

**Recipient Committee  
Campaign Statement  
Cover Page**

|   |  |
|---|--|
| RECEIVED<br>Date Stamp<br><b>MAY 13 2021</b><br>City Clerk's Office<br>City of Laguna Beach, CA | <b>CALIFORNIA FORM 460</b><br>Page <u>1</u> of <u>5</u><br>For Official Use Only |
|---|--|

|   |  |
|---|--|
| <b>Statement covers period</b><br>from <u>09/20/2020</u><br>through <u>10/17/2020</u> | <b>Date of election if applicable:</b><br>(Month, Day, Year) |
|---|--|

SEE INSTRUCTIONS ON REVERSE

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

|  |  |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small>       | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

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

Due to an error in reportable donations in the 1/1/20-06/30/20 period  
the Column B totals (YtD) need to be updated for all subsequent reports

**3. Committee Information**

|   |                               |
|---|-------------------------------|
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)<br><u>Laguna Residents First</u> | I.D. NUMBER<br><u>1421491</u> |
| STREET ADDRESS (NO P.O. BOX)  |                               |
| CITY STATE ZIP CODE AREA CODE/PHONE<br><u>Laguna Beach CA 92651</u>                   |                               |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX                             |                               |
| CITY STATE ZIP CODE AREA CODE/PHONE   |                               |
| OPTIONAL: FAX / E-MAIL ADDRESS  |                               |

**Treasurer(s)**

|   |           |              |                 |
|---|-----------|--------------|-----------------|
| NAME OF TREASURER<br><u>Michael Morris</u>                            |           |              |                 |
| MAILING ADDRESS   |           |              |                 |
| CITY  | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <u>Laguna Beach</u>   | <u>CA</u> | <u>92651</u> |                 |
| NAME OF ASSISTANT TREASURER, IF ANY<br><u>Merrill Anderson, Ph.D.</u> |           |              |                 |
| MAILING ADDRESS   |           |              |                 |
| CITY  | STATE     | ZIP CODE     | AREA CODE/PHONE |
| <u>Laguna Beach</u>   | <u>CA</u> | <u>92651</u> |                 |
| 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 <u>5/12/2021</u><br><small>Date</small> | By <u>Michael Morris</u><br><small>Signature of Treasurer or Assistant Treasurer</small>   |
| Executed on <u>5-12-2021</u><br><small>Date</small> | By _____<br><small>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</small> |
| Executed on _____<br><small>Date</small>            | By _____<br><small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>                                   |
| Executed on _____<br><small>Date</small>            | By _____<br><small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>                                   |

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>09/20/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10/17/2020</u>                         |                                |
| Page <u>2</u> of <u>5</u>                         | I.D. NUMBER<br><u>1421491</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laguna Residents First

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ <u>991.20</u>   | \$ <u>7507.20</u>                          |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>991.20</u>   | \$ <u>7507.20</u>                          |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>991.20</u>   | \$ <u>7507.20</u>                          |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ <u>4561.39</u>  | \$ <u>15479.83</u>                         |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | <u>0.00</u>  | <u>0.00</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ <u>4561.39</u>  | \$ <u>15479.83</u>                         |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>(4627.50)</u>   | <u>4627.50</u>                             |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | <u>0.00</u>  | <u>0.00</u>                                |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>9188.89</u>  | \$ <u>20107.33</u>                         |

**Expenditure Limit Summary for State  
Candidates**

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

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

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ <u>9161.39</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | <u>991.20</u>     |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | <u>0.00</u>       |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | <u>4561.39</u>    |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>5591.20</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..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|---|----------------|

**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> | \$ <u>4627.50</u> |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>09/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
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| I.D. NUMBER<br>1421491   |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laguna Residents First

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/25/2020     | Merrill Anderson  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | retired   | 640.00                      | 640.00   |                                       |
| 10/09/2020    | Tanya Brokaw  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | self-employed, Illustrator  | 100.00                      | 100.00   |                                       |
| 10/09/2020    | Steve Leonard   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | self-employed investor  | 200.20                      | 200.20   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 940.20**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 940.20
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 51.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 991.20**

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Laguna Residents First

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                      | CODE OR | DESCRIPTION OF PAYMENT     | AMOUNT PAID |
|--|---------|----------------------------|-------------|
| Strumwasser & Woocher LLP<br>10940 Wilshire Boulevard, Suite 2000, Los Angeles, CA 90024 | PRO     | payment for legal services | 4,500.00    |
|  |         |                            |             |
|  |         |                            |             |

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

**SUBTOTAL \$ 4,500.00**

**Schedule E Summary**

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 4,500.00              |
| 2. Unitemized payments made this period of under \$100   | \$ 61.39                 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0.0                   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 4,561.39</b> |

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

Amounts may be rounded to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>9/20/2020</u><br>through <u>10/17/2020</u> | <b>CALIFORNIA FORM 460</b> |
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|   | I.D. NUMBER<br>1421491     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Laguna Residents First

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

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--------------------------------|---|------------------------------------|--|--|
| Strumwasser & Woocher LLP<br>10940 Wilshire Boulevard, Suite 2000, Los Angeles, CA | PRO                            | 0   | 9,127.50                           | 4,500.00   | 4,627.50   |
|  |                                |   |                                    |  |  |
|  |                                |   |                                    |  |  |
| <b>SUBTOTALS</b>   |                                | <b>\$ 0</b>   | <b>\$ 9,127.50</b>                 | <b>\$ 4,500</b>                                      | <b>\$ 4,627.50</b>                                 |

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 9,127.50
- 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 \$** 4500.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 4,627.50