

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp

RECEIVED

JAN 31 2022

City Clerk's Office
City of Laguna Beach, CA

Page 1 of 12

For Official Use Only

Statement covers period
from 07/01/2021
through 12/31/2021

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

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
- Supplemental Preelection Statement - Attach Form 495

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 01/26/2022
Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

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
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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
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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

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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through		Page 3 of 12
		I.D. NUMBER
		1422691

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	Schedule A, Line 3	\$ 2,208.19	\$ 4,204.32
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 2,208.19	\$ 4,204.32
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 2,208.19	\$ 4,204.32

**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	\$ 0.00	\$ 1,050.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 1,050.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0.00	\$ 1,050.00

**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	\$ 8,939.87
13. Cash Receipts	Column A, Line 3 above	2,208.19
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 11,148.06

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

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

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		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

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)
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	

SUBTOTAL \$	322.70
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Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 1,982.30
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 225.89
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 2,208.19

*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	07/01/2021	
through	12/31/2021	Page 5 of 12

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				322.70		

*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	07/01/2021	
through	12/31/2021	Page 6 of 12

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)
12/13/2021	Nick Diamond 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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	

SUBTOTAL \$ 322.70

*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	07/01/2021	
through	12/31/2021	Page 7 of 12
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	46.10 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	101.42	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				304.26		

*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	07/01/2021	
through	12/31/2021	Page 8 of 12
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
SUBTOTAL \$				322.70		

*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	07/01/2021	
through	12/31/2021	Page 9 of 12

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)
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	

SUBTOTAL \$	322.70
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*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	07/01/2021	
through	12/31/2021	Page 10 of 12

NAME OF FILER Laguna Beach Firefighters Association Political Action Committee	I.D. NUMBER 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/13/2021	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	64.54 Received through intermediary: Laguna Beach Fire Fighters Association 350 Forest Ave Laguna Beach, CA 92652	119.86	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				64.54		

*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	07/01/2021	
through	12/31/2021	Page <u>11</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

1422691

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/09/2021	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	3,000.00	
08/03/2021	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	3,000.00	
09/22/2021	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	3,000.00	
10/01/2021	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	3,000.00	
					SUBTOTAL \$	0.00	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- 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

*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 (Continuation Sheet)
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2021	
through	12/31/2021	Page <u>12</u> of <u>12</u>
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/09/2021	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	3,000.00	
12/01/2021	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	3,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00