IN	TH - Other (e.g., I	ommittee PTY or SCC) business entity)	
Net change this period. (Subtract Line Enter the net here and on the Summar					O May be a negative number)	S	TY – Political Part CC – Small Contri	y butor Committee	

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

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

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

Staten	08/31/2018	CALIFORNIA FORM	460
through _	08/31/2018	Page \ O	of 17
		I.D. NUMBER	
		1404520	

SEE INSTRUCTIONS ON REVERSE				through08/31/20	18 Page \(\) \(\) \(\)	of
NAME OF FILER Sue Kempf for Council 2018					I.D. NUMBER 1404520	
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 GUARANTEEI THIS PERIOD		BALANCE OUTSTANDING TO DATE
	□IND □ COM		LENDER		CALENDAR YEAR	
	□отн □рту		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$CALENDAR YEAR	
	☐ IND		LENDER		\$ PER ELECTION	
	□ OTH □ PTY □ SCC		DATE		(IF REQUIRED)	
	□ IND		LENDER		CALENDAR YEAR	
	□OTH □PTY		DATE		PER ELECTION (IF REQUIRED)	
	□scc				\$CALENDAR YEAR	
	□IND □COM		LENDER	<u>. </u>	\$	
	□отн □ртү		DATE		PER ELECTION (IF REQUIRED)	
	SCC		SUB	TOTAL \$	Enter on Summary Page, Line 17 only.	
				*	Line 17 only.	

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.	=					CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE				thro	ugh08/31/2	018	Page	of	
NAME OF FILER							T	I.D. NUMI	BER	
Sue Kempf f	for Council 2018							140452	20	
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	CALEN	ATIVE TO DATE DAR YEAR - DEC 31)	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 additio	nal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$	0				
1. Amount rec	Summary eived this period – itemized nonmonetary Schedule C subtotals.)				\$	0	INI	ontributor Co D – Individua DM – Recipie	1	
2. Amount rec	eived this period – unitemized nonmonet onetary contributions received this period 1 and 2. Enter here and on the Summary	ary contribution	ons of less than \$100		\$	0	 	other th) H – Other (e) Y – Political I	an PTY or SCC) .g., business entity)	

Supportin Candidate SEE INSTRUCTIONAME OF FILER	of Expenditures ong/Opposing Other es, Measures and Committees ons on Reverse for Council 2018	Amounts may be to whole doll		Statement covers 68/01/2 from	CALIFORNIA 460 FORM Page 12 of 17 I.D. NUMBER 1404520		
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ 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	\$ 0			
1. Itemized o	D Summary contributions and independent expenditures made					\$ _	0

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Sue Kempf for Council 2018	Amounts may b to whole do			Stater from	08/01/2018 08/31/2018	Page 1.D. NUMB	3 of 17
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	es the payment, you meetings and office expensions PET petition circle PHO phone banks POL polling and suppostage, deliper PRO professional support print ads	munications I appearances es lating urvey researc very and mes	s h senger services	RAD radio RFD retur SAL cam TEL t.v. o TRC cand TRS staff, TSF trans VOT vote	ribe the payment. a airtime and production of the contributions paign workers' salaries or cable airtime and produlidate travel, lodging, and spouse travel, lodging, are the the tween committees or registration mation technology costs (ction costs meals nd meals of the same	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DE	SCRIPTION OF F	PAYMENT		AMOUNT PAID
Stu News		PRT	Advertising in Si	tu News			1500.00
City Of Laguna Beach 505 Forest Ave Laguna Beach, CA 92651		FIL	Candidate State	ment Fee			1000.00
Laguna Graphic Arts 16782 Redhill Ave # A Irvine, CA 92606		СМР	Banners, Envelo	opes, Sample	9S		724.08
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUB	STOTAL \$	3224.08
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$	3488.10

206.92

3695.02

Schedule E (Continuation Sheet) Payments Made	tion Sheet) to whole dollars. Statement covers per online that the provided statement covers per online the provided statement covers per online the provided				atement covers period 08/01/2018 08/31/2018	CALIFO FOR	
NAME OF FILER Sue Kempf for Council 2018						I.D. NUM 1404520	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CMS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances ses lating urvey research very and mes	s h senger services	RAD RFD SAL TEL TRC TRS TSF VOT	· ·	n costs duction costs nd meals and meals as of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
CustomInk.com		CMP	T-Shirts				264.02

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

* SUBTOTAL \$ 264.02

Schedule I		Amounts may be rour		· SCHEDULE				
Miscellaneous In	creases to Cash	to whole dollars.		Statement covers 08/01/20	-	CALIFORNIA 460		
				from		TORIVI -		
SEE INSTRUCTIONS ON REVE	RSE .			08/31/ through	2018	Page of		
NAME OF FILER	ROL					I.D. NUMBER		
Sue Kempf for Council	I 2018					1404520		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
Attach additional infon	mation on appropriately labeled continuation sheet	ts.			SUBTOTAL	\$		
Schedule I Summa	ary							
1. Itemized increases to	o cash this period			\$		-		
2. Unitemized increase	s to cash of under \$100 this period			\$				
	eceived this period on loans made to others. (-		
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2	, and 3. Enter here and o	on the	() P (ATOT	0			

Recipient Committee				COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			RECEIVED	FURINI
SEE INSTRUCTIONS ON REVERSE	Statement covers period 09/01/2018 from09/30/2018 through	Date of election if applicable: (Month, Day, Year)	OCT 01 2018 City Clerk's Office City of Laguna Beach, CA	Page of of
1. Type of Recipient Committee: All Committees - Committe		2. Type of Statement:	Edden, CA	
✓ Officeholder, Candidate Controlled Committee ○ 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 To	ermination)	terly Statement ial Odd-Year Report
3. Committee Information	.D. NUMBER 1404520	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Sue Kempf for Council 2018		NAME OF TREASURER Anne McGraw		
		MAILING ADDRESS 1278 Glenneyre Street	285	
STREET ADDRESS (NO P.O. BOX) 1545 Bluebird Canyon		сіту Laguna Beach	STATE ZIP CO CA 9265	
CITY STATE ZIP CO Laguna Beach CA 9268		NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1278 Glenneyre Street 285		MAILING ADDRESS		
CITY STATE ZIP CO Laguna Beach CA 9268		CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	4	OPTIONAL: FAX / E-MAIL ADDRES	SS	
4. Verification			/	
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State o	ring this statement and to the best of my f California that the foregoing is true and	Knowledge the information contained	I herein and in the attached sch	edules is true and complete. I
09/27/18 Executed on	Ву	Signature of Treasurer or Assistant	OO t Treasurer	-
Executed on	By ———Signature of Cont	rolling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Sponso	r
Executed on	Ву			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

Date

Executed on _

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM	460
	1 (

Page 2 of 16

. Officeholder or Candidate Controlled Comn	nittee	6.	Primarily Formed Balle	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Sue Kempf						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Laguna Beach City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	DITY STATE ZIP					
1545 Bluebird Canyon Laguna	a Beach CA 92651		Identify the controlling offic	eholder, cand	idate, or state measure p	proponent, if any.
, <u>, , , , , , , , , , , , , , , , , , </u>			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT	
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
	CODE AREA CODE/PHONE		Att	ach continuati	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	State from	ment covers period 09/01/2018	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE		through _	09/30/2018	Page 3 of	16
IAME OF FILER				1.D. NUMBER 1404520	
	Column A	Column D	Colonday Voor Com	manifor Canalia	1-4

Contributions Received	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
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 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	\$ 6177.00 \$ 6177.00 \$ 3359.10 0 0	\$ 30529.00 \$ 30529.00 \$ 30529.00 \$ 9467.88 0 9467.88 0 0	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ 17307.00 \$ 13222.00 21. Expenditures Made \$ 324.10 \$ 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)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3359.10	\$9467,88	\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ \frac{18123.22}{6177.10} \frac{0}{3359.10} \frac{20941.22}{0}	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	, o	any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 160

Statement covers period

			from09/01	/2018	FO	RIM TOU	
	ONS ON REVERSE			through09/3	30/2018	Page	4 of 16
Sue Kemp	of for Council 2018					1.D. NUME 1404520	
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.	AR	PER ELECTION TO DATE (IF REQUIRED)
09/10/18	Richard Weisberg	☑IND □COM □OTH □PTY □SCC	Retired	360.00	360.00		
09/10/18	Cheves Powell	☑IND □COM □OTH □PTY □SCC	Architect	200.00	200.00		
09/10/18	Linda Supowitz	IND COM OTH PTY SCC	Retired	200.00	200.00		
09/10/18	Temple Terrace LLC	☑IND □COM □OTH □PTY □SCC	Unknown	150.00	150.00		
09/10/18	Mark Orgill	IND COM OTH PTY	Self Employed	360.00	360.0	00	
			SUBTOTAL S	S			
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)			5830,00 347,00	IND - COM	(other the	I
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			6177.00	PTY -	- Political F	Party Intributor Committee

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.

wonetary	Contributions Received	to whole dollars,		Statement covers period		california 460			
NAME OF FILER				through		Page .			
	f for Council 2018					1.D. NU 14045			
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)		
09/10/18	Dora Orgill	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed	360.00	360.00		360.00		
09/10/18	Nancy Beverage	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retiered	200.00	200.00				
09/10/18	Patricia Carpenter	IND COM OTH PTY	Retiered	100.00	100.	00			
09/13/18	Louis Weil	☑IND □COM □OTH □PTY □SCC	PayPal Donation	360.00	360.00				
09/16/18	Thomas Gibbs	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed	100.00	100.	00			
			SUBTOTAL	\$ 1120.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

CALIFORNIA A CO

Statement covers period

				from		F	ORM 4	+00		
				through		Page_		16		
NAME OF FILER Sue Kempf	for Council 2018					1.D. NU 14045				
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 ELE TO DA (IF REQU	TE		
09/18/18	Benjamin Simon	☑IND □COM □OTH □PTY □SCC	Self	360.00	360.00		360.00			
09/23/18	Bob D Brannon	IND COM OTH PTY	PayPal Donation	360.00	360.00					
09/24/18	Susan Cameron	IND COM OTH PTY	PayPal Donation	240.00	240.00					
09/25/18	Janice Hobbs	☑IND □COM □OTH □PTY □SCC	PayPal Donation	240.00	240.00					
09/26/18	Cindy Showoff	IND COM OTH PTY	PayPal Donation	360.00	360.	00				
			SUBTOTAL	\$ 1560.00				. 131		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars,

SCHEDULE A (CONT

CALIFORNIA A

Statement covers period

				from		FORM 46U	
				through		Page	7 of 10
Sue Kempt	f for Council 2018					1.D. NUN 140452	
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)
09/18/18	Sharon Orff	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	360-	360	•	
09/18/18	Barbara Bowler	☑IND □COM □OTH □PTY □SCC	Property Manager	100.00	100.	00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
09/18/18	Barbara MacGillivray	☑IND □COM □OTH □PTY □SCC	Self	360.00	360.	00	
09/18/18	Frank Hufnagel	IND COM OTH PTY	Real Estate	100.00	100.0	00	
09/18/18	Pamela Goldstein	IND COM OTH PTY	Homemaker	240.00	240.0	00	
		***************************************	SUBTOTALS	1160.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

CALIFORNIA AGO

Statement covers period

				from09/01/2018		FORM TOU
				through09/3	0/2018 Page	8 of 6
NAME OF FILER Sue Kempf	for Council 2018				1.0.1 1404	NUMBER 520
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)
09/27/18	Christine Russell	☑IND □COM □OTH □PTY □SCC	Homemaker	360.00	360.00	
09/27/18	Kent Russell	☑IND □COM □OTH □PTY □SCC	Real Estate	360.00	360.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL \$	720.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

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

Cabadula D. David	Am	ounts may be ro	unded	_	_		SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	to whole dollars.			Statement co	•	CALIFORNIA 460		
Loans Received					from09/0	1/2018	FORM	700
SEE INSTRUCTIONS ON REVERSE					through09/	30/2018	Page 9	of 16
NAME OF FILER					······································		I.D. NUMBER	
Sue Kempf for Council 2018							1404520	
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 PAIL OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	\$	\$PER ELECTION**
IND COM OTH PTY SCC		s	\$	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$. \$	RATE	\$	\$
				FORGIVEN				PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	. \$	RATE %	\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$)	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)	
Loans received this period	***********************************	************	*********	\$		_		
(Total Column (b) plus unitemized loan	s of less than \$100.)					C	Contributor Codes	
2. Loans paid or forgiven this period	*******************************			\$	0	ı	ND – Individual	
(Total Column (c) plus loans under \$10	0 paid or forgiven.)			·····	_	- [COM Recipient C other than	committee PTY or SCC)
(Include loans paid by a third party that	are also itemized on Sche	dule A.)				(OTH – Other (e.g., PTY – Political Part	business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)	***************************************		NET \$	0		SCC – Small Contri	ibutor Committee
Enter the net here and on the Summar	y Page, Column A, Line 2.			A)	day be a negative number)			·····
*Amounts forgiven or paid by another party also mu	ust be reported on Schedule A.)					FPPC Fori	m 460 (lan/2016)

** If required.

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

Schedule C Nonmonetary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period from 09/01/2018			CALIFORNIA 460		
	NS ON REVERSE				thro	ough 09/30/2	018	Page	0 of 16	
NAME OF FILER								I.D. NUME	BER	
Sue Kempf	for Council 2018							140452	0	
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	DA CALENDA	ATIVE TO ATE AR YEAR DEC 31)	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 additi	onal information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$	3				
. Amount red	C Summary ceived this period – itemized nonmonetary I Schedule C subtotals.)	y contribution	s.		\$	0	IND		nt Committee	
	ceived this period – unitemized nonmonet					0	OTH	I - Other (e.	an PTY or SCC) g., business entity)	
. Total nonm	onetary contributions received this period 1 and 2. Enter here and on the Summary	<u>-</u>				0	SCC	– Political F – Small Co	Party entributor Committee	

Supporti	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be to whole doll		Statement cover	2018	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through 09/30/2018		Page 1 of 6		
	f for Council 2018					1.D. NUMB 140452		
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 CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary						
	☐ Support ☐ Oppose	Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL S	5				
	D Summary contributions and independent expenditures made	e this period. (Include	e all Schedule D subtotals.).			\$	0	
	ed contributions and independent expenditures m							
	ributions and independent expenditures made thi	·				•		

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sue Kempf for Council 2018

Through 09/30/2018

Page 2 of 10
I.D. NUMBER
1404520

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 candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID Stu news Stu news Advertising PRT 1000.00 California Voter Guide Mailer 22410 Hawthorne #5 LIT 268.00 Torrance, CA 90505 **Election Digest** Mailer 22410 Hawthorne #5 LIT 476.00 Torrance, CA 90505

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

* SUBTOTAL \$ 1744.00

Schedule E Summary

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	. \$ _	3172.11
	. Unitemized payments made this period of under \$100		186.99
	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		0
	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)		3359.10

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

Schedule I Viscellaneous increases to Cash		Amounts may be to whole dol		Statement covers period	CALIFORNIA
				from09/01/2018	FORM 400
SEE INSTRUCTIONS O	N REVERSE			through 09/30/2018	Page 1 6 of 16
NAME OF FILER	Y 1 Y Law Y Lay 1 Y Class				I.D. NUMBER
Sue Kempf for C	council 2018	_			1404520
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach addition	al information on appropriately labeled continuation shee	ts.		SUBT	FOTAL \$
Schedule I St	ımmary				
1. Itemized incre	ases to cash this period	***************************************	*************************	\$	0
	creases to cash of under \$100 this period				
	rest received this period on loans made to others. (\$	
	neous increases to cash this period. (Add Lines 1, 2 e, Line 14.)			TOTAL \$	0