| | | | | COVER PAGE |
|--|---|---|--|--|
| Recipient Committee Campaign Statement Cover Page | | ε. | RECEIVED | california 460 |
| | Statement covers period from (04/29/20)/20 07/23/2020 | Date of election if applicable: (Month, Day, Year) | City Clerk's Office City of Laguna Beach, C | Page of |
| SEE INSTRUCTIONS ON REVERSE | through | | | |
| 1. Type of Recipient Committee: All Committees - Con | nplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| State Candidate Election Committee Recall Also Complete Part 5 General Purpose Committee Sponsored Small Contributor Committee | rimarily Formed Ballot Measure committee Controlled Sponsored Iso Committee Part 6; rimarily Formed Candidate/ Ifficeholder Committee Iso Committee Iso Committee Iso Committee | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b | ermination) | arterly Statement ecial Odd-Year Report |
| | NUMBER | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mariann Tracy for City Clerk 2020 | | NAME OF TREASURER Anne McGraw MAILING ADDRESS 1278 Glenney re Street 28 | 35 | |
| STREET ADDRESS (NO PO BOX) | | CITY | STATE ZIP | CODE AREA CODE/PHONE |
| 2108 Cresview Drive | | Laguna Beach | | 651 949-683-7288 |
| CITY STATE ZIP COI | | NAME OF ASSISTANT TREASUR | RER IF ANY | |
| Laguna Beach CA 9265 MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX 1278 Glenneyre Street 285 | | MAILING ADDRESS | rkajan (Ad Albahaka Barda Marayan ya na | |
| CITY STATE ZIP COI Laguna Beach CA 9265 | | CITY | STATE ZIP | CODE AREA CODE/PHONE |
| OPTIONAL FAX/E-MAIL ADDRESS | | OPTIONAL FAX / E-MAIL ADDR | ESS | |
| I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of Executed on Date | California that the foregoing is true and | | n Treasurer | |
| Executed on | D. | gnature of Controlling Officeholder Candidate | | Paradonia Paradonia |
| Executed on | Ву | of Controlling Officeholis, Condidate | Ciata Mageura Programm | State of the state |

Date

Signature of Controlling Officeholder Candidate State Measure Proponent

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 - MART 2 |
|---------------------|
| CALIFORNIA / CO |
| CALLIFORNIA ZI SI |
| FORM |
| |
| 1 2 - 11 |
| Page of |

| . Officeholder or Candidate | e Controlled (| Committe | e | | | 6. | Primarily Formed Ballot | t Measure | Committee | | |
|--|---------------------|-------------------|-----------------------|-------------------|--|-----|---|---|-----------------|-----------------|----------------|
| NAME OF OFFICEHOLDER OR CA | NDIDATE | | | · | ······································ | | NAME OF BALLOT MEASURE | | <u>,</u> | | |
| Mariann Tracy | | | | | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLU | DE LOCATION AN | ID DISTRICT | NUMBER IS | APPLIC | ABLE) | | BALLOT NO. OR LETTER | JURISDICTI | ON | С | SUPPORT |
| Laguna Beach City Clerk | | | | | | | ☐ GPPOSE | | | GPPOSE | |
| RESIDENTIAL/BUSINESS ADDRES | S (NO AND STRE | EET) CITY | | STATE | ZIP | | | | | | |
| 2108 Crestview Drive | - , | Lag | una Bea | CA | 92651 | | Identify the controlling officeholder, candidate, or state measure proponent, if an | | | onent, if any. | |
| | | E | | | | | NAME OF OFFICEHOLDER, CAR | NDIDATE, OR F | ROPONENT | | |
| Related Committees Not in not included in this statement that contributions or make expenditure. | t are controlled by | y you or are | primarily fo | | | | OFFICE SOUGHT OR HELD | T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | DISTRICT NO. | IF ANY |
| COMMITTEE NAME Mariann Tracy for City Clerk | 2020 | |), NUMBER 90591918 | | | *** | D.i ile Fannal Cand | idata/OSia | abolder Co | mmittaa 16 | et sames of |
| NAME OF TREASURER | | T _C | ONTROLLE | о соммі | ITTEE? | 7. | Primarily Formed Cand officeholder(s) or candidate(s) | for which this | committee is | primarily forme | d. |
| Anne McGraw | | | YES | NC |) | | | | | JGHT OR HELD | |
| COMMITTEE ADDRESS STE 1278 Glenneyre Street 285 | REETADDRESS (I | NO P O. BOX |) | | | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOC | JGHT OR HELD | SUPPORT OPPOSE |
| CITY Laguna Beach | STATE (\ | ZIP CODE 92651 | | REA CO 049-683 | DE/PHONE 3-7288 | | NAME OF OFFICEHOLDER OR | ANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | | 1,6 |) NUMBER | | | | NAME OF OFFICEHOLDER OR | ANDIDATE | OFFICE SOL | JGHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER | | 1 | ONTROLLEI | О СОММ | | | NAME OF OFFICEHOLDER OR | ANDIDATE | OFFICE SOI | UGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE ADDRESS STE | REETADDRESS (| NO PO BOX |) | | | | | · | | | |
| CITY | STATE | ZIP CODE | £ / | REA CO | DE/PHONE | | Atta | ch continuat | ion sheets if r | necessary | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement of the period from 1/23/2020 Page 3 of 11

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mariann Tracy for City Clerk 2020 Calendar Year Summary for Candidates Column B Column A CALENDAR YEAR TOTAL 10 DATE Contributions Received Running in Both the State Primary and TOTAL THIS PERIOD (FROM AT 14CHED SCHED) JES-**General Elections** Monetary Contributions Schedule A. Line 3 2/1 to Date 1-1 through 6/30 Loans Received. Schedule B, Line 3 3603,005523.00 20. Contributions 1920.00 Received SUBTOTAL CASH CONTRIBUTIONS Add times 1+221 Expenditures 3226.34 Schedule C. Line 3 Nonmonetary Contributions 5523.00 Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** Candidates Schedule E. Line 4 Payments Made. Schedule H, Line 3 Loans Made... 22. Cumulative Expenditures Made* 3226.34 (If Subject to Voluntary Expenditure Limit) SUBTOTAL CASH PAYMENTS .. Add Lines 6 + 7 total to Date Date of Election Accrued Expenses (Unpaid Bills) Schedule F. Line 3 (mm/dd/yy) Schedule C. Line 3 10. Nonmonetary Adjustment 3226.34 3226.34 Add Lines 8 + 9 + 10 11 TOTAL EXPENDITURES MADE **Current Cash Statement** 12 Beginning Cash Balance Previous Summary Page Line 16 To calculate Column B. 5523.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B 14. Miscellaneous Increases to Cash ... Schedule I Line 4 3226.34 of your last report. Some 15. Cash Payments Column A. Line 8 above amounts in Column A may 2296.66 be negative figures that 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14 then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero previous period amounts If this is the first report being 0 filed for this calendar year 17 LOAN GUARANTEES RECEIVED... Schedule B, Part 2 only carry over the amounts from Lines 2, 7 and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (Jan/2016)) Add Line 2 + Line 9 in Column B above 19. Outstanding Debts FPPC Advice: advice@fppc.ca.gov (866/275-3772)

| Schedule | Α | |
|----------|---------------|----------|
| Monetary | Contributions | Received |

Amounts may be rounded to whole dollars.

SCHEDULE A

| Monetary Contributions Received | | to | whole dollars. | Statement co from (04-29/2020 (07-23-2 |) | FORM 460 | |
|---------------------------------|---|--------------------------------------|---|--|--|--|--|
| SEE INSTRUCT | IONS ON REVERSE | | | through | | · , | |
| NAME OF FILER Mariann Tra | R rcy For City Clerk 2020 | | | | | 10 NUMBER 190591918 | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZEP CODE OF CONTRIBUTOR OF COME STEE, ALSO ELETER LD NUMBER | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED STATER NAME) | AMOUNT RECEIVED THIS PERIOD | CHMULATIVE FALENIS | RALLUS TOPOL | |
| 04/29.20 | Mariann Tracv Laguna Beach, C \ 92651 | ØIND □COM □OTH □PTY □SCC | City of Laguna Beach | -11 (0.00) | <u> 1000</u> | | |
| 04 29 20 | Richard M Tracy Laguna Beach, CA 92651 | DIND COM OTH PTY SCC | | 440.00 | 410.00 | and when the second | |
| 05 15/20 | Jared Jay Young Norco, CA 92860 | ØIND COM OTH PTY | | 100.00 | 100 00 | and the same of th | |
| 06 23 20 | Patricia Słowsky ve Laguna Beach, CA 92651 | ØIND □COM □OTH □PTY □SCC | Retired | 100.00 | 100,00 | | |
| 06 24/20 | Kelly Boyd Laguna Beach, C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | IND COM | Retired | 200.00 | 200.00 | | |
| | | ****** | SUBTOTAL | \$ 1280.00 | | | |
| 1. Amount re (Include al | A Summary ceived this period – itemized monetary contributio I Schedule A subtotals.) ceived this period – unitemized monetary contribu | | \$ | 00.00 | entral debut de la constant de la co | Contributor Codes ND Individual COM Recipient Committee cother than PTY or SCC) PTH Other (e.g. business entity) TY Political Party SCC Small Contributor Committee | |
| 3. Total mone (Add Lines | etary contributions received this period. s 1 and 2. Enter here and on the Summary Page. (| Column A, Line 1 |) TOTAL \$ | 23.00 | C. | FPPC Form 460 (Jan/2016)) advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov | |

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT)

| Monetary Contributions Received | | to whole | dollars. | Statement cov | vers period CAL | CALIFORNIA 460 FORM Page 5 of 11 | | | | |
|---|--|---|---|-----------------------------------|--|--|--|--|--|--|
| NAME OF FILER Mariann Tracy for City Clerk 2020 | | | | | | | | | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#FCC****** TEE ALSO STREET DINGS ARE | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED EXTERNAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE PLENHAR YEAR PAN TO DEC. 15 | PER ELECTION TO DATE OF PEGE PED | | | | |
| 06.28/20 | Chris Quilter PayPal | ☑ IND □ COM □ OTH □ PTY □ SCC | | 100.00 | 100 00 | | | | | |
| 06 29/20 | Cindy Showoff PayPal | □IND □COM □OTH □PTY □SCC | Real Estate | +40.00 | 410.00 | | | | | |
| 07 06/20 | Barbara MacGillivray Laguna Beach, CA92651 | IND COM OTH PTY SCC | Film maker | 100.00 | 100 00 | | | | | |
| 07:06/20 | Terry Timmins PHD Laguna Beach, CA 92651 | IND COM | Retired Professor | 100.00 | 100.00 | | | | | |
| 07-06/20 | Peggy Wolff Laguna Beach, CA 92651 | IND COM OTH PTY SCC | Program Manager | 100.00 | 100.00 | | | | | |
| | | | SUBTOTAL | \$ 840.00 | | | | | | |

*Contributor Codes

IND - Individual

COM - Recipiont Committee

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

| NAME OF FILER Mariann Tracy for City Clerk 2020 | | | | | from | | (10) | KWI (1985) |
|--|--|--|--|-------------------------|---------------|--|--|--|
| Mariann Tracy for City Clerk 2020 DATE RECEIVED PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR GODE PURCEIVED CONTRIBUTOR | the safety of th | | ang ka da gapan mandada dikir a san ka aking di gapan da di dikir da san ya | | through | and the second s | 1 | |
| OATE CONTRIBUTOR CONTRIBUTOR CODE CONTRIBUTOR CODE | | | | | | | į . | / |
| Laguna Beach, CA 92651 | | CONTRIBUTOR | + + | OCCUPATION AND EMPLOYER | RECEIVED THIS | MENTARY | 7E + 18 | TO Deft. |
| COM | 07/06/20 | | □COM □OTH □PTY | Private Investor | -140.00 | | And property and the state of t | |
| Costa Mesa, CA 92627 | 07/06/20 | | □COM □OTH □PTY | Retired | 100.00 | 100 00 | 20 years (10 min 10 min | |
| | 07/06/20 | | □ COM □ OTH □ PTY | Program Manager | 150.00 | 150,00 | | |
| 07-06420 Don Sheridan | 07-06420 | | Ø IND □ COM □ OTH □ PTY | Retired | 200.00 | 200.00 | 1 | |
| 07-06/20 Patricia Fartaglia-Mars IND Retired 250.00 250.00 | 07/06/20 | - | ☑ IND □ COM □ OTH □ PTY | Retired | 250.00 | 250 00 | | |
| SUBTOTAL \$ 11-40.00 | | A Company of the Comp | | SUBTOTAL | \$ 11-40.00 | The second secon | | Annual Comments of the Comment |

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

from ___

| NAME OF FILER Mariann Tra | cy for City Clerk 2020 | through Page 7 of 11 ID NUMBER U90591915 | | | | |
|------------------------------|---|--|--|-----------------------------------|--|--|
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMUTEE, ALSO LATER LD, NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER OF SELFCAPLOYED ENGER NAMES | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE - ALENDAR YEAR - JAN 1 DEC 311 | PER ELECTION TO DATE of REQUIRED) |
| 07-06/20 | Ramona Loukes Laguna Beach, CA 92651 | ØIND □COM □OTH □PTY □SCC | | 100.00 | 100.00 | Santa Santa Cama |
| 07 08 20 | Cody Engel Laguna Beach, CA 92651 | ØIND □COM □OTH □PTY □SCC | Retired | 140.00 | 440.00 | and and and a |
| 07/08/20 | Gay Sutherland Laguna Beach, CA 92651 | IND COM OTH PTY SCC | Retired | 100.00 | Too.oo | and the state of the |
| 07 08/20 | Peter Welsh Los Angeles, CA 90025 | ØIND □COM □OTH □PTY □SCC | Commercial Mortgage Banker | 200.00 | 200 00 | anne ample pepulan esta |
| 07 09/20 | Ann Larson Pay Pal | ØIND □COM □OTH □PTY □SCC | Retired | 200.00 | 200.00 | and |
| | | | SUBTOTAL | \$ 1040.00 | The second secon | The second of th |

*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) Monetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from ______ FORM 460 Through ______ Page 8 of 11 Page 8 of 11 NAME OF FILER Mariann Tracy for City Clerk 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND CIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER LO NUMERO) | CONTRIBUTOR | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER IF SELECTED FOR NAME: | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE ALENDAR YEAR JAN 1 DEC 111 | THR ELECTION FO DATE OF REQUIRED) |
|--|--|--------------------------------------|--|-----------------------------------|---|-------------------------------------|
| 07 10/20 | Michael Ray PayPal | IND COM OTH PTY SCC | | 250.00 | 250.00 | |
| 07 10-20 | Sam Goldstein Laguna Beach, CA 92651 | ØIND □COM □OTH □PTY □SCC | Property Owner | 250.00 | 250 00 | |
| 07 14/20 | Ralph Bienert Anaheim, CA 92804 | ☑IND □COM □OTH □PTY □SCC | Retired | 200.00 | 200 00 | und 1 da n adopter |
| | | □IND □COM □OTH □PTY □SCC | | | t t t t t t t t t t t t t t t t t t t | |
| The state of the s | | OND OND OND OTH OTY SCC | | 7/0.00 | | |
| | | | SUBTOTAL | \$ 700.00 | | |

*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

| | Δ | nounts may be roun | dod | | | | SCHEI | DULE B - PART 1 |
|--|--|--------------------|--|--|------------|-------------------------------|--|--|
| Schedule B – Part 1 Loans Received | Schedule B - Part 1 to whole dollars. Statement covers period | | california 460 form | | | | | |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | The second secon | | through | | Page Q_ | 1/10 |
| Mariann Tracy f | or City Cler | k 2020 | | | | | 4905 | 91918 |
| FULL NAME STREET ADDRESS AND ZIP CODE OF LENDER (IF DAMNITTEE & COENTER OF SAMBER) | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER SELF-EMPLOYED ENTER NAME OF BOOMESS) | OUTSTANDING | (b) AMOUNT ECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVED THIS PERIOD | BALANCE AT | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTION TO DATE |
| | | | emperature and control of the contro | S | \$ | - h/m | en de commente e manifesta de la commente del commente del commente de la commente del commente del commente de la commente del commente del commente de la | S |
| IND COM OTH CTY 560 | | s | | S | ATE DUI | \$ | E IRR | \$ F |
| | | : | | S \\ FE \\ \EN | | | | 5 |
| OTH DETY DECC | The state of the s | S | | \$ | DATE DUE | 5 | THE IS TREE | CA CLOSAL CONT |
| | | s | | FC- VEN | | \$ | The second secon | Pr 6- 11 |
| I IND COM OTH PIY SCC | | SUBTOTALS \$ | 9 | | DATE DUE | <u> </u> | ME MP | 1 |
| Schedule B Summary 1 Loans received this period (Total Column (b) plus unitemized loar 2 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha | ns of less than \$100.) | | | \$ | | (Enter to on Sched | Confributor Code ND individual COM - Recipient (| |

NET \$

(May be a regative name

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

3. Net change this period. (Subtract Line 2 from Line 1.)

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

PTY - Political Party

OTH - Other (e.g. business entity)

SCC - Small Contributor Committee

| | | | | | | SCHEDULE |
|---|--|--|----------------|--|--|----------------------|
| Schedule E | Amounts may b to whole di | | | Statement covers period | CALIF | ORNIA 460 |
| Payments Made | 10 1111011 | | | from | FO | RM |
| | | | | through | Page 1 | O of 11 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | *************************************** | | | TD NUM | |
| Mariann Tracy for CH | n Clerk | 2020 |) | | 490 | <u> </u> |
| CODES: If one of the following codes accurately descr | ` | | | erwise, describe the payme | ent. | |
| CMP campaign paraphernalia/misc CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fND fundraising events IND LEG legal defense LIT campaign literature and mailings | MBR member con meetings and OFC office expension PET petition circu PHO phone banks POL polling and s POS postage, del | nmunications d appearanc ses lating urvey resear | 2S | RAD radio airtime and produce returned contributions SAL campaign workers' sala t.v. or cable airtime and TRC candidate travel, lodgin staff/spouse travel, lodgin transfer between community voter registration information technology | ction costs production costs g and meals jing, and meals uttees of the sam | ne candidate/sponsor |
| NAME AND ADDRESS OF PAYEE | | CODE | OR DE | SCRIPTION OF PAYMENT | | «MOUNT PAID |
| (IF COMPATTEE, ALS: CAFER LD NUMBER) | | | | The state of the s | | |
| Laguna Graphic Arts 16782 Red Hill Ave Suite A Irvine, CA 92606 | | СМР | Yard Signs | | | 431.00 |
| 25 Publishing 668 N Coast Hwy 1125 Laguna Beach, CA 92651 | | PRT | Ad in Stu News | | t commenced the second control of the second | 550.00 |
| 1 SPS | | POS | Postage | | Andrews and Angelia | 110.00 |
| * Payments that are contributions or independent expenditures must also | o be summanized on Scho | edule D. | | | SUBTOTAL | \$ 1091.00 |
| Schedule E Summary | | | | | | 30 41.00 |
| 1 Itemized payments made this period. (Include all Sched | lule E subtotals.) | | *** | | \$ | 185.34 |
| 2. Unitemized payments made this period of under \$100 | **** | | | ***** | \$ | 0 |

3. Total interest paid this period on loans (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3 Enter here and on the Summary Page, Column A, Line 6.)

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

TOTAL \$

3226.34

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| Schedule E | | | | | | | SCHEDULE E (CONT | | |
|---|--|--|---------------------------|---|--|---|------------------|--|--|
| (Continuation Sheet) Payments Made | Amounts may be to whole do | | | Statement covers period | | | RNIA 460 | | |
| SEE INSTRUCTIONS ON PEVERSE | | | | through | Market and the state of the sta | Page 1 | 1 of <u>}</u> | | |
| NAME OF FILER | And the second s | | | | | ID NUMB | EP | | |
| Mariann Tracy for City Clerk 2020 | | | | | | 4905919 | [8 | | |
| CODES: If one of the following codes accurately described campaign paraphernalia/misc campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads | munications I appearances es ating urvey researd very and mes | s h senger services | RAD radio RFD return SAL cam TEL t.v. c TRC canc TRS staff TSF trans VOT vote | cribe the paymer of airtime and productioned contributions paign workers' salarier cable airtime and plidate travel, lodging, /spouse travel, lodging of the testween committed to the control of the con | on costs es roduction costs and meals ig, and meals ees of the same | | | |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, AL NTER LO NOMBER) | | CODE | DR DE | SCRIPTION OF | PAYMENT | | 4MOUNT PAID | | |
| Never Enough Media Rayanne Thorn 107 Calle Bonito San Clemente, CA 92672 | | CNS | Website and Soci | al Media | | | 1950.00 | | |
| | | | | | | | | | |

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

SUBTOTAL \$ (950,00