

Recipient Committee Campaign Statement Cover Page

| | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Date Stamp RECEIVED DEC 26 2018 City Clerk's Office City of Laguna Beach, CA | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>4</u> For Official Use Only |

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u> | Date of election if applicable: (Month, Day, Year) <u>November 6, 2018</u> |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

3. Committee Information

I.D. NUMBER
1363063

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rob Zur Schmiede for Council 2018

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

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

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

| | | | |
|---------------------|-----------|--------------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LAGUNA BEACH | CA | 92652 | |

OPTIONAL: FAX / E-MAIL ADDRESS
matlawson7@hotmail.com

Treasurer(s)

NAME OF TREASURER
Matt Lawson

MAILING ADDRESS
PO Box 487

| | | | |
|---------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| LAGUNA BEACH | CA | 92652 | 949-715-9800 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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

Executed on November 18, 2018
Date

Executed on Dec. 22, 2018
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---------------------------------------------------------|--------------------------------|
| Statement covers period from <u>October 21, 2018</u> | CALIFORNIA FORM 460 |
| through <u>December 31, 2018</u> | |
| Page <u>2</u> of <u>4</u> | I.D. NUMBER <u>1363063</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rob ZurSchmiede for Council 2018

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|-------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ _____ | \$ <u>27,402.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | _____ | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ _____ | \$ <u>27,402.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | _____ | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ _____ | \$ <u>27,402.00</u> |

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 | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|-------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>4,343.46</u> | \$ <u>21,386.63</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>4,343.46</u> | \$ <u>21,386.63</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | _____ | _____ |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>4,343.46</u> | \$ <u>21,386.63</u> |

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 |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|-----------------------------------------------------------------------------------|---------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>12,173.70</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | _____ |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | _____ |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>4,343.46</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>7,830.24</u> |

If this is a termination statement, Line 16 must be zero.

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).

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

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

Cash Equivalents and Outstanding Debts

| | |
|-------------------------------------------------------------------------|----------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ _____ |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|---------------------------------------------------------------------------------------------|----------------------------|
| Statement covers period from <u>October 21, 2018</u> through <u>December 31, 2018</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rob ZurSchmiede for Council 2018

| 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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|-----------------------------------------------------|------------------------------------|
| 11/7/18 | Yes on P Local Ballot Measure Laguna Beach, CA | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 4,125.00 | 6,130.00 | 6,130.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 4,125.00 | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 4,125.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL.. \$ 4,125.00

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

| | |
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NAME OF FILER

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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 |
| 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)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|---------|------------------------|-------------|
| Yes on Measure P 482 Aster St. Laguna Beach CA 92651 | IND | | 4,125.00 |
| U.S. Postal Service 350 Forest Avenue Laguna Beach CA 92651 | POS | | 102.00 |
| | | | |

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

SUBTOTAL \$

Schedule E Summary

| | | |
|--------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 4,227.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | 116.46 |
| 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.) | TOTAL \$ | 4,343.46 |