

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

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JAN 31 2024

CALIFORNIA  
FORM

460

City Clerk's Office  
City of Laguna Beach, CA

Page 1 of 5

For Official Use Only

|  |   |
|--|---|
| Statement covers period<br>from 07/01/2023<br>through 12/31/2023 | Date of election if applicable:<br>(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  
1455537

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
THE LAGUNA ALLIANCE, NO ON MEASURES Q AND R; COMMITTEE MAJOR FUNDING FROM LAGUNA BEACH COMPANY

STREET ADDRESS (NO P.O. BOX)  
2350 KERNER BOULEVARD, SUITE 250

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA    | 94901    | (415) 389-6800  |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER  
SEAN P. WELCH

MAILING ADDRESS  
2350 KERNER BOULEVARD, SUITE 250

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA    | 94901    | (415) 389-6800  |

NAME OF ASSISTANT TREASURER, IF ANY  
HILARY GIBSON

MAILING ADDRESS  
2350 KERNER BOULEVARD, SUITE 250

| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
|------------|-------|----------|-----------------|
| SAN RAFAEL | CA    | 94901    | (415) 389-6800  |

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 01/31/2024  
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**

**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?<br><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?<br><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 \_\_\_\_\_  
MEASURES Q AND R \_\_\_\_\_

|                      |                                      |  |
|----------------------|--------------------------------------|--|
| BALLOT NO. OR LETTER | JURISDICTION<br>CITY OF LAGUNA BEACH | <input type="checkbox"/> SUPPORT<br><input checked="" type="checkbox"/> OPPOSE |
|----------------------|--------------------------------------|--|

**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 |
|-----------------------|---------------------|

**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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>07/01/2023</u><br>through <u>12/31/2023</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>3</u> of <u>5</u>  |
|  | I.D. NUMBER<br>1455537     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>0.00</u>   | \$ <u>152,280.06</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>0.00</u>   | \$ <u>152,280.06</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>0.00</u>   | \$ <u>152,280.06</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>0.00</u>   | \$ <u>167,950.06</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>167,950.06</u>                       |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>0.00</u>  | <u>125,651.50</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>293,601.56</u>                       |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                     |
|--|---------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>13,352.37</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | <u>0.00</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>13,352.37</u> |

*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> |
|--|----------------|

**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>125,651.50</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

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

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2023</u><br>through <u>12/31/2023</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>4</u> of <u>5</u>  |                            |
| I.D. NUMBER<br>1455537   |                            |

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

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| LATHAM & WATKINS LLP.<br>355 SOUTH GRAND AVENUE, SUITE 100<br>Los Angeles, CA 90071 | PRO                               | 101,294.50  | 0.00                                  | 0.00  | 101,294.50   |
| LATHAM & WATKINS LLP.<br>355 SOUTH GRAND AVENUE, SUITE 100<br>Los Angeles, CA 90071 | PRO                               | 23,873.00   | 0.00                                  | 0.00  | 23,873.00  |
| LATHAM & WATKINS LLP.<br>355 SOUTH GRAND AVENUE, SUITE 100<br>Los Angeles, CA 90071 | PRO                               | 484.00  | 0.00                                  | 0.00  | 484.00   |
| <b>SUBTOTALS \$</b>   |                                   | <b>125,651.50\$</b>                                       | <b>0.00\$</b>                         | <b>0.00\$</b>   | <b>125,651.50</b>  |

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 0.00  
May be a negative number

Additional Comments  
For Form 460

ADDITIONAL COMMENTS

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER

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

I.D. NUMBER

1455537

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