| Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE | from | Statement covers period 10/23/2022 ugh12/31/2022 | Date of election if applicable: (Month, Day, Year) | Pate Stamp RECEIVED FEB 01 2023 City Clerk's Off City of Laguna Beach | Pag | E _ 1 of _ 12 For Official Use Only |
|---|---|--|--|---|-------------------|---|
| 1. Type of Recipient Committee: All Co Officeholder, Candidate Controlled Committe State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee | Primaril Commit Connit Son Also Com Primaril Officeho | y Formed Ballot Measure ee rolled | 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain t | [Ermination] | Supplemen | tatement d-Year Report tal Preelection Attach Form 495 |
| 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO THE LAGUNA ALLIANCE, NO ON MEASURE FROM LAGUNA BEACH COMPANY STREET ADDRESS (NO P.O. BOX) 2350 KERNER BOULEVARD, SUITE 250 | | 37 | Treasurer(s) NAME OF TREASURER SEAN P. WELCH MAILING ADDRESS 2350 KERNER BOULEVAR CITY SAN RAFAEL | D, SUITE 250 STATE CA | ZIP CODE 94901 | AREA CODE/PHONE (415)389-6800 |
| CITY STA | 94901 EET OR P.O. BOX | AREA CODE/PHONE (415)389-6800 AREA CODE/PHONE | NAME OF ASSISTANT TREASU HILARY GIBSON MAILING ADDRESS 2350 KERNER BOULEVAR CITY SAN RAFAEL | DRER, IF ANY AD, SUITE 250 STATE CA | ZIP CODE 94901 | AREA CODE/PHONE (415)389-6800 |
| OPTIONAL: FAX / E-MAIL ADDRESS FORM410@NMGOVLAW. COM 4. Verification I have used all reasonable diligence in preparing under penalty of perjury under the laws of the State Executed on | and reviewing this s ate of California that t | he foregoing is true and correct. | OPTIONAL: FAX / E-MAIL ADD nowledge the information contained h Signature of Treasurer or Assistar Controlling Officeholder, Candidate, State Measure F Signature of Controlling Officeholder, Candidate | erein and in the attached | | true and complete. I certify |
| Executed on | | Ву | Signature of Controlling Officeholder, Candidate | , State Measure Proponent | | FPPC Form 460 (Jan/201 |

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

| AME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) DESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Related Committees Not Included in this Statement: List any committees | - 1 - 1 | IAME OF BALLOT MEASURE MEASURES Q AND R BALLOT NO. OR LETTER dentify the controlling of NAME OF OFFICEHOLDER, CA | ficeholder, ca | aguna BEACH | | SUPPORT OPPOSE roponent, if any |
|--|------------------|---|------------------|-----------------------|----------|---------------------------------------|
| Related Committees Not Included in this Statement: List any committees | - 1 - 1 | GALLOT NO. OR LETTER dentify the controlling of NAME OF OFFICEHOLDER, CA | CITY OF L | aguna BEACH | | |
| Related Committees Not Included in this Statement: List any committees | 1 | dentify the controlling of NAME OF OFFICEHOLDER, CA | CITY OF L | aguna BEACH | | |
| Related Committees Not Included in this Statement: List any committees | ī - | NAME OF OFFICEHOLDER, CA | ficeholder, ca | ndidate, or state mea | | |
| Related Committees Not Included in this Statement: List any committees | ī - | NAME OF OFFICEHOLDER, CA | | | sure pr | oponent, if any |
| | _ | | NDIDATE, OR PF | ROPONENT | | |
| | ā | OFFICE SOUGHT OR HELD | | | | |
| ot included in this statement that are controlled by you or are primarily formed to receive ontributions or make expenditures on behalf of your candidacy. | | | | DISTRIC | T NO. IF | ANY |
| OMMITTEE NAME I.D. NUMBER | - | | | | | |
| IAME OF TREASURER CONTROLLED COMMITTEE? | 7. | Primarily Formed Car | didate/Offic | ceholder Committe | ee List | t names of |
| YES NO | | onicenoloer(s) or candidate(| s) for willer or | | | |
| OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR I | 1ELD | SUPPORT OPPOSE |
| STATE ZIP CODE AREA CODE/PHONE | i | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR I | HELD | SUPPORT OPPOSE |
| COMMITTEE NAME I.D. NUMBER | i | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR | HELD | SUPPORT OPPOSE |
| IAME OF TREASURER CONTROLLED COMMITTEE? | • | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR | HELD | SUPPORT |
| ☐ YES ☐ NO | | | | | | OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | | | | | |
| DITY STATE ZIP CODE AREA CODE/PHONE | | Att | ach continuat | ion sheets if necessa | ry | |

| | | | | | | | | SCHEDULE F |
|--|---|---|------------------|---|---|---|--|----------------------|
| Schedule E Payments Made | Amounts may b to whole do | | i | fro | | 10/23/2022 | EO | ORNIA 460 |
| SEE INSTRUCTIONS ON REVERSE | | | | thr | ough _ | 12/31/2022 | | 4 of <u>12</u> |
| NAME OF FILER | | | | | | | I.D. NUI | MBEK |
| THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE N | MAJOR FUNDING FRO | M LAGUNA | BEACH COMPANY | | | | 14555 | 37 |
| CODES: If one of the following codes accurately describes | s the payment, yo | u may er | nter the code. O | therwise, | describ | oe the paym | ent. | |
| CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings | MBR member community meetings and office expen petition circul phone banks POL polling and s postage, deli professional print ads | I appearand ses ating urvey rese very and n | ces arch | RFD SAL TEL TRC TRS TSF VOI | return camp t.v. or candid staff/s transf | date travel, lodg spouse travel, lo fer between con registration | ns salaries and production cos ging, and meals odging, and meals | me candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | | CODE | OR | DESCRIPTION | ON OF PA | YMENT | | AMOUNT PAID |
| RESPONSE EVERYONE DESERVES, INC. 3448 AMARILLO AVENUE SIMI VALLEY, CA 92652 | | | SEE SCHEDULE | G | | | | 9,275.5 |
| | | | | | | | | |
| | | | | | | | | |
| * Payments that are contributions or independent expenditures i | must also be summ | arized on | Schedule D. | | | | SUBTOTAL | \$ 9,275.5 |

1. Itemized payments made this period. (Include all Schedule E subtotals.)

> FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule E Summary

| Schedule | F | | |
|----------|----------|---------|--------|
| Accrued | Expenses | (Unpaid | Bills) |

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 10/23/2022 from through ___12/31/2022 Page 5 of 12 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

1455537

| CODES: If one of the following codes accurately describ | es the payment, you may | enter the code. C | therwise, describe th | ne payment. | |
|--|--|--|---|---|--|
| CMP 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 | MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of PRT print ads | nces earch messenger services | TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration | outions ters' salaries time and production costs I, lodging, and meals avel, lodging, and meals en committees of the sar | ne candidate/sponsor |
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 SACRAMENTO, CA 95814 | PRO SEAN P. WELCH, CMTE TREASURER, IS A PARTNER OF PAYEE; HILARY J. GIBSON, CMTE | 5,855.5 | 0.00 | 0.00 | 5,855.50 |

| 1415 L STREET, SUITE 1200 SACRAMENTO, CA 95814 | CMTE TREASURER, IS A PARTNER OF PAYEE; HILARY J. GIBSON, CMTE ASSISTANT TREASURER, IS A PARTNER OF PAYEE | | | | |
|---|---|-----------|------|------|-----------|
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 SACRAMENTO, CA 95814 | PRO SEAN P. WELCH, CMTE TREASURER, IS A PARTNER OF PAYEE; HILARY J. GIBSON, CMTE ASSISTANT TREASURER, IS A PARTNER OF PAYEE | 5,000.00 | 0.00 | 0.00 | 5,000.00 |
| LAKE RESEARCH PARTNERS, INC. 1101 - 17TH ST NW, SUITE 301 WASHINGTON, DC 20036 | SEE SCHEDULE G | 12,525.00 | 0.00 | 0.00 | 12,525.00 |

* Payments that are contributions or independent expenditures must also be 0.00\$ 0.00\$ 23,380.50 **SUBTOTALS \$** 23,380.50\$ summarized on Schedule D.

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

NAME OF FILER

Amounts may be rounded to whole dollars.

| | CONLEGEL (CONT) |
|---|-----------------|
| Statement covers period from 10/23/2022 | CALIFORNIA 460 |
| through 12/31/2022 | Page 6 of 12 |
| | I.D. NUMBER |
| | 145537 |

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| CNS CTB CVC FIL FND IND | campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* | MTG OFC PET PHO POL POS | member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal accounting) | RFD SAL TEL TRC TRS TSF | radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration |
|--|---|--|---|--|---|
| | independent expenditure supporting/opposing others (explain)* legal defense | | postage, delivery and messenger services professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--|--|---------------------------------------|---|--|
| SUGERMAN COMMUNICATIONS GROUP 10100 SANTA MONICA BLVD., SUITE 250 LOS ANGELES, CA 90067 | CNS | 30,000.00 | 0.00 | 0.00 | 30,000.00 |
| SUGERMAN COMMUNICATIONS GROUP 10100 SANTA MONICA BLVD., SUITE 250 LOS ANGELES, CA 90067 | SEE SCHEDULE G | 16,092.09 | 0.00 | 0.00 | 16,092.09 |
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 SACRAMENTO, CA 95814 | PRO SEAN P. WELCH, CMTE TREASURER, IS A PARTNER OF PAYEE; HILARY J. GIBSON, CMTE ASSISTANT TREASURER, IS A PARTNER OF PAYEE | 0.00 | 24,853.03 | 0.00 | 24,853.03 |
| LATHAM & WATKINS LLP. 355 SOUTH GRAND AVENUE, SUITE 100 LOS ANGELES, CA 90071 | PRO PARTNER OF FATES | 0.00 | 101,294.50 | 0.00 | 101,294.50 |
| | SUBTOTALS | \$ 46,092.09 | \$ 126,147.53 | \$ 0.00 | \$ 172,239.62 |

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

| | 00,1200221 (00111) |
|-------------------------|------------------------------|
| Statement covers period | CALIFORNIA 460 |
| from <u>10/23/2022</u> | FORM TOO |
| through 12/31/2022 | — Page <u>7</u> of <u>12</u> |
| | I.D. NUMBER |
| | 1455537 |

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---|--|---------------------------------------|---|--|
| BURNSIDE AND ASSOCIATES 1311 S. TREMAINE AVENUE LOS ANGELES, CA 90019 | SEE SCHEDULE G | 0.00 | 48,300.00 | 0.00 | 48,300.00 |
| DIRECT CONNECTIONS CAMPAIGN SERVICES NV 1311 S. TREMAINE AVENUE LOS ANGELES, CA 90019 | CANVASSING PROGRAM | 0.00 | 9,250.00 | 0.00 | 9,250.00 |
| DIRECT CONNECTIONS CAMPAIGN SERVICES NV 1311 S. TREMAINE AVENUE LOS ANGELES, CA 90019 | REIMBURSED EXPENSES UNDER \$500 | 0.00 | 120.00 | 0.00 | 120.00 |
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 SACRAMENTO, CA 95814 | PRO SEAN P. WELCH, CMTE TREASURER, IS A PARTNER OF PAYEE; HILARY J. GIBSON, CMTE ASSISTANT TREASURER, IS A PARTNER OF PAYEE | 0.00 | 3,991.75 | 0.00 | 3,991.75 |
| | SUBTOTALS | \$ 0.00 | \$ 61,661.75 | \$ 0.00 | \$ 61,661.75 |

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

 Statement covers period from ____10/23/2022

 through ____12/31/2022
 CALIFORNIA FORM
 4.60

 Page ____8 of ____12
 I.D. NUMBER

1455537

NAME OF FILER

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration professional services (legal, accounting) VOT legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--|---|---------------------------------------|--|--|
| LATHAM & WATKINS LLP. 355 SOUTH GRAND AVENUE, SUITE 100 LOS ANGELES, CA 90071 | PRO | 0.00 | 23,873.00 | 0.00 | 23,873.00 |
| SUGERMAN COMMUNICATIONS GROUP 10100 SANTA MONICA BLVD., SUITE 250 LOS ANGELES, CA 90067 | CNS | 0.00 | 15,000.00 | 0.00 | 15,000.00 |
| SUGERMAN COMMUNICATIONS GROUP 10100 SANTA MONICA BLVD., SUITE 250 LOS ANGELES, CA 90067 | SEE SCHEDULE G | 0.00 | 6,344.69 | 0.00 | 6,344.69 |
| NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 SACRAMENTO, CA 95814 | PRO SEAN P. WELCH, CMTE TREASURER, IS A PARTNER OF PAYEE; HILARY J. GIBSON, CMTE ASSISTANT TREASURER, IS A PARTNER OF PAYEE | 0.00 | 806.50 | 0.00 | 806.50 |
| | SUBTOTALS | \$ 0.00 | \$ 46,024.19 | \$ 0.00 | \$ 46,024.19 |

| Schedule G | |
|------------------|----------------------------|
| Payments Made | by an Agent or Independent |
| Contractor (on B | ehalf of This Committee) |

Amounts may be rounded to whole dollars.

| | | SCHEDULE G |
|---------|---------------------|----------------|
| State | ement covers period | CALIFORNIA ACO |
| from | 10/23/2022 | CALIFORNIA 460 |
| through | 12/31/2022 | Page 9 of 12 |
| | | I,D. NUMBER |

1455537

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BURNSIDE AND ASSOCIATES

| BURNSIDE AND ASSOCIATES | |
|---|--|
| CODES: If one of the following codes accurately describes the payment, you 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 MBR member commoneting and office expension petition circular phone banks polling and st postage, deliving and st professional st professional st professional st print ads | radio airlime and production costs appearances es SAL ating TEL TRC radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|----------|------------------------|-------------|
| POLITICAL DATA INC 12501 IMPERIAL HWY # 200 NORWALK, CA 90650 | EMAIL VO | OTER OUTREACH | 4,700.00 |
| SCALE TO WIN, LLC 13742 HARPER STREET SANTA ANA, CA 92703 | TEXT ME | SSAGING VOTER OUTREACH | 3,100.0 |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

7,800.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

| Schedule G | |
|---------------------|------------------------------|
| Payments Mad | e by an Agent or Independent |
| Contractor (on | Behalf of This Committee) |

Amounts may be rounded to whole dollars.

| | | SCHEDULE G |
|----------|-------------------------|----------------|
| Γ | Statement covers period | CALIFORNIA AGO |
| | from 10/23/2022 | FORM 400 |
| | through 12/31/2022 | Page10 of12 |
| <u> </u> | | I,D, NUMBER |
| | | 1455537 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RESPONSE EVERYONE DESERVES, INC.

| co | DES: If one of the following codes accurately describe | s the | payment, you may enter the code. | Otherwise | e, describe the payment. |
|-----|---|-------|---|-----------|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | | returned contributions |
| | contribution (explain nonmonetary)* | OFC | office expenses | | campaign workers' salaries |
| | civic donations | PET | petition circulating | | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | | candidate travel, lodging, and meals |
| FND | fundraising events | | polling and survey research | | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| US POSTMASTER SIMI VALLEY, CA 92652 | POS | | 1,569.3 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

1,569,39

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

| Schedule G | |
|--|----|
| Payments Made by an Agent or Independent | nt |
| Contractor (on Behalf of This Committee) | |

Amounts may be rounded to whole dollars.

| | SCHEDULE G |
|-------------------------|-------------------------------|
| Statement covers period | CALIFORNIA 460 |
| from10/23/2022 | FORM 400 |
| through | - Page <u>11</u> of <u>12</u> |
| | I.D. NUMBER |
| | 1455537 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SUGERMAN COMMUNICATIONS GROUP

| CO | DES: If one of the following codes accurately describe | s the | payment, you may enter the code. | Otherwise | e, describe the payment. |
|-----|---|-------|---|-----------|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | | radio airtime and production costs |
| | campaign consultants | MTG | meetings and appearances | | returned contributions |
| | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| | civic donations | PET | petition circulating | | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | | candidate travel, lodging, and meals |
| FND | fundraising events | | polling and survey research | | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | | | | |
| LEG | legal defense | PRO | professional services (legal, accounting) | | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|--------------------------------|-------------|
| 2S PUBLISHING, LLC 668 N COAST HWY., #1125 LAGUNA BEACH, CA 92651 | PRT | 900.00 |
| BUCARO DESIGN 1776 ORANGEWOOD STREET PASADENA, CA 91106 | DESIGN | 1,755.00 |
| FIREBRAND MEDIA LLC 900 GLENNEYRE ST., SUITE B LAGUNA BEACH, CA 92651 | PRT | 3,200.00 |
| | | |
| | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

5,855.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Additional Comments For Form 460

CALIFORNIA FORM

Page 12 of 12

1455537

I.D. NUMBER

NAME OF FILER

THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

ADDITIONAL COMMITTEE ADDRESS: PO BOX 1936, LAGUNA BEACH, CA 92652