

**Recipient Committee
Campaign Statement
Cover Page**

<p>RECEIVED</p> <p>JAN 22 2019</p> <p>City Clerk's Office City of Laguna Beach, CA</p>	<p>Page <u>1</u> of <u>2</u></p>
	<p>For Official Use Only</p>

<p>Statement covers period</p> <p>from <u>9/23/2018</u></p> <p>through <u>10/20/2018</u></p>	<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>11/06/2018</u></p>
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SEE INSTRUCTIONS ON REVERSE

<p>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small></p> <p><input checked="" type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small></p>	<p>2. Type of Statement:</p> <p><input type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small></p> <p><input checked="" type="checkbox"/> Amendment (Explain below) <u>Schedule D was erroneously omitted from the 9/23/2018-10/20/2018 fil</u></p> <p><input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report</p>
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<p>3. Committee Information</p> <p>I.D. NUMBER <u>990381</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Village Laguna, Inc.</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>31651 Santa Rosa Drive</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td><u>Laguna Beach</u></td> <td><u>CA</u></td> <td><u>92651</u></td> <td><u>949 499-4809</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>PO Box 1309</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td><u>Laguna Beach</u></td> <td><u>CA</u></td> <td><u>92652</u></td> <td><u>949 499-4809</u></td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS <u>rpicheny@gmail.com</u></p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Laguna Beach</u>	<u>CA</u>	<u>92651</u>	<u>949 499-4809</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Laguna Beach</u>	<u>CA</u>	<u>92652</u>	<u>949 499-4809</u>	<p>Treasurer(s)</p> <p>NAME OF TREASURER <u>Richard L Picheny</u></p> <p>MAILING ADDRESS <u>PO Box 1309</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td><u>Laguna Beach</u></td> <td><u>CA</u></td> <td><u>92652</u></td> <td><u>949 295-0545</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Laguna Beach</u>	<u>CA</u>	<u>92652</u>	<u>949 295-0545</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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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.

<p>Executed on <u>1/22/2019</u> Date</p> <p>Executed on _____ Date</p> <p>Executed on _____ Date</p> <p>Executed on _____ Date</p>	<p>By <u>[Signature]</u> Signature of Treasurer or Assistant Treasurer</p> <p>By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</p> <p>By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent</p> <p>By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent</p>
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**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		Page <u>2</u> of <u>2</u>
from <u>9/23/2018</u>		
through <u>10/20/2018</u>		I.D. NUMBER <u>990381</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Village Laguna, Inc.

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)
10/20/2018	Ann Christoph, City Council, Laguna Beach	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		3917	3917	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/20/2018	Toni Iseman, City Council, Laguna Beach	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		3917	3917	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
	Ann Christoph, City Council, Laguna Beach Toni Iseman, City Council, Laguna Beach	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				7834		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 7834
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL .. \$ 7834