

Recipient Committee Campaign Statement Cover Page

Date Stamp RECEIVED OCT 25 2018 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 460
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For Official Use Only	

Statement covers period from <u>September 23, 2018</u> through <u>October 20, 2018</u>	Date of election if applicable: (Month, Day, Year) <u>November 6, 2018</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small>
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report |
|--|--|

3. Committee Information

I.D. NUMBER
1363063

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rob Zur Schmiede for Council 2018

STREET ADDRESS (NO P.O. BOX)
515 OAK STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92651</u>	<u>949-715-9800</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 487

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92652</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
mattlawson7@hotmail.com

Treasurer(s)

NAME OF TREASURER
Matt Lawson

MAILING ADDRESS
PO Box 487

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92652</u>	<u>949-715-9800</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Oct. 22, 2018
Date

By Matt Lawson
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>September 23, 2018</u> through <u>October 20, 2018</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>5</u>	I.D. NUMBER 1363063

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rob ZurSchmiede 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>27,402.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ _____	\$ <u>27,402.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ _____	\$ <u>27,402.00</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>4,574.50</u>	\$ <u>17,043.17</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>4,574.50</u>	\$ <u>17,043.17</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>4,574.50</u>	\$ <u>17,043.17</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>16,748.20</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	_____
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	_____
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>4,574.50</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>12,173.70</u>

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

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.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>September 23, 2018</u> through <u>October 20, 2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rob ZurSchmiede 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
James Cushing, M.D. 70 S. La Senda Dr. Laguna Beach CA 92651	RFD	campaign contribution refund	150.00
Russell Pierce 456 Linden St. Laguna Beach CA 92651	LIT	Design of campaign materials	500.00
Yes on Measure P 482 Aster St. Laguna Beach CA 92651	IND	Contribution to support local Ballot Measure P	2,005.00

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

SUBTOTAL \$ 2,655.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 4,275.00
2. Unitemized payments made this period of under \$100	\$ 299.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 4,574.50

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

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SCHEDULE E (CONT.)

Statement covers period from <u>September 23, 2018</u> through <u>October 20, 2018</u>	CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Michelle Bainbridge 517 Oak St. Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00
Heather McFadden 2111 Crestview Dr. Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00
Orange County League of Conservation Voters PO Box 1303 Huntington Beach CA 92647	RFD	Pro-rata contribution refund	180.00
Don Sheridan 428 Mountain Rd. Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00
Lyn Carlyle 2215 Bridge Road Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00

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

SUBTOTAL \$ 900.00

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

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FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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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
Louis Rohl 580 Allview Terrace Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00
Tim Carlyle 2215 Bridge Road Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00
Michael McFadden 2111 Crestview Dr. Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00
Laura Rohl 580 Allview Terrace Laguna Beach CA 92651	RFD	Pro-rata contribution refund	180.00

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

SUBTOTAL \$ 720.00