

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM **460**

Date Stamp
RECEIVED
SEP 27 2018
City Clerk's Office
City of Laguna Beach, CA

Page 1 of 60
For Official Use Only

| | |
|--|--|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u> |
|--|--|

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

3. Committee Information

I.D. NUMBER
1410664

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Toni Iseman for Council 2018

STREET ADDRESS (NO P.O. BOX)

2338 Glenneyre

| | | | |
|---------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Laguna Beach</u> | <u>CA</u> | <u>92651</u> | <u>949-813-3299</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

tiseman2@aol.com

Treasurer(s)

NAME OF TREASURER

Barbara Jean Dresel

MAILING ADDRESS

1313 Morningside Drive

| | | | |
|---------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Laguna Beach</u> | <u>CA</u> | <u>92651</u> | <u>949-230-4731</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

b.dresel@cox.net

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 9/27/2018
Date

Executed on 9/27/2018
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

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

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

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

| |
|--------------------------------|
| CALIFORNIA FORM 460 |
| Page <u>2</u> of <u> </u> |

5. Officeholder or Candidate Controlled Committee

| | | | | |
|--|--------------|-------|-------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | | |
| Toni Iseman | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | | |
| Laguna Beach City Council | | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP | |
| 2338 Glenneyre | Laguna Beach | CA | 92651 | |

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| | |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| | |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| | |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| | |

6. Primarily Formed Ballot Measure Committee

| | | |
|---|---------------------|---|
| NAME OF BALLOT MEASURE | | |
| | | |
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| 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 <input type="checkbox"/> OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| | | |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | | Page <u>3</u> of <u> </u> |
| | | I.D. NUMBER 1410664 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>43222</u> | \$ _____ |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | <u>0</u> | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>43222</u> | \$ _____ |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>2706</u> | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>45298</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>5007</u> | \$ _____ |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | <u>0</u> | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>5007</u> | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>15562</u> | _____ |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | <u>2706</u> | _____ |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>23275</u> | \$ _____ |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | | |
|--|---------------|--|
| Date of Election (mm/dd/yy) | Total to Date | |
| ____/____/____ | \$ _____ | |
| ____/____/____ | \$ _____ | |

Current Cash Statement

| | |
|---|-----------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>0</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | <u>43222</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | <u>1943</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>5007</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>40158</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</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 A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u> </u> | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/9/2018 | Verna Rollinger | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/15/2018 | Ellen M. Iseman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor No Separate Business Name | \$360 | \$360 | |
| 8/15/2018 | Arnold Hano | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/15/18 | Bonnie Hano | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/21/2018 | OC League of Conservation Voters | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$360 | \$360 | |

SUBTOTAL \$ 1800

Schedule A Summary

| | |
|--|------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ 42,314 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ 908 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ 43,222 |

*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.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u> </u> |

| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Louise B Thornton | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Nancy R Bushnell | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| 9/8/2018 | Sandra D Cain | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Freelance Journalist Sandi Cain Communications | \$100 | \$100 | |
| 9/8/2018 | Francine P Scinto | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager Orange County Associates | \$180 | \$180 | |
| 9/8/18 | Daniel Scinto | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager Orange County Associates | \$180 | \$180 | |
| SUBTOTAL \$ | | | | 710 | | |

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u> </u> |

| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/29/2018 | Eugene H Felder | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/29/2018 | Johanna S Felder | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/31/2018 | Randy B Lewis | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Claudia H Kawas | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor | \$200 | \$200 | |
| 9/8/2018 | Daniel L Rosenthal | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Restaurant Owner The Rosenthal Group, Inc. | \$250 | \$250 | |
| SUBTOTAL \$ | | | | 1270 | | |

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Koorosh Gidianian | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| 9/8/2018 | Lucinda Prewitt | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Music Presenter No Separate Business Name | \$100 | \$100 | |
| 9/8/2018 | Martha Anderson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | William Steel | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Samuel, Green, & Steel, LLP | \$150 | \$150 | |
| 9/8/2018 | Morris Skenderian | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect Morris Skenderian & Associates, AIA | \$100 | \$100 | |

SUBTOTAL \$ 650

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/23/2018 | Matt Lawson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Private Investor No Separate Business Name | \$360 | \$360. | |
| 08/23/2018 | Mary Lawson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360. | |
| 8/23/2018 | Barbara Metzger . | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Editor No Separate Business Name | \$360 | \$360. | |
| 8/28/2018 | Kathleen Goodwin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360. | |
| 8/28/2018 | Carl Goodwin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Public Finance Consultant Public Economics, Inc. | \$360 | \$360. | |
| SUBTOTAL \$ | | | | 1800 | | |

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Safa V Hodges | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Safe V Hodges | \$100 | \$100. | |
| 9/8/2018 | Michael L Meyer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Investor Twin Rock Partners | \$360 | \$360. | |
| 9/8/18 | Nancy B. Meyer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed | \$360 | \$360. | |
| 9/8/2018 | Karen A Schwager | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist No Separate Business Name | \$200 | \$200. | |
| 9/8/2018 | Stewart R Suchman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Offices of Stewart R Suchman | \$100 | \$100. | |
| SUBTOTAL \$ | | | | 1120. | | |

*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.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | George C. Heed | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/8/2018 | Lori Romero | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Photography Manager Romero Fine Portraiture | \$100 | \$100 | |
| 9/8/2018 | Don Romero | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Photographer, Owner Romero Fine Portraiture | \$100 | \$100 | |
| 9/8/2018 | Craig Dusenberry | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Korey S Jorgensen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| SUBTOTAL \$ | | | | 810 | | |

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 PTY – Political Party
 SCC – Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | George Keplinger | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Diane Keplinger | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Ronald C. Harris | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Ron Harris Law Office | \$360 | \$360 | |
| 9/8/2018 | Marion K Jacobs | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist, Private Practice, No Separate Business Name | \$200 | \$200 | |
| 9/8/2018 | Kenneth Kaplan | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney No Separate Business Name | \$250 | \$250 | |
| SUBTOTAL \$ | | | | 1010 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Gregory Benford | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor University of California, Irvine | \$200 | \$200 | |
| 9/8/2018 | Vickie Collins | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$250 | \$250 | |
| 9/8/2018 | Brenda Borron | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| 9/8/2018 | Robert Cosgrove | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| 9/8/2018 | Timothy D Carlyle | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Songstad, Randall, Coffee, & Humphrey, LLP | \$250 | \$250 | |
| SUBTOTAL \$ | | | | 1000 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/8/2018 | Lyn Carlyle | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$250 | \$300 | |
| 9/8/2018 | Anne Frank | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Trudy Josephson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Carolyn M Keatinge | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor Pepperdine University | \$100 | \$200 | |
| 9/8/2018 | Jane Hall | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Economist Cal State Fullerton | \$100 | \$100 | |

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|--------------------|------------|
| SUBTOTAL \$ | 650 |
|--------------------|------------|

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>14</u> of <u> </u> | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/8/2018 | Darwin C Hall | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director Environmental Science & Policy Cal State Fullerton | \$100 | \$100 | |
| 9/8/2018 | Rhonda A Butters | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marriage Family Child Therapist Rhonda Butters MS | \$100 | \$100 | |
| 9/8/2018 | Loraine Mullen-Kress | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Surterre | \$100 | \$100 | |
| 9/8/2018 | Jean Ardell | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Writer Jean Hastings Ardell | \$100 | \$100 | |
| 9/8/2018 | Patricia Twitty | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$150 | |
| SUBTOTAL \$ | | | | 500 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| Page <u>15</u> of <u> </u> | I.D. NUMBER 1410664 |

NAME OF FILER

Toni Iseman for Council 2018

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/8/2018 | Marni Magda | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | William S O'Hare | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Snell & Wilmar | \$180 | \$180 | |
| 9/8/2018 | Theresa O'Hare | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | \$180 | \$180 | |
| 9/8/2018 | Barbara Smith MacGillivray | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Filmmaking MacGillivray Freeman Films | \$360 | \$360 | |
| 9/8/2018 | Daniel E Haspert | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1180 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Regina Hartley | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Speech Pathologist Garden Grove USD | \$100 | \$100 | |
| 9/8/2018 | Ann Christoph | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Landscape Architect Ann Christoph Landscape Architect ASL | \$100 | \$100 | |
| 9/8/2018 | Marvin C Johnson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Anne E Johnson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Gary LeFebvre | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Santa Ana Unified School District | \$100 | \$100 | |

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|--------------------|------------|
| SUBTOTAL \$ | 500 |
|--------------------|------------|

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/8/2018 | Anita Dobbs | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Richard Holder | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/8/2018 | Vicki Borthwick | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Receptionist D'Anecchi Chiropractic | \$360 | \$360 | |
| 9/8/2018 | Robert J Borthwick | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Landscape Architect BGB Design Group | \$360 | \$360 | |
| 9/3/2018 | Al Roberts | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| SUBTOTAL \$ | | | | 1380 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 18 of _____ |

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|---|------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/7/2018 | Linda L. Mayer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/1/2018 | Edward J Merrilees | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/5/2018 | Myron B Wacholder | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$250 | \$250 | |
| 9/5/2018 | Toni Kellenberger | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/4/2018 | Joan Iseman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$300 | \$300 | |
| SUBTOTAL \$ | | | | 1110 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/29/2018 | Anne G Earhart | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/9/2018 | Neil Fitzpatrick | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$360 | |
| 9/8/2018 | Richard D Malcolm | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$125 | \$125 | |
| 9/8/2018 | Kitty Malcolm | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$125 | \$125 | |
| 9/8/2018 | Douglas Anderson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Developer No Separate Business Name | \$200 | \$200 | |
| SUBTOTAL \$ | | | | 910 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Lara Horgan | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Unemployed | \$300 | \$300 | |
| 9/8/2018 | Rebecca Visconti | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Volunteer | \$250 | \$250 | |
| 9/8/2018 | Marcia Yury | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Michael Obrand | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Obrand Law Group | \$100 | \$100 | |
| 9/8/2018 | Judy Teverbaugh | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 850 | | |

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

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SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2018 | Julia Kelly | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Michele McCormick | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Michele McCormick, PhD | \$100 | \$100 | |
| 9/8/2018 | Karen Klammer 10:34 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$250 | \$250 | |
| 9/7/2018 | Gloria Esposti | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner NeuPac Resources Inc | \$100 | \$100 | |
| 9/7/2018 | Mary Nord | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| SUBTOTAL \$ | | | | 700 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/7/2018 | Kris Evans | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/7/2018 | Joseph Thornburgh | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Accountant Murphy Overseas LLC | \$100 | \$100 | |
| 9/7/2018 | David Raber | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/7/2018 | Debby Steel | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Five Point Holdings | \$150 | \$170 | |
| 9/6/2018 | Audrey Prosser | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Prosser Real Estate | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 810 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| Page <u>23</u> of <u> </u> | |

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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/6/2018 | Kimberle Meredith ----- | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/6/2018 | Gerard Curtin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Toshiba | \$360 | \$360 | |
| 9/6/2018 | Peggie Thomas ----- | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/6/2018 | John Thomas ----- | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker/Consultant Hill Street Investment Company, Inc. | \$360 | \$360 | |
| 9/6/2018 | Mark Porterfield 12:09 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate No Separate Business Name | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1540 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/6/2018 | Genny Boccardo-Dubey | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Director Laguna Art Museum | \$100 | \$275 | |
| 9/6/2018 | Edward Bayuk 11:40 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Snowshow Properties | \$360 | \$360 | |
| 9/6/2018 | Ben Simon | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Designer Acme | \$360 | \$360 | |
| 9/6/2018 | Ronald Duby | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/4/2018 | RoseMarie Davis | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Audiologist Dr. RoseMarieDavis | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 1020 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 09/22/2018 | Page 25 of _____ |

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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/3/2018 | Zachary Neev | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assistant AD Music | \$100 | \$245 | |
| 9/3/2018 | Cody Engle | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/2/2018 | John Brandon | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician So CA Permanente Medical Group | \$360 | \$360 | |
| 9/2/2018 | Tracy Ferguson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/2/2018 | Scott Ferguson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Real Estate No Separate Business Name | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 760 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/4/2018 | Helayne Angelus | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Partner Kalypso | \$200 | \$200. | |
| 9/3/2018 | Angie Miller 000 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Designer Miller & Associates | \$360 | \$360. | |
| 9/3/2018 | Laura Parisi | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Treasurer City of Laguna Beach | \$100 | \$100. | |
| 9/3/2018 | Ginger Osborne | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$300. | |
| 9/3/2018 | Tom Osborne | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100. | |
| SUBTOTAL \$ | | | | 860 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page <u>27</u> of <u> </u> |

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|---|------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/31/2018 | James Vaughan | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 8/31/2018 | Carol S Buss | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 8/31/2018 | Michael McFadden | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Jeweler Rock Martin Custom Jewelry | \$150 | \$150 | |
| 8/30/2018 | Petrie-Norris for Assembly 2018 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100 | \$100 | |
| 8/29/2018 | Louis Musetti | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Director Musetti & Associates, Inc. | \$300 | \$300 | |
| SUBTOTAL \$ | | | | 750 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/30/2018 | Roger Baird | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist No Separate Name for Business | \$360 | \$360 | |
| 8/30/2018 | John Filkins Sr | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/29/2018 | Fred Droz | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 8/29/2018 | Joe Ziomek | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/29/2018 | Ryen Caenn | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Communications Engineer TekRite | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 1280 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 29 of _____ |

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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/29/2018 | Joshua Bloxom | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 8/29/2018 | Mike Boone | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor Cremo Company LLC and other companies | \$360 | \$360 | |
| 8/29/2018 | Roger McErlane | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| 8/29/2018 | Sanford Edward | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Builder Headlands Reserve LLC | \$360 | \$360 | |
| 8/29/2018 | Tom Lamb | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Lamb Studio | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 1070 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
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| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

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|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/29/2018 | Alex Masarik | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/29/2018 | Charlotte Masarik | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 8/29/2018 | Stefan Manolakas | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor 2ASJ Company | \$200 | \$200 | |
| 8/28/2018 | Matt Iseman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Host National Broadcasting Company | \$360 | \$360 | |
| 9/13/2018 | Kathy Jones | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$250 | \$250 | |
| SUBTOTAL \$ | | | | 1530 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/15/2018 | Genny Boccoardo-Dubey | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Director Laguna Art Museum | \$175 | \$275 | |
| 9/15/2018 | Barbara Lolli 8:07 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Designer/Glass Artist LolliDesign | \$360 | \$360 | |
| 9/15/2018 | Barbara Norton | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager County of Orange | \$360 | \$360 | |
| 9/15/2018 | James Cushing | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician James Cushing MD | \$150 | \$150 | |
| 9/16/2018 | Jeannie Osborne 8:33 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 1145 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

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| Statement covers period | | CALIFORNIA FORM 460 |
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| through | 09/22/2018 | Page 32 of _____ |

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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/16/2018 | Thomas Gibbs | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Allen Matkins | \$175 | \$175 | |
| 9/17/2018 | Julie Sandler | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mortgage Broker Laguna Lending Group | \$175 | \$175 | |
| 9/17/2018 | Vivian Levin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/17/2018 | Steve Robbins | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/17/2018 | Marisa Robbins | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1170 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
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| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/17/2018 | Ruben Flores | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Design Laguna Nursery Inc | \$200 | \$200 | |
| 9/18/2018 | Ginger Osborne | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$300 | |
| 9/18/2018 | Garv Headrick | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed Illustrator No Separate Business Name | \$100 | \$100 | |
| 9/19/2018 | Richard Packard | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/19/2018 | Lauren Packard | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 700 | | |

*Contributor Codes
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 (other than PTY or SCC)
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 SCC – Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 34 of _____ |

| | |
|---|------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/19/2018 | Diane Armitage | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marketing Agency Armitage, Inc. | \$100 | \$100 | |
| 9/19/2018 | Derek Ostensen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Wilderness Conservation Derek Ostensen and Associates | \$360 | \$360 | |
| 9/19/2018 | Kimberle Meredith | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/19/2018 | Natalia Ostensen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Olen Properties | \$360 | \$360 | |
| 9/19/2018 | Susan McCabe | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant McCabe & Company | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1280 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>35</u> of <u> </u> | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/19/2018 | Ruth Stafford | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist Self-Employed; No Separate Business Name | \$150 | \$150 | |
| 9/19/2018 | Deborah Lambros | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor Surterre Properties | \$175 | \$175 | |
| 9/19/2018 | Justin Myers | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Entrepreneur JM Events + Catering | \$100 | \$100 | |
| 9/19/2018 | Erik Venier | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Entrepreneur JM Events + Catering | \$100 | \$100 | |
| 9/19/2018 | David Hendryx | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$175 | \$175 | |
| SUBTOTAL \$ | | | | 700 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>36</u> of <u> </u> | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/20/2018 | Anne Caenn | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/20/2018 | Dixie Jordan | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/20/2018 | Adrian Kuyper | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$125 | \$125 | |
| 9/20/2018 | Elaine Kuyper | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$125 | \$125 | |
| 9/20/2018 | Glenna Matthews | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Historian Self-Employed - No Separate Business Name | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 550 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 37 of _____ |

| | |
|---|------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/20/2018 | Eleanor Murphy | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/20/2018 | Kirk Saunders | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect/Owner Kirk Saunders Architect AIA | \$100 | \$100 | |
| 9/21/2018 | Tom Halliday | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Management JMRT Holdings, LLC | \$100 | \$100 | |
| 9/21/2018 | Armando Baez | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed Consultant No Separate Business Name | \$100 | \$200 | |
| 9/21/2018 | Wendy Crimo | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant The Crimp Resource Group | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 500 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|-------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>38</u> of <u> </u> |

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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/22/2018 | Ken Aubochon | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/22/2018 | Clark Collins | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Collins Design & Development | \$250 | \$250 | |
| 9/22/2018 | Ward C Blackburn | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/22/2018 | Bob Whalen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Stradling, Yocca Carlson & Rauth | \$360 | \$360 | |
| 9/22/2018 | Bob Brannon | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1170 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/15/2018 | Barbara Ann Lolli | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist Lolli Designs | \$100 | \$100 | |
| 9/5/2018 | Stephen F Miller | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| 9/12/2018 | Greg A MacGillivray | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Filmmaker MacGillivray Freeman Films | \$360 | \$360 | |
| 9/12/2018 | Margaret A Brown | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| 9/21/2018 | Barbara Dresel | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1380 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/11/2018 | Sarah Nix Coffey | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$150 | \$150 | |
| 9/7/2018 | L J Shardlow | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/11/2018 | Sharon Walter | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/10/2018 | Eric Jessen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| 9/13/2018 | Sharon K Donoff | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$200 | \$200 | |
| SUBTOTAL \$ | | | | 750 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 41 of _____ |

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|---|------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/22/2018 | Alan Haffen Warren | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Instructor Jin Shin Jurtsu | \$100 | \$200 | |
| 9/22/2018 | Rosemary Boyd | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/22/2018 | Thierry R Sanglerat | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Geosyntec Consultants | \$360 | \$360 | |
| 9/22/2018 | James A Geocaris | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Lewis Brisbois | \$360 | \$360 | |
| 9/22/2018 | Ivan Spiers | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Restaurant Owner Mozambique | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 1280 | | |

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>42</u> of <u> </u> | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/22/2018 | Kathleen Abel | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | None | \$200 | \$200 | |
| 9/14/2018 | Women in Leadership | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$360 | \$360 | |
| 9/13/2018 | Women for American Values & Ethics | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$360 | \$360 | |
| 9/20/2018 | Townsend Public Affairs, Inc. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$360 | \$360 | |
| 9/22/2018 | Katy Scott Moss | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Manager Spectra Asset Management | \$100 | \$100 | |

SUBTOTAL \$ 1,380

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/22/2018 | Gary T Jenkins MD | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$154.50 | \$154.50 | |
| 9/22/2018 | Betsy Jenkins | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$154.50 | \$154.50 | |
| 9/22/2018 | Sidney Fanarof | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner ZPizza | \$125 | \$125 | |
| 9/22/2018 | Claire Fanarof | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner ZPizza | \$125 | \$125 | |
| 9/22/2018 | Jill E Doran | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |

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|--------------------|------------|
| SUBTOTAL \$ | 659 |
|--------------------|------------|

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

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to whole dollars.

SCHEDULE A (CONT.)

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|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 45 of _____ |

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| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/22/2018 | Tim Carlyle | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Songstad, Randall, Coffee, & Humphrey LLP | \$50 | \$300 | |
| 9/22/2018 | Lyn Carlyle | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$50 | \$300 | |
| 9/22/2018 | Lisa H Mansour | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Artist No separate business name | \$200 | \$200 | |
| 9/9/2018 | Braselle Design Company | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100 | \$100 | |
| 9/22/2018 | Carla D Meberg | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | None | \$360 | \$360 | |
| SUBTOTAL \$ | | | | 760 | | |

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

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to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|---------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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|--|-------------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|--|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/22/2018 | Joe Hanauer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Combined Investments, LLC | \$360 | \$360 | |
| 9/12/2018 | Leslie Blumberg | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Psychologist | \$360 | \$360 | |
| 9/8/2018 | Jeff Meberg | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/8/2018 | Elizabeth Mackay/Hargreaves | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Requested | \$100 | \$100 | |
| 9/8/2018 | Dana Mackav/Hargreaves | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Requested | \$100 | \$100 | |
| SUBTOTAL \$ | | | | 1020 | | |

*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.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 47 of _____ |

| | |
|---|------------------------|
| NAME OF FILER Toni Iseman for Council 2018 | I.D. NUMBER 1410664 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/16/2018 | Michelle Bentcliff | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/16/2018 | Ann Litke | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$100 | \$100 | |
| 9/12/18 | Patricia Twitty | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$50 | \$150 | |
| | | <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 \$ | | | | \$300 | | |

*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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page <u>48</u> of _____ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|--|---|---|-----------------------------|--|---|----------------------------|-------------------------------|---|
| | | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| SUBTOTALS | | | | | | | \$ _____ | \$ _____ |

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ None
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ None
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>49</u> of <u> </u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|--|--------------------------------|-------------------------------|--|-----------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | 0 | CALENDAR YEAR \$ <u>0</u> PER ELECTION (IF REQUIRED) \$ _____ | 0 |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |

SUBTOTAL \$ 0

Enter on
Summary Page,
Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>50</u> of <u> </u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9/7/2018 | Meg Monahan 345 Flora Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Handmade Quilt for Auction | \$350 | \$350 | |
| 9/7/2018 | John Monahan 345 Flora Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Commercial Real Estate Lender John Hancock Insurance | Handmade Quilt for Auction | \$350 | \$350 | |
| 9/7/2018 | Zachary Neev 249 Chiquita St Laguna Beach CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Assistant AD Music | Ring for Auction | \$145 | \$245 | |
| 9/7/2018 | Meredith McMahon 472 Los Robles Laguna Beach 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Corporate Relations Yellowstone Forever | Painting for Auction | \$300 | \$300 | |

| | | |
|--|--------------------|------|
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | SUBTOTAL \$ | 1145 |
|--|--------------------|------|

Schedule C Summary

| | | |
|---|-----------------|------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ | 2616 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ | 90 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ | 2706 |

*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 from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>51</u> of _____ |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

| 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) |
|---------------|--|---|--|---|---------------------------|---|------------------------------------|
| 9/8/2018 | David Raber 1085 Canyon View Drive Laguna Beach CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 90 minute session: web development | \$105 | \$310 | |
| 9/8/2018 | David Raber 1085 Canyon View Drive Laguna Beach CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 90 minute session: windows/android help | \$105 | \$310 | |
| 9/8/2018 | Gary T Jenkins MD 1739 Alisos Ave. Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Fundraising Party Services | \$205.50 | \$360 | |
| 9/8/2018 | Betsy Jenkins 1739 Alisos Ave. Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Fundraising Party Services | \$205.50 | \$360 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 621

Schedule C Summary

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

*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 from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

SEE INSTRUCTIONS ON REVERSE

Toni Iseman for Council 2018

| 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) |
|--------------------|--|---|--|---|---------------------------|---|------------------------------------|
| 9/8/2018 | Rita Conn 960 Glenneye St Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Neiman Marcus Necklace | \$300 | \$300 | |
| 9/8/2018 | Howard Conn 960 Glenneye St Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Piano player at fundraiser | \$100 | \$300 | |
| 9/8/2018 | Howard Conn 960 Glenneye St Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Servers at Fundraisers | \$200 | \$300 | |
| | Evonne Kane 32840 Pacific Coast Hwy Dana Point CA 92629 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Acupuncturist Five Seasons Health Care | Health Assessment and Acupuncture Treatment | \$250 | \$250 | |
| Subtotal \$ | | | | | 850 | | |

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| | Page <u>53</u> of <u> </u> |
| | I.D. NUMBER 1410664 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Toni Iseman for Council 2018

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | None | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|------------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page 54 of _____ |
| NAME OF FILER | | I.D. NUMBER |
| Toni Iseman for Council 2018 | | 1410664 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|-----------------------------|-------------|
| Copy & Print Center 240 Beach Laguna Beach, CA 92651 | CMP | 500 Remittance Envelopes | \$303 |
| Firebrand Media 580 Broadway Ste 301 Laguna Beach, CA 92651 | PRT | Ads 9/14/2018 and 9/21/2018 | \$480 |
| Katie Ford/Ford Design Group 910 Miramar St. Laguna Beach, CA 92651 | CMP | 400 Yard Signs | \$3448 |

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

SUBTOTAL \$ 4231

Schedule E Summary

| | | |
|---|-----------------|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 4842 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 165 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | 5007 |

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
| Page <u>55</u> of <u> </u> | I.D. NUMBER 1410664 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|-----------------------------------|-------------|
| PayPal 12510 Micro Drive Mira Loma, CA 91752 | PRO | Fees for processing contributions | \$611 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 611

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

Amounts may be rounded
to whole dollars.

| | | |
|--|--|---------------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | | CALIFORNIA FORM 460 |
| Page <u>56</u> of <u> </u> | | |
| NAME OF FILER Toni Iseman for Council 2018 | | I.D. NUMBER 1410664 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

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 (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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| 2S Publishing, LLC 608 N Coast Hwy #1125 Laguna Beach, CA 92651 | WEB | \$0 | \$10,575 | \$0 | \$10,575 |
| Two Sisters Media Group, LLC 608 N Coast Hwy #1125 Laguna Beach, CA 92651 | WEB | \$0 | \$1000 | \$0 | \$1000 |
| Mozambique 1740 S Coast Hwy Laguna Beach, CA 92651 | FND | \$0 | \$1488 | \$0 | \$1488 |
| SUBTOTALS \$ | | 0 \$ | 13,063 \$ | 0 \$ | 13063 |

* 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 \$** 15562
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 15562
May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

| | |
|--|--------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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NAME OF FILER

Toni Iseman for Council 2018

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) |

* 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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Donorbox 1885 Mission St. San Francisco, Ca 91403 | PRO | \$0 | \$190 | \$0 | \$190 |
| Steve & Marisa Robbins 2703 Victoria Dr. Laguna Beach, CA 92651 | FND | \$0 | \$1955 | \$0 | \$1955 |
| Barbara Ann Lolli 489 Center St. Laguna Beach, CA 92651 | RFD | \$0 | \$349 | \$0 | \$349 |
| | | | | | |
| SUBTOTALS \$ | | 0 \$ | 2494 \$ | 0 \$ | 2499 |

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

Amounts may be rounded to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>07/01/2018</u> | CALIFORNIA FORM 460 |
| through <u>09/22/2018</u> | |
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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Toni Iseman for Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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) |

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ None

* 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 H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

| | |
|--|-------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|--|----------------------------------|--|---|--|--------------------------|--------------------------------|---------------------------------|
| | | | | <input type="checkbox"/> PAID \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | | | | |
| | | \$ _____ | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | | | \$ _____ | \$ _____ | \$ _____ | |
| | | SUBTOTALS | | \$ | \$ | \$ | \$ | | |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$ None
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|---------------------------------------|
| Statement covers period from <u>07/01/2018</u> through <u>09/22/2018</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

1410664

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 9/12/2018 | Barbara Smith MacGillivray | Fundraiser Auction | \$120 |
| 9/11/2018 | Michelle A Reinglass | Fundraiser Auction | \$100 |
| 9/8/18 | Debra Dunn Steel | Fundraiser Auction | \$145 |
| 9/11/18 | Vicki Borthwick | Fundraiser Auction | \$400 |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

765

Schedule I Summary

| | | |
|---|-----------------|--------------------|
| 1. Itemized increases to cash this period. | \$ | <u>765</u> |
| 2. Unitemized increases to cash of under \$100 this period. | \$ | <u>1178</u> |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | <u>0</u> |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | <u>1943</u> |