**COVER PAGE Recipient Committee** Date Stamp **Campaign Statement CALIFORNIA** RECEIVED **FORM** Cover Page 13 of. Statement covers period Date of election if applicable: MAY 1 3 2021 (Month, Day, Year) For Official Use Only 01/01/2020 from City Clerk's Office 06/30/2020 SEE INSTRUCTIONS ON REVERSE City of Laguna Beach CA through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee □ Preelection Statement Primarily Formed Ballot Measure ☐ Quarterly Statement State Candidate Election Committee Committee ✓ Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled ☐ Termination Statement (Also Complete Part 5) O Sponsored (Also Complete Part 6) (Also file a Form 410 Termination) General Purpose Committee Amendment (Explain below) ☐ Primarily Formed Candidate/ Sponsored A reportable contribution was missed in the 1/1/20-6/30/20 period. O Small Contributor Committee Officeholder Committee (Also Complete Part 7) As per Manual 4,Ch3,pg5-6 we corrected the error here. Also on pg7, contrib code Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1421491 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Michael Morris Laguna Residents First MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Laguna Beach CA 92651 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY

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1	C	H	ca	TITI	ve	4.

CITY

Laguna Beach

OPTIONAL: FAX / E-MAIL ADDRESS

CA

STATE

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

92651

ZIP CODE

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.

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

STATE

ZIP CODE

CITY

Executed on	By Michael Morris Signature of Treasurer or Assistant Treasurer
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

AREA CODE/PHONE

AREA CODE/PHONE

Officeholder or Candidate Controlled Committee	6.	6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	MANAGEMENT AND ASSESSMENT OF THE SECOND ASSESS	BALLOT NO, OR LETTER	JURISDICTIO	NC	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE Z	IIP	Identify the controlling office	eholder, cand	idate, or state measure pr	oponent, if any.
		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT	
Related Committees Not Included in this Statement: List any committee 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.		OFFICE SOUGHT OR HELD		DISTRICT NO	). IF ANY
COMMITTEE NAME I.D. NUMBER	···				
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO	<del></del> 7.	Primarily Formed Canofficeholder(s) or candidate(s	) for which this	eholder Committee committee is primarily for	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT DPPOSE
CITY STATE ZIP CODE AREA CODE/PHO	ONE	NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME. I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  CONTROLLED COMMITTEE?  YES NO		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	<del></del>				U OFFOSE
CITY STATE ZIP CODE AREA CODE/PHO	ONE	Atta	ach continuati	on sheets if necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 460 01/01/2020 from. Page \_\_\_\_3 of \_\_\_\_13 06/30/2020 through .. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laguna Residents First 1421491

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$5392.00	s5392.00	General Elections
2. Loans Received	0,00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	s 5392.00	s 5392.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions	0.00	0.00	21 Evpandituras
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 5392.00	\$5392.00	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made	\$ <u>10502.45</u>	\$ <u>10502.45</u>	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$10502.45	\$10502.45	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	0.00	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$10502.45	\$10502.45	\$
Current Cash Statement			/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>13563.83</u>	To calculate Column B.	
13. Cash Receipts Column A, Line 3 above	5392.00	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	10502.45	of your last report. Some	reported in Column 6.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$8453.38	amounts in Column A may be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	this is the first report being filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$0.00	any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00		FPPC Form 460 (Jan/2016)
	-	Residence Andrews	FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fppc.ca.gov

www.fppc.ca.gov

#### Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received		whole dollars.	Irom	1/2020	CALI F	FORNIA 460 DRM		
SEE INSTRUCTION	NS ON REVERSE			through	30/2020	Page	4 of <u>13</u>		
	sidents First					I.D. NU 14214			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)		
02/19/2020	Matthew Keces	☑IND □COM □OTH □PTY □SCC	Attorney	100.00	100.00		100.00		
03/12/2020	Kent Seward	IND   COM   OTH   PTY   SCC	self-employed, Handyman	500.00	500.00		500.00		
03/01/2020	Sherry Keith	☑IND □COM □OTH □PTY □SCC	retired educator	100.00	100.00				
02/07/2020	Ann Krizman	☑IND □COM □OTH □PTY □SCC	Owner, Fresh Produce	200.00	200.00				
03/12/2020	Monica Thompson	☑IND □COM □OTH □PTY □SCC	physician with SCPMG	200.00	200.0	00			
			SUBTOTAL \$	1100.00					
	A Summary	- · · · · ·			1	ibutor Co			
(Include all	ceived this period – itemized monetary contributions. Schedule A subtotals.)	*****************	\$	4550.00			nt Committee		
	ceived this period – unitemized monetary contribution	ns of less thar	\$ \$100\$	842.00	OTH -		nan PTY or SCC) s.g., business entity)		
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colo	umn A, Line 1	.)TOTAL \$	5392.00	scc-	Small C	ontributor Committee		

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from01/0	1/2020	FORM 40U
NAME OF FILER				through 06/3		Page
Laguna Re	sidents First					.D. NUMBER
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 D CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
1/13/2020	Robert & Trish Sweeney	ØIND □COM □OTH □PTY □SCC	Manufacturing Executive	100.00	100.00	
01/07/2020	Robert S. Cohen	☑IND □COM □OTH □PTY □SCC	Retired	150.00	150.00	
01/21/2020	James F. Kosik	ØIND □COM □OTH □PTY □SCC	Retired	250.00	250.00	
01/26/2020	Vicki M. Crowe M.D.	☑IND □COM □OTH □PTY □SCC	Retired physician	200.00	200.00	
02/09/2020	L.J.Shardlow	☑IND □COM □OTH □PTY □SCC		100.00	100.00	
			SUBTOTAL \$	800.00		,

\*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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	from01/0	1/2020	FC	FORNIA 460
NAME OF FILER	through06/	30/2020	Page _	6_ of <u>\13</u>
Laguna Residents First			I.D. NU	MBER
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
O3/17/2020 Pamela Adams	100.00	100.00		( NEGOTIED)
O3/24/2020 Charlotte Masarik  Charlotte Masarik  Charlotte Masarik  Charlotte Masarik  Charlotte Masarik  Com  OTH  PTY  SCC	100.00	100.00		
James Sweeney Jr.  □ COM □ OTH □ PTY □ SCC	100.00	100.00	0	
04/19/2020 Anne Cox	100.00	100.00	0	
02/23/2020  L.J. Shardlow  COM  OTH  PTY  Scc	100.00	200.00	)	
SUBTOTAL \$	500.00			

\*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Passived

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		celved to whole dollars.			/2020	CALIFORNIA 460		
NAME OF FILER				throughU6/3	0/2020		F of 13	
Laguna Re	sidents First					I.D. NUN	1BER	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
04/24/2020	Stephen P. Holmes	☑IND □COM □OTH □PTY □SCC		100.00	100.	00		
04/24/2020	Roger C. Taft	☑IND □COM □OTH □PTY □SCC		100.00	100.	00		
04/22/2020	Elvira Fredrickson	☑IND □COM □OTH □PTY □SCC		100.00	100.6	00		
04/28/2020	Verna Rollinger	□INÐ □COM □OTH □PTY □SCC	retired	100.00	100.0	100.00		
04/28/2020	Loraine Mullen-Kress	☑IND □COM □OTH □PTY □SCC	real estate agent Surterre Properties	100.00	100.0	00		
			SUBTOTAL \$	500.00				

\*Contributor Codes

IND - Individual

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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.

monetary contributions received		10 111010	workers.	from 01/01/2020		california 460	
				through06/3	0/2020	Page	8 of 13
NAME OF FILER						I.D. N	JMBER
Laguna Re	sidents First					1421	491
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
04/29/2020	James & Pamela Kosik	☑IND □COM □OTH □PTY □SCC	retired	150.00	150.00		
05/24/2020	Anita & James Dobbs	☑IND □COM □OTH □PTY □SCC		100.00	100.00		
05/29/2020	Christopher Vanley	☑IND □COM □OTH □PTY □SCC	Physician, Newport Harbor Pathology Medical Group, Inc	100.00	100.00		
06/02/2020	Gary Jenkins M.D.	☑IND □COM □OTH □PTY □SCC	retired physician	500.00	500.00		
06/14/2020	Vicki Novak	☑IND □COM □OTH □PTY □SCC	retired	200.00	200.0	00	
			SUBTOTAL S	1050.00	(E) (F) (E) (E) (E)		digraphic disputs as a Suzavia in

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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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.  Statement covers from01/01/20			-		schedule a (CONT CALIFORNIA FORM	
				through 06/3	0/2020	Page .	9 of13	
NAME OF FILER	nidonto First					I.D. NU		
Laguna Res	sidents First	<del>,</del>				14214	191	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT CUMULATIVE TO CALENDAR Y. PERIOD (JAN. 1 - DEC.		ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
02/262020	Kent A. Seward	☑IND □COM □OTH □PTY □SCC	self-employed Handyman	500.00 1000.		.00		
05/24/2020	Christopher A. Reed	☑IND □COM □OTH □PTY □SCC	retired professor	100.00	100.	.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY						

SUBTOTAL \$

600.00

scc

\*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 from01/01/2020	CALIFO FO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Laguna Residents First			-	through06/30/2020	I.D. NUM	
CODES: If one of the following codes accurately descent campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	ribes the payment, y  MBR member com  MTG meetings an  OFC office expen.  PET petition circu  PHO phone banks  POL polling and s  POS postage, del  PRO professional  PRT print ads	nmunications d appearance ses elating urvey researd ivery and mes	ch ssenger services	wise, describe the payment.  RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and protuction TRC candidate travel, lodging, a TRS staff/spouse travel, lodging. TSF transfer between committee VOT voter registration WEB information technology cos	on costs  s coduction costs and meals g, and meals ees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
California Secretary of State 1500 11th Street, Room 495 Sacramento, CA 95814		FIL	annual recipient co	ommittee fee		50.00
George Weiss		OFC	toner cartridges et	tc.		80.80
United Custom Prints 16 Hughes, Suite 104 Irvine, CA 92618		LIT	T-Shirts			619.57
* Payments that are contributions or independent expenditures must als	o be summarized on Sche	dule D.		S	SUBTOTALS	750.37
Schedule E Summary						
1. Itemized payments made this period. (Include all Sched	dule E subtotals.)		***************************************		\$	10443.45
2. Unitemized payments made this period of under \$100						59.00
3. Total interest paid this period on loans. (Enter amount f	rom Schedule B, Parl	t 1, Column	n (e).)		\$	0.0
4. Total payments made this period. (Add Lines 1, 2, and 3	3. Enter here and on	the Summa	ary Page, Column A	, Line 6.) T	OTAL \$_	10502.45

001156			
SCHEDUL	FF	(CONT	•

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from01/01/2020	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through06/30/2020	Page 11 of 13
Laguna Residents First			I.D. NUMBER 1421491
CODES: If one of the following codes accurated the campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	ely describes the payment, you may enter the code.  MBR member communications  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks	Otherwise, describe the payment.  RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production capitals travely ledging or capitals travely ledging or capitals travely ledging and travely ledging or capitals travely	n costs

POL polling and survey research

FND fundraising events

independent expenditure supporting/opposing others (explain)\*

POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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 United Custom Prints Yard Signs 16 Hughes, Suite 104 **CMP** 521.51 Irvine, CA 92618 United Custom Prints Yard Signs 16 Hughes, Suite 104 CMP 521.51 Irvine, CA 92618 United Custom Prints T-Shirts 16 Hughes, Suite 104 CMP Irvine, CA 92618 619.56 United Custom Prints T-Shirts 16 Hughes, Suite 104 CMP Irvine, CA 92618 538.75 Firebrand Media LLC 2/3 page advert, Indy 580 Broadway, Suite 301 PRT Laguna Beach, CA 92651 442.00 Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (Jan/2016)

2643.33

SUBTOTAL \$

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.
Statement covers pe	CALIFORNIA AGO
from01/01/2020	
through06/30/202	20 Page 12 of 13
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

580 Broadway, Suite 307

Laguna Beach, CA 92651

Laguna Residents First

1421491 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 CTB contribution (explain nonmonetary)\* RFD returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks FND fundraising events TRC candidate travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* TRS staff/spouse travel, lodging, and meals 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID United Custom Prints T-Shirts 16 Hughes, Suite 104 CMP 538.75 Irvine, CA 92618 Firebrand Media LLC DAP "Trees" ad 2/3 page, Indy

Flyer Company, LLC Creation & distribution of 10,000 door hangers 18034 Ventura Blvd., Suite 274 LIT Encino, CA 91316 1325.00 City of Laguna Beach Notice of Intent 505 Forest Ave., FIL Laguna Beach, CA 92651 200.00

PRT

Strumwasser & Woocher LLC Legal retainer 10940 Wilshire Blvd, Suite 2000 PRO Los Angeles, CA 90024 2000.00

SUBTOTAL \$

4505.75

442.00

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

Schedule E SCHEDULE E (CONT.) Amounts may be rounded (Continuation Sheet) Statement covers period **CALIFORNIA** to whole dollars. Payments Made FORM 01/01/2020 from 06/30/2020 SEE INSTRUCTIONS ON REVERSE Page 13 of 13 through. NAME OF FILER I.D. NUMBER Laguna Residents First 1421491 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 candidate filing/batlot 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 independent expenditure supporting/opposing others (explain)\* 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 PAYER CODE (IF COMMITTEE, ALSO ENTER LD NUMBER) OR DESCRIPTION OF PAYMENT AMOUNT PAID VoterListPro Voter registration lists 5055 Canyon Crest Dr. POL 250.00 Riverside, CA 92507 Chatten-Brown, Carstens & Minteer Final accounting, legal services 2200 Pacific Coast Highway, Suite 318 PRO 1055.00 Hermosa Beach, CA 90254

George Weiss

CMP reimbursement for UC Prints billing for yard signs 1239.00

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

SUBTOTAL \$

2544.00