

# Recipient Committee Campaign Statement Cover Page



**CALIFORNIA FORM 460**

Page 1 of 2

For Official Use Only

Statement covers period  
from January 1, 2017  
through June 30, 2017

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

### 3. Committee Information

I.D. NUMBER  
**1363063**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Rob ZurSchmiede for Council 2014**

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

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

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

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

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
<b>LAGUNA BEACH</b>	<b>CA</b>	<b>92652</b>	<b>949-715-9800</b>

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 6/30/17  
Date

Executed on 7/11/17  
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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>January 1, 2017</u> through <u>June 30, 2017</u>	<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>2</u>	I.D. NUMBER 1363063

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Rob ZurSchmiede for Council 2014

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>	
1. Monetary Contributions.....	Schedule A, Line 3	\$ _____	\$ _____		
2. Loans Received.....	Schedule B, Line 3	_____	_____		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ _____	\$ _____		
4. Nonmonetary Contributions.....	Schedule C, Line 3	_____	_____		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ _____	\$ _____		
				1/1 through 6/30	7/1 to Date
				20. Contributions Received	\$ _____ \$ _____
				21. Expenditures Made	\$ _____ \$ _____

<b>Expenditures Made</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	<b>Expenditure Limit Summary for State Candidates</b>	
6. Payments Made.....	Schedule E, Line 4	\$ _____	\$ _____		
7. Loans Made.....	Schedule H, Line 3	_____	_____		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ _____	\$ _____		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	_____	_____		
10. Nonmonetary Adjustment.....	Schedule C, Line 3	_____	_____		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ _____	\$ _____		
				22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
				Date of Election (mm/dd/yy)	Total to Date
				_____/_____/_____	\$ _____
				_____/_____/_____	\$ _____

<b>Current Cash Statement</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>758.87</u>
13. Cash Receipts.....	Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	_____
15. Cash Payments.....	Column A, Line 8 above	_____
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>758.87</u>
<i>If this is a termination statement, Line 16 must be zero.</i>		

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).

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ _____
<b>Cash Equivalents and Outstanding Debts</b>		
18. Cash Equivalents.....	See instructions on reverse	\$ _____
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ _____

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