

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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**RECEIVED**  
Date Stamp  
JUL 17 2015  
City Clerk's Office  
CITY OF LAGUNA BEACH, CA

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For Official Use Only

Date of election if applicable (Month, Day, Year)

Statement covers period from January 1, 2015 through June 30, 2015

SEE INSTRUCTIONS ON REVERSE

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement (Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
  - Supplemental Preelection Statement - Attach Form 495

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- 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)

### Treasurer(s)

NAME OF TREASURER  
Matt Lawson

MAILING ADDRESS  
P.O. Box 487

CITY  
Laguna Beach STATE  
CA ZIP CODE  
92652 AREA CODE/PHONE  
949-715-9800

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER  
1363063

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Rob ZurSchmiede for Council 2014

STREET ADDRESS (NO P.O. BOX)  
515 OAK STREET

CITY  
LAGUNA BEACH STATE  
CA ZIP CODE  
92651 AREA CODE/PHONE  
949-715-9800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
P.O. BOX 487

CITY  
Laguna Beach STATE  
CA ZIP CODE  
92652 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
mattlawson7@hotmail.com

### 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. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 11, 2015 Date

By Matt Lawson Signature of Treasurer or Assistant Treasurer

Executed on 7/11/2015 Date

By Rob ZurSchmiede Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from January 1, 2015  
through June 30, 2015

Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1363063

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>			
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	\$	\$
<b>Expenditures Made</b>			
6. Payments Made	Schedule E, Line 4	\$	\$
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	\$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	\$
<b>Current Cash Statement</b>			
12. Beginning Cash Balance	Previous Summary Page, Line 16	2,015.87	
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	2,015.87	
<i>If this is a termination statement, Line 16 must be zero.</i>			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	\$
<b>Cash Equivalents and Outstanding Debts</b>			
18. Cash Equivalents	See instructions on reverse	\$	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	\$

## 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 \$

21. Expenditures Made \$

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/\$ / \$

/\$ / \$

\*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).