R	Recipient Committee							COVERPAGE
	Sampaign Statement					Date Stamp		CALIFORNIA 160
	Sover Page					RECEIVE	D .	CALIFORNIA 460
	Sovernment Code Sections 84200-84216.5	5)						
(0	sovernment code Sections 64200-64216.5))		Statement covers period	Date of election if applicable:	FEB 0 3 20	20	A CONTRACTOR OF STREET,
					(Month, Day, Year)	1 20 0 20		Page1 of9
			fron	07/01/2019	100	City Clerk's O	ffice	For Official Use Only
SE	EE INSTRUCTIONS ON REVERSE		thro	ugh12/31/2019	•	City of Laguna Bea		
1.	Type of Recipient Committee:	All Committee	es – Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:			
	Officeholder, Candidate Controlled Co			Formed Ballot Measure	Preelection Statement	-	□ Ouarto	erly Statement
	O State Candidate Election Committee	ee	Commit	ee	X Semi-annual Statement			Il Odd-Year Report
	Recall (Also Complete Part 5)		O Conf		Termination Statement	Γ	0.000	emental Preelection
	(Also complete l'arco)		(Also Com		(Also file a Form 410 T	ermination)		nent - Attach Form 495
	X General Purpose Committee		(****************************	elita villa ota elita 🐔.	☐ Amendment (Explain b	elow)		
	SponsoredSmall Contributor Committee			/ Formed Candidate/ Ider Committee				
	Political Party/Central Committee		(Also Comp					
torone								
3.	Committee Information		I.D. NUME		Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME	IF NO COMMI	140583 TTEE)	8	NAME OF TREASURER	· · · · · · · · · · · · · · · · · · ·		
	Liberate Laguna PAC				Stacy Owens			
					MAILING ADDRESS			
					312 Clay St Suite 300			
	STREET ADDRESS (NO P.O. BOX)			-	CITY	STATE	ZIP COD	DE AREA CODE/PHONE
	4667 MacArthur Blvd. Suite 420)			Oakland	CA	94607	
	CITY	STATE 2	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR			(020/120 1300
	Newport Beach	CA	92660	(949)416-0847	Peter Sullivan			
	MAILING ADDRESS (IF DIFFERENT) NO. AND	STREET OR	P.O. BOX		MAILING ADDRESS			
					312 Clay St Suite 300			
	CITY	STATE 2	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP COD	E AREA CODE/PHONE
					Oakland	CA	94607	(510)423-4300
	OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDR	ESS		
Name of the last	filings@seowenscompany.com							
	Verification							
	I have used all reasonable diligence in prep	aring and rev	ewing this sta	tement and to the best of my kno	wledge the information contained her	ein and in the attached	schedules	s is true and complete. I certify
	under penalty of perjury under the laws of the	ne State of Ca	lifornia that the	e foregoing is true and correct	L.			
	Executed on01/03/2020			By A				
	Date		-	59	Signature of Treasurer or Assistant T	reasurer		
	Executed on		_	Ву				
	Date			Signature of Con	trolling Officeholder, Candidate, State Measure Prop	onent or Responsible Officer of	Sponsor	
	Executed on		-	Ву				
					Signature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent		
	Executed on			Ву	Signature of Controlling Officeholder Candidate Str	to Magguro Propoport		

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER PAGE - PAR	Τ2
CALIE	ORNIA ACC	
GAL. E	当	200
Page _	2 of9	

Officeholder or Candidate Controlled Co	ommittee	6.	Primarily Formed Ballo	ot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		and the state of t	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling off	iceholder, ca	ındidate, or state measur	e proponent, if any
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PI	ROPONENT	
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of yo	you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O, IF ANY
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER CONTROLLED COMMITTEE?	7.	. Primarily Formed Can			
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR		OFFICE SOUGHT OR HEL	
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				1	1
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuati	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA / CO
from	07/01/2019	FORM FOU
through _	12/31/2019	Page3 of9
		I.D. NUMBER

Liberate Laguna PAC 1405838 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 1/1 through 6/30 7/1 to Date 2. Loans Received Schedule B, Line 3 0.00 0.00 20. Contributions 4,500.00 7,500.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 21. Expenditures Made 7,500.00 Expenditures Made **Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 7,426.68 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 -944.39 0.00 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 245.03 To calculate Column B, add 13. Cash Receipts Column A. Line 3 above 4,500.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 from Column B of your last reported in Column B. report. Some amounts in 15. Cash Payments Column A, Line 8 above 4,676.04 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 68.99 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____ FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cover from07/01/20 through12/31/20	019	F0	SCHEDULE ORNIA 460 ORM 4 of 9
SEE INSTRUCTION	ONS ON REVERSE					I.D. NUM	
					ļ	140583	
Liberate Lag	Juna PAC	T				<u></u>	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	(EAR 5. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2019	Samuel Goldstein 49 Lagunita Drive Laguna Beach, CA 92651	⊠IND □COM □OTH □PTY □SCC	Real Estate Consultant Radford Ventures, LLC	1,000.00	1,	750.00	
07/17/2019	Radford Ventures, LLC 49 Lagunita Drive Laguna Beach, CA 92651	☐IND ☐COM ☑OTH ☐PTY ☐SCC		750.00	1,	750.00	
07/17/2019	Michael D. Ray 870 High Drive Laguna Beach, CA 92651	⊠IND □COM □OTH □PTY □SCC	Real Estate Developer Sanderson J Ray Development	750,00	2,	750.00	
10/15/2019	Michael D. Ray 870 High Drive Laguna Beach, CA 92651	⊠IND □ COM □ OTH □ PTY □ SCC	Real Estate Developer Sanderson J Ray Development	1,000.00	2,	750.00	•
07/17/2019	Cindy Shopoff 150 Mountain Road Laguna Beach, CA 92651	IND □ COM □ OTH □ PTY □ SCC	Principal Shopoff Realty Investments	1,000.00	3,(000.00	
			SUBTOTAL\$	4,500.00			
	A Summary eceived this period – itemized monetary contributions.		And the same services of the s		1	tributor Co	

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from07/01/2019	FORM - CC
through12/31/2019	Page5 of9
	I.D. NUMBER
	1405020

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SEE INSTRUCTIONS ON REVERSE					thr	ough _	12/31/2	019	Page5	of _	9
NAME OF FILER					1				I.D. NUMI	BER	
Liberate Laguna PAC									1405838	3	
CODES: If one of the following codes accurately describes	s the payment, yo	u mav e	nter the	e code. O	therwise o	lescrib	e the nav	vment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munication d appearan ses ating urvey rese very and n	s ices arch nessenge	er services	RAD RFD	radio a returna campa t.v. or candid staff/sp transfe voter r	airtime and ed contribu ign worker cable airtim ate travel, loouse trave registration	production o	rction costs meals nd meals of the sam		e/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR		DESCRIPTIO	N OF PAY	MENT			иоома	ITPAID
Donor Stack, LLC 312 Clay Street, Suite 300 Oakland, CA 94607		WEB									49.00
Donor Stack, LLC 312 Clay Street, Suite 300 Dakland, CA 94607		WEB				·····	-				89.60
Donor Stack, LLC 312 Clay Street, Suite 300 Dakland, CA 94607		WEB									49.00
Payments that are contributions or independent expenditures m	iust also be summa	rized on	Schedul	e D.				SUB	TOTAL\$		187.60
Schedule E Summary											
1. Itemized payments made this period. (Include all Schedule I	≣ subtotals.)	********							\$	4,6	26.04
2. Unitemized payments made this period of under \$100	***********								\$!	50.00
3. Total interest paid this period on loans. (Enter amount from S										•	0.00
1. Total payments made this period. (Add Lines 1, 2, and 3. En			` ' '								76.04

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

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.
Stater	ment covers period	CALIFORNIA 460
from	07/01/2019	FORM TO C
through .	12/31/2019	Page 6 of 9
		I.D. NUMBER
		1405030

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1405838 Liberate Laguna PAC

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 MBR member communications CMP campaign paraphernalia/misc. meetings and appearances RFD returned contributions campaign consultants CNS campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research POL FND fundraising events transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) voter registration legal defense information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR DESCRIPTION OF PAYMENT AMOUNT PAID CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 49.00 WEB Donor Stack, LLC 312 Clay Street, Suite 300 Oakland, CA 94607 93.40 WEB Donor Stack, LLC 312 Clay Street, Suite 300 Oakland, CA 94607 700.00 PRO Iryna AC 1000 Broadway, 200-G Oakland, CA 94607 427.20 PRO S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607 373.70 PRO S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607 SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 1,643.30

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers period	CALIFORNIA 460
from07/01/2019	FORM TOCK
through 12/31/2019	Page 7 of 9
	i.D. NUMBER
	3405838

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Liberate Laquna PAC 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 contribution (explain nonmonetary)* CTB OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) voter registration VOT 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 LD. NUMBER) S.E. Owens & Company PRO 570.69 312 Clay Street, Suite 300 Oakland, CA 94607 S.E. Owens & Company PRO 585.69 312 Clay Street, Suite 300

Oakland, CA 94607		
S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607	PRO	287.19
S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607	PRO	. 764.69
S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607	PRO	401.19

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

SUBTOTAL \$

2,609.45

Schedule E

SCHEDULE E (CONT.

(Continuation Sheet)	Amounts may be rounded	State	ment covers period	california 460
Payments Made	to whole dollars.	from	07/01/2019	FORM TO
SEE INSTRUCTIONS ON REVERSE		through.	12/31/2019	Page 8 of 9
NAME OF FILER				I.D. NUMBER
Liberate Laguna PAC				1405838
CODES: If one of the following codes accur	rately describes the payment, you may enter the code.	Otherwise, de	scribe the paymer	nt.

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607	PRO			185.69
	- A SAMINA			
				and a second of the contract o
ALVANDA ANTONIO				A-C
			,	

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

SUBTOTAL \$

185.69

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

0.00

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA 160
from	07/01/2019	FORM TOO
through	12/31/2019	Page 9 of 9
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Liberate Laguna PAC

1405838

CODES: If one of the following codes accurately described 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	ibes the payment, you ma MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ons ances search messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr TSF transfer betwe VOT voter registrati	nd production costs ibutions kers' salaries rtime and production cos el, lodging, and meals avel, lodging, and meals en committees of the sa	me 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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
S.E. Owens & Company 312 Clay Street, Suite 300	PRO	570.69	0.00	570.69	0.00

		OF THIS PERIOD	l	(ALSO REPORT ON E)	OF THIS PERIOD
S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607	PRO	570.69	0.00	570.69	0.00
S.E. Owens & Company 312 Clay Street, Suite 300 Oakland, CA 94607	PRO	373.70	0.00	373.70	0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 944.39\$ 0.00\$ 944.39\$ 0.00

Schedule F Summary

lotal accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for		
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TO	TALS \$

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and		
on the Summary Page, Column A, Line 9.)	. NET	\$ - 944 . 39