

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Date Stamp RECEIVED FEB - 4 2021 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 460
Page <u>1</u> of <u>11</u>	
For Official Use Only	

Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1422691

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Laguna Beach Firefighters Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)
1121 L Street, Suite 200

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 556-1776</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
fppc@rockaslaw.com

Treasurer(s)

NAME OF TREASURER
Andreas C. Rockas

MAILING ADDRESS
1121 L Street, Suite 200

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 556-1776</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 01/26/2021
Date

Executed on _____
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

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

CALIFORNIA FORM	460
Page <u> 2 </u> of <u> 11 </u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

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

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

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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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
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 PROONENT _____

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>07/01/2020</u>	CALIFORNIA FORM 460
through <u>12/31/2020</u>	
Page <u>3</u> of <u>11</u>	I.D. NUMBER <u>1422691</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laguna Beach Firefighters Association Political Action Committee

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>3,498.99</u>	\$ <u>4,342.62</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>3,498.99</u>	\$ <u>4,342.62</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>3,498.99</u>	\$ <u>4,342.62</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	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>0.00</u>	\$ <u>0.00</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
<u> </u> / <u> </u> / <u> </u>	\$ _____
<u> </u> / <u> </u> / <u> </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>4,494.75</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>3,498.99</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>0.00</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>7,993.74</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.

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page 4 of 11
NAME OF FILER		I.D. NUMBER
Laguna Beach Firefighters Association Political Action Committee		1422691

SEE INSTRUCTIONS ON REVERSE

Laguna Beach Firefighters Association Political Action Committee

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)
07/13/2020 12/04/2020	Robert Abijay 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Brian Adams 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Kurt Bladergroen 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Grant Brady 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	115.25	
07/13/2020 12/04/2020	Brent Buccola 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				484.05		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	3,388.35
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	110.64
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	3,498.99

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page 5 of 11

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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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)
07/13/2020 12/04/2020	Frank Buckner 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Anthony Carlson 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Pat Cary 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Grant Collison 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Dan Conroy 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	

SUBTOTAL \$ 484.05

*Contributor Codes
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 (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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page <u>6</u> of <u>11</u>

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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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)
07/13/2020 12/04/2020	Ian DaCosta 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Zack DeJohn 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Agam Fugate 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Gary Ganger 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Chip Gilmore 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				484.05		

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 (other than PTY or SCC)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page 7 of 11

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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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)
07/13/2020 12/04/2020	Scott Hammond 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Brandon Hawkins 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Andrew Hill 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Scott Jennie 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Daniel Kalscheuer 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	

SUBTOTAL \$ 484.05

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Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page 8 of 11

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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07/13/2020 12/04/2020	Chris Kent 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	John Kuzmic 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Forrestt Lazicki 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Eric Lether 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	James Lin 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	

SUBTOTAL \$ 484.05

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page 9 of 11

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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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)
07/13/2020 12/04/2020	David Lopez 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Chris Ornelas 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Julio Pacheco 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Thomas Padden 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Matt Rolfe 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				484.05		

*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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page 10 of 11

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 1422691
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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)
07/13/2020 12/04/2020	Bryan Sarjeant 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Adam Schulenburg 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Tyler Swets 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Jeff White 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
07/13/2020 12/04/2020	Jeff Zaccaro 350 Forest Ave. P.O. Box 367 Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter City of Laguna Beach	96.81 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				484.05		

*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 C
Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	12/31/2020	Page <u>11</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Laguna Beach Firefighters Association Political Action Committee

1422691

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/09/2020	Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAC Administration	250.00 Memo	1,000.00	
10/05/2020	Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAC Administration	250.00 Memo	1,000.00	
11/05/2020	Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAC Administration	250.00 Memo	1,000.00	
12/01/2020	Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PAC Administration	250.00 Memo	1,000.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	0.00

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee