

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**CALIFORNIA  
FORM 460**

Date Stamp  
**RECEIVED**

FEB - 1 2021

City Clerk's Office  
City of Laguna Beach, CA

Page 6 of 7

For Official Use Only

Statement covers period  
from 10-18-20  
through 12-31-20

Date of election if applicable:  
(Month, Day, Year)  
11-3-20

SEE INSTRUCTIONS ON REVERSE

**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)

**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

**3. Committee Information**

I.D. NUMBER  
1429906

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Ruben Flores for City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY Laguna Beach STATE CA ZIP CODE 92651 AREA CODE/PHONE

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

CITY Laguna Beach STATE CA ZIP CODE 92651 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Ruben@rubenflorescitycouncil.com

**Treasurer(s)**

NAME OF TREASURER

Glenn Gray

MAILING ADDRESS

CITY Laguna Beach STATE CA ZIP CODE 92651 AREA CODE/PHONE

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 1-29-21  
Date

Executed on 1-29-21  
Date

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

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

By Glenn Gray  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ruben Flores

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council for Laguna Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2, Laguna Beach CA 92651

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10-18-20</u>	<b>CALIFORNIA FORM 460</b>
through <u>12-31-20</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1429906</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ruben Flores for City Council 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1,430.<sup>00</sup></u>	\$ <u>25,386.<sup>00</sup></u>
2. Loans Received..... Schedule B, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1,430.<sup>00</sup></u>	\$ <u>25,386.<sup>00</sup></u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>1,430.<sup>00</sup></u>	\$ <u>25,386.<sup>00</sup></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..... Schedule E, Line 4	\$ <u>4,866.48</u>	\$ <u>15,824.37</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>4,866.48</u>	\$ <u>15,824.37</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>- 0 -</u>	\$ <u>- 0 -</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>4,866.48</u>	\$ <u>15,824.37</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..... Previous Summary Page, Line 16	\$ <u>12,998.11</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>1,430.<sup>00</sup></u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>- 0 -</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>4,866.48</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>9,561.63</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>- 0 -</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>- 0 -</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>- 0 -</u>

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.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10-18-20</u> through <u>12-31-20</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>7</u>
	I.D. NUMBER <u>1429906</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Ruben Flores for City Council 2020

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/20	Gregory Shaffer Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of CA @ Irvine	\$ 440. <sup>00</sup>	\$ 440. <sup>00</sup>	
10/21/20	Vasiliki Hatzis Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Branding Consultant w/ Pythia, Inc.	\$ 150. <sup>00</sup>	\$ 150. <sup>00</sup>	
10/27/20	James Kelly Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 440. <sup>00</sup>	\$ 440. <sup>00</sup>	
10/29/20	Patricia Barnett Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 100. <sup>00</sup>	\$ 100. <sup>00</sup>	
11/1/20	John Mansour Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer w/ The Athens Group	\$ 250. <sup>00</sup>	\$ 250. <sup>00</sup>	
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,380.<sup>00</sup>
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 50.<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,430.<sup>00</sup>

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	<u>10-18-20</u>	
through	<u>12-31-20</u>	Page <u>5</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
<u>Ruben Flores for City Council 2020</u>		<u>1429906</u>

SEE INSTRUCTIONS ON REVERSE

**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
<u>Build-a-Sign 11525 Stonehollow Drive, Ste 100 Austin, TX 78758</u>	<u>CMP</u>	<u>two 3' x 10' custom signs</u>	<u>\$ 120.56</u>
<u>Build-a-Sign 11525 Stonehollow Drive, Ste 100 Austin, TX 78758</u>	<u>CMP</u>	<u>five 2' x 8' custom signs</u>	<u>\$ 177.21</u>
<u>PayPal 12312 Port Grace Blvd La Vista, NE 68128</u>	<u>PRO</u>	<u>transaction service fees</u>	<u>\$ 84.86</u>

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

**SUBTOTAL \$ 382.63**

**Schedule E Summary**

- |  |                                 |
|--|---------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ <u>4,866.48</u>              |
| 2. Unitemized payments made this period of under \$100   | \$ <u>—</u>                     |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>—</u>                     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ <u>4,866.48</u></b> |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10-18-20</u> through <u>12-31-20</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER <u>1429906</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ruben Flores for City Council 2020

**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
<u>Armitage, Inc</u> <u>Laguna Beach CA 92651</u>	<u>PRT</u>	<u>3-week ad placement in "Best of Laguna Beach"</u>	<u>\$1,000</u>
<u>Firebrand Media LLC</u> <u>580 Broadway St. #301</u> <u>Laguna Beach CA 92651</u>	<u>PRT</u>	<u>2 full-page Ads 10/23 &amp; 10/30 in "Laguna Beach Independent"</u>	<u>\$1,020</u>
<u>Laguna Beach Bums</u> <u>1370 So. Coast Hwy</u> <u>Laguna Beach, CA 92651</u>	<u>MTG</u>	<u>Rent facility for Election night reception</u>	<u>\$757.<sup>55</sup></u>
<u>Maya Johnson</u>	<u>TRC</u>	<u>Election night Reception food</u>	<u>\$550.<sup>00</sup></u>
<u>John Brown</u>	<u>MTG</u>	<u>Election night Reception Audio/visual</u>	<u>\$800.<sup>00</sup></u>

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

**SUBTOTAL \$ 4,127.55**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10-18-20</u> through <u>12-31-20</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER <u>1429906</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ruben Flores for City Council 2020

**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
<u>Pay Pal</u> <u>12312 Port Grace Blvd</u> <u>La Vista, NE 68128</u>	<u>PRO</u>	<u>transaction service fees</u>	<u>\$ 36.30</u>
<u>John Levitt</u> <u>paid to: Ford Design Group</u> <u>30802 Coast Hwy, #109</u> <u>Laguna Beach CA 92651</u>	<u>WEB</u>	<u>E-flyer for City Council letter</u>	<u>\$200.<sup>00</sup></u>
<u>Gregory Shaffee</u> <u>Laguna Beach CA 92651</u>	<u>RFD</u>	<u>Return contribution</u> <u>in excess of \$440/person</u> <u>limit</u>	<u>\$60.<sup>00</sup></u>
<u>James Kelly</u> <u>Laguna Beach CA 92651</u>	<u>RFD</u>	<u>Return contribution</u> <u>in excess of \$440/person</u> <u>limit</u>	<u>\$60.<sup>00</sup></u>

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

**SUBTOTAL \$ 356.30**