Recipient Committee Date Stamp Campaign Statement CALIFORNIA RECEIVED **FORM** Cover Page Page Statement covers period Date of election if applicable: JAN 3 0 2019 10/23/2018 (Month, Day, Year) For Official Use Only from City Clerk's Office 01/31/2019 11/06/2018 SEE INSTRUCTIONS ON REVERSE City of Laguna Beach, CA through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Preelection Statement Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ General Purpose Committee Amendment (Explain below) O Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee 1404520 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER SUE KEMPF FOR COUNCIL 2018 Anne McGraw MAILING ADDRESS 1278 Glenneyre Street #285 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 1545 Bluebird Canyon Drive Laguna Beach CA 92651 949-683-7288 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Laguna Beach CA 92651 949-439-3001 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 1278 Glennevre Street #285 CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Laguna Beach CA 92651 949-683-7288 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. certify under penalty of perjury under the laws of the State of California that the foregoing is tradiand correct. 01/31/2019 Executed on ... Signature of Treasurer or Assistant Treasurer Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on ... Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on ___

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

. Officeholder or Candidate Controlled Committee			Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Sue Kempf			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NU Laguna Beach City Council	MBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		☐ SUPPORT ☐ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1545 Bluebird Canyon Drive Laguna Be	STATE ZIP ach, CA 92651		Identify the controlling office	holder, candi	date, or state i	measure proj	ponent, if any.
Related Committees Not Included in this Statem not included in this statement that are controlled by you or are contributions or make expenditures on behalf of your candidac	primarily formed to receive		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR		DISTRICT NO.	IF ANY
COMMITTEE NAME I.D	. NUMBER			***************************************			
	ONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic for which this	eholder Coi committee is p	mmittee Li rimarily form	ist names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
	NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
	DITROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		Attac	h continuatio	on sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period 10/23/2018 CALIFORNIA FORM from_ 01/31/2019 15 through_

SEE INSTRUCTIONS ON REVERSE NAME OF FILER
Sue Kempf for council 2018

I.D. NUMBER 1404520

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 General Elections
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	\$ 2260.00 \$ 2260.00 \$ 2260.00 \$	\$	20. Contributions Received \$ 17307.00 \$ 21401.00 21. Expenditures Made \$ 324.10 \$ 37815.31
Expenditures Made 6. Payments Made	0 0	\$	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 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{16390.03}{2260.00} \frac{119.90}{18201.34} \frac{568.59}{18201.34} \frac{16390.03}{18201.34} \frac{16390.03}{18201	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$0	this is the first report being filed for this calendar year, 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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to whole donars.		from	3/2018	FORM 400		
SEE INSTRUCTION	ONS ON REVERSE			through	31/2019	Page	, <u>4 , 15</u>	
NAME OF FILER						I.D. N 1404	UMBER 520	
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, FINTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YO (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/28/18	Nicolas Davis	ØIND ☐COM ☐OTH ☐PTY ☐SCC	PayPal Donation	250.00				
11/06/18	Edwin Sauls	MIND COM OTH PTY SCC	PayPal Donation	150.00				
11/08/18	Kathleen Dicearis	ØIND □COM □OTH □PTY □SCC	Retired	360.00				
11/08/18	Laura Kraus ,	IND COM OTH PTY	Unknown	360.00				
11/08/18	David Dicearis	IND COM OTH PTY SCC	Retired	360.00				
			SUBTOTAL \$	1480.00				
	A Summary				ł	ributor (
	ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$\$	2140.00	IND -		lent Committee	
	ceived this period – unitemized monetary contribution			120.00	OTH-	other) Other - Politic:	than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2, Enter here and on the Summary Page, Coli	umn A, Line 1	.)TOTAL \$	2260.00			Contributor Committee	

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	from	ers period /2018 1/2019	CALIFORNIA 4.60 FORM 4.60		
NAME OF FILER	f for council 2018				**************************************	1	JMBER	
oue Kemp	FIOR COUNCIL ZO TO					1404!	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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
11/08/18	Lynda Fishbeck	☑IND □COM □OTH □PTY □SCC	Retired	300.00				
11/08/18	Luann Moylan .	☑IND □COM □OTH □PTY □SCC	Retired	360.00				
		□IND □COM □OTH □PTY □SCC				A 4		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL S	660.00				

*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

				Statement co	vers period 3/2018	SCHEDULE B - PART CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through	/31/2019	Page	of 15
NAME OF FILER							I.D. NUMBER	
Sue Kempf for council 2018							1404520	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALBO ENTER LD. 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 FORGIVEI THIS PERIOE	N L OSE OF THIS	(0) INTEREST PAID THIS PERIOD	(n) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID S FORGIVEN	\$	RATE	s	CALENDAR YEAR \$ PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	5	s	DATE DUE	s	DATE INCURRED	S
				PAID S FORGIVEN	5		5	CALENDAR YEAR \$ PER ELECTION ***
TO IND COM OTH PTY SCC		5	>	\$	DATE DUE	\$	DATE INCURRED	\$
		s	ę	PAID S FORGIVEN		RATE	\$	SPER ELECTION**
TO IND COM OTH PTY SCC			-	\$	DATE DUE	3	DATE INCURRED	3
		SUBTOTALS \$	\$	S	\$	\$		
Schedule B Summary 1. Loans received this period				\$		(Enter (o) 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.)			\$	100 mil al 100 mil	- O	Contribulor Codes ID – Individual OM – Recipient Co (other than F TH – Other (e.g., k	PTY or SCC) ousiness entity)
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1,)y Page, Column A, Line 2.	***************************************	****************		O May be a negative number)	s	TY - Political Party CC - Small Contrib	outor 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 C Amounts may be rounded SCHEDULE C to whole dollars. Nonmonetary Contributions Received Statement covers period CALIFORNIA 10/23/2018 FORM from. 01/31/2019 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Sue Kempf for council 2018 1404520 CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND DATE PER ELECTION CONTRIBUTOR **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET RECEIVED ZIP CODE OF CONTRIBUTOR TO DATE CODE * GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) (JAN 1 - DEC 31) COM ☐ OTH ☐ PTY □scc COM □ OTH □ PTY SCC □ IND COM OTH □ PTY □ SCC MIND COM OTH PTY □ SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ Schedule C Summary *Contributor Codes

1. Amount received this period – itemized nonmonetary contributions.

3. Total nonmonetary contributions received this period.

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

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

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

COM - Recipient Committee (other than PTY or SCC)

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

SCC - Small Contributor Committee

IND - Individual

PTY - Political Party

0

Supporting Candidate SEE INSTRUCTION NAME OF FILER	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be r to whole dolla		Statement covers 10/23/2 from01/31/	018 2019 F	EALIFO FOR Page	3 or 15
Sue Kempt	f for council 2018 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR		DESCRIPTION		CUMULATIVE TO	1404520 O DATE	0 PER ELECTION
DATE	MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	(IF REQUIRED)	AMOUNT THIS PERIOD	CALENDAR Y (JAN, 1 - DEC		TO DATE (IF REQUIRED)
	Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure					
			SUBTOTAL	6 0			
1. Itemized c	D Summary ontributions and independent expenditures made d contributions and independent expenditures m						0
	ibutions and independent expenditures made thi					,	Q

Schedule E Payments Made	Amounts may l to whole d			State	ement covers period 10/23/2018	CALIFORI FORM	SCHEDUL NIA 46
SEE INSTRUCTIONS ON REVERSE				through	01/31/2019	Page 4	_ of <u> 5</u>
NAME OF FILER Sue Kempf for council 2018						1,D, NUMBER 1404520	
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	MBR member con MTG meetings an OFC office expense PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s	RAD rad RFD retu SAL can TEL t.v. TRC can TRS stat TSF trar VOT vote	cribe the payment. io airtime and production imed contributions inpaign workers' salaries or cable airtime and prod ididate travel, lodging, ar if/spouse travel, lodging, isfer between committee or registration irmation technology costs	duction costs of meals and meals s of the same car	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	CRIPTION OF	PAYMENT		AMOUNT PAID
KX93.5 1833 S Coast Highway #200 Laguna Beach, CA 92651		RAD	Radio Show with	Tyler	, , , , , , , , , , , , , , , , , , , ,		500.00
Firebrand Media 580 Broadway #301 Laguna Beach, CA 92651		PRT	Advertising in the	Laguna In	dy		2909.0
Sheryl Seltzer 1473 Bluebird Canyon Drive Laguna Beach, CA 92651		PRT	Creation of Print A	Ads for car	npalgn		2000.00
* Payments that are contributions or independent expenditures must also be s	summarized on Sche	dule D,			su	BTOTAL \$	5409.0
Schedule E Summary				2004		Prince and the second s	18096.24

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

105.10

18201,34

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement co	vers period 3/2018	california 460
	31/2019	Page 10 of 15
		LD. NUMBER 1404520

NAME OF FILER Sue Kempf for council 2018 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 returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRC FND fundraising events staff/spouse travel, lodging, and meals POL polling and survey research TRS independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mozambique Restaurant Campaign Night party for supporters 1740 S Coast Highway MTG 2580.65 Laguna Beach, CA 92651 Smart & Final Candy for Halloween Goodie bags 30252 Crown Valley Parkway CMP 155,08 Laguna Niguel, CA 92677 Laguna Graphic Arts Printing and production of goodle bags, envelopes 16782 Red Hill Ave and banners CMP 451,47 Irvine, CA 92606 Steven Veatch Website creation and management 717 Duranzo Street WEB 1000.00 Corona, CA 92882 Laguna Food Pantry Donation to local food pantry 20652 Laguna Canyon Road CVC 3000.00 Laguna Beach, CA 92651

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

SUBTOTAL \$

7187.20

Schedule E (Continuation Sheet) Payments Made
SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Sue Kempf for council 2018

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period CALIFORNIA 10/23/2018

SEE INSTRUCTIONS ON REVERSE		01/31/2019 through	Page 11 of 15
NAME OF FILER Sue Kempf for council 2018		General Constitution of Consti	i.D. NUMBER 1404520
CODES: If one of the following codes accurately d	escribes the payment, you may enter the coo	de. Otherwise, describe the payment.	
CMP campnign paraphernalia/misc. CNS campnign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production	

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services TSF 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 PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Boys and Girls Club of Laguna Beach 1085 Laguna Canyon Road Laguna Beach, CA 92651	cvc	Donation to Boys and Girls Club Programs	3000.00
The Clarity Foundation 434 West Cedar Street #300 San Diego, CA 92101	cvc	Donation to Cancer research program	2500,00
-			

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

SUBTOTAL \$

5500.00

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be roun to whole dollars.	ded	from	ers period 3/2018 31/2019	CALIFORNIA 460 FORM of 15
NAME OF FILER Sue Kempf for council 2018		Na. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			I.D. NUMBER 1404520
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 fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	s the payment, you may 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 r PRO professional services (i) PRT print ads	nces nces parch nessenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cablo air TRC candidate trav TRS staff/spouse tr	nd production cos- ibutions kers' salaries rtime and production el, lodging, and ma avel, lodging, and en committees of son	on costs eals meals the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALGO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT O	D BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	5	\$	5	\$
1. Total accrued expenses incurred this period. (Include all Seaccrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche	accrued expenses under findule F, Column (c) subtot	3100.)als for payments on			•
accrued expenses of \$100 or more, plus total unitemized p. 3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ssiii) (4.11) (18.11) (18.11) (18.11) (18.11)		

Schedule G Payments Made by an Agent or Independen	t	Amounts may be	rounded	<u> </u>		nt covers period	GALIFO	SCHEDULE G
Contractor (on Behalf of This Committee) to whole dollars.				fror	10/23/2018 from		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				thro	ough	01/31/2019	Page 1	3 of 15_
NAME OF FILER Sue Kempf for council 2018					· 1		I.D. NUMBE 1404520	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				·				
CODES: If one of the following codes accurately describe	s the pay	ment, you may	enter the code	. Otherwise,	descri	oe the payment		
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 me MTG me OFC offi PET pet PHO pho POL pol POS pos PRO pro PRT prir	ember communication tetings and appears to expenses tition circulating tone banks ling and survey res tage, delivery and fessional services ant ads	ons Inces Garch Messenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio air returned campaig t.v. or ca candida staff/spo transfer voter reg	time and production contributions in workers' salaries ble airtime and proce travel, lodging, an use travel, lodging, between committee jistration on technology costs	costs fuction costs d meals and meals s of the same c	•
NAME AND ADDRESS OF PAYEE OR CREDITOR	- Gailling (20	CODE						
(IF COMMITTEE, ALSO ENTER I.D. NUMPER)	19 (CODE	OR	DESCRIPTION	VOF PATI	1CN I	····	AMOUNT PAID

						· · · · · · · · · · · · · · · · · · ·		
Attach additional information on appropriately labeled continue	ation shee	ets.			· · · · · · · · · · · · · · · · · · ·		TOTAL* \$	0

^{*} 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 I
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period 10/23/2018 from		california 460	
SEE INSTRUCTIONS ON REVERSE				- Addition of the Addition of	01/	/31/2019	Page 14	of 15
NAME OF FILER						······································	I.D. NUMBER	<u> </u>
Sue Kempf for council 2018							1404520	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				s	5	%	\$	s
				FORGIVEN		RAIG		PER ELECTION*
		\$	\$	\$	DATE DUE	\$	DATE INGURRED	\$
				☐ PAID				CALENDAR YEAR
	İ				s	eg.		\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate	or committee must				— 			
also be summarized on Schedule D. Loans forgive reported on Schedule E_{\star}	en must also be	SUBTOTALS	\$	\$	\$	\$		
			<u> </u>			(Enter (a) on Schedula I, Line 3)		
Catandola II Communica								
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)					on the second se		**If Required
Payments received on loans (Total Column (c) plus unitemized payn		••••••	••••••••••••••••••••••••••••••••••••••	************	\$		Long.	
3. Net change this period. (Subtract Line 2	2 from Line 1 \				NET \$	U		
(Enter the net here and on the Summa			*****************			ıy be a negnjiya number)	**	

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period 10/23/2018 from 01/31/2019	GALIFORNIA 460 FORM of 15
SEE INSTRUCTION	NS ON REVERSE		through	
	or council 2018			I.D. NUMBER 1404520
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	A Company of the Control of the Cont	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/08/2018	Cash Donations Received-Various			119.90
	`			
MAN 18 18 18 18 18 18 18 18 18 18 18 18 18				
Attach addi	I tional information on appropriately labeled continuation sheet	's.	SUBTOTA	L\$ 119.90
	creases to cash this period			
	d increases to cash of under \$100 this period			
4. Total misce	interest received this period on loans made to others. (sellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)		TOTAL \$ 119.9	