COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10/19/14 through 2/2/15

Date of election if applicable: (Month, Day, Year) 11/4/14

Date Stamp: RECEIVED FEB 02 2015 City Clerk's Office City of Laguna Beach, CA

CALIFORNIA 2001/02 FORM 460

Page 1 of 11

For Official Use Only

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

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

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1371639

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Toni Iseman for Council

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Laguna Bch. STATE: CA ZIP CODE: 92651 AREA CODE/PHONE: (9[redacted]

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: Mary Ives

MAILING ADDRESS: [redacted]

CITY: [redacted] STATE ZIP CODE: Laguna Bch CA 92651 AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY STATE ZIP CODE AREA CODE/PHONE

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 Feb. 2, 2015 (Date) By Mary Ives (Signature of Treasurer or Assistant Treasurer)

Executed on _____ (Date) By Toni Iseman (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

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 10/19/14 through 2/2/15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 7557.66	$ 49,979.64
2. Loans Received	*Schedule B, Line 3*		
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7557.66	$ 49,979.64
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7557.66	$ 49,979.64

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

6. Payments Made	*Schedule E, Line 4*	$ 30,396.59	$ 50,461.96
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 30,396.59	$ 50,461.96
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*	$ 30,396.59	$ 50,46.96

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 22,356.61
13. Cash Receipts	*Column A, Line 3 above*	7557.66
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	543.00
15. Cash Payments	*Column A, Line 8 above*	30,396.59
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 60.68

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

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

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/14
through ~~10/18/14~~ 3/13/15

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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)
10/19/14	O.C. Firefighters Assoc.	IND ☒ COM OTH PTY SCC	# 950925	$360.00	$360.00	$360.00
10/23/14	S.W. Regional Council of Carpenters	IND ☒ COM OTH PTY SCC	#870169	$150.00	$150.00	$360.00
10/23/14	Christopher Toy	IND ☒ COM OTH PTY SCC	Retired	$100.00	$100.00	$100.00
10/19/14	Michele Townsend	IND ☒ COM OTH PTY SCC	Pacific Life Director of Community Affairs	$360.00	$360.00	$360.00
10/20/14	Anita Mangels	IND ☒ COM OTH PTY SCC	owner Mad Dog Communications	$360.00	$360.00	$360.00
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 5200.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 2357.66
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7557.66

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.

CALIFORNIA FORM 460

Statement covers period
from 10/19/14
through 2/2/15

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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)
10/28/14	Eric Jessen	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	~~$250.00~~ $100.00	$250.00	$250.00
11/3/14	Don Clurman	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Spetrum Communities	$250.00	$250.00	$250.00
10/19/14	Odile Dewar	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher	$360.00	$360.00	$360.00
10/21/14	Zakaria Boshra	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician	$250.00	$250.00	$250.00
10/30/14	Karen Bohan	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MFT	$150.00	$150.00	$150.00
			SUBTOTAL $			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/14
through 2/2/15

SCHEDULE A (CONT.
CALIFORNIA FORM 460
Page 5 of 11

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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)
10/20/14	Jonathon Paul	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$360.00	$360.00	$360.0
10/20/14	Daniel Haspert	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician	$360.00	$360.00	$360.00
10/20/14	Barbara Metzger	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$360.00	$360.00	$360.00
10/20/14	Ellen Harris	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	~~Fidewater~~ ~~Accent~~ Financial Advisor	$250.00	$250.00	$250.00
10/20/14	Maria Davidson	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
			SUBTOTAL $			

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OTH – Other
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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/14
through 2/2/15

SCHEDULE A (CONT.
CALIFORNIA FORM 460
Page 6 of 11

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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)
10/20/14	Barbara Hamkalo	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00	$100.00	$100.00
10/20/14	Greg O'Loughlin	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Photographer	$100.00	$100.00	$100.00
10/20/14	Barbara Manalis	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychotherapist	$100.00	$100.00	$100.00
10/20/14	Mary Kastner	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physical therapist	$360.00	$360.00	$360.00
10/20/14	Lynn Carlyle	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$260.00	$260.00	$266.00
			SUBTOTAL $			

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.

CALIFORNIA FORM **460**

Statement covers period
from 10/19/14
through 2/2/15

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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)
10/20/14	Tim Carlyle	☒ IND ○ COM ○ OTH ○ PTY ○ SCC	Retired	$260.00	$359.00	$359.00 ~~$335~~
10/20/14	Cathy Fry	☒ IND ○ COM ○ OTH ○ PTY ○ SCC	Retired	$150.00	$150.00	$150.00
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
		○ IND ○ COM ○ OTH ○ PTY ○ SCC				
				SUBTOTAL $		

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OTH – Other
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SCC – Small Contributor Committee

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/14
through 2/2/15

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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/sp. or
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
Los Angeles Times File 54221 Los Angeles, CA 90074-4221	PRT		$1,935.00
Laguna Digital 1705 S. Coast Hwy Laguna Beach CA 92651	LIT		$16,839.37
Firebrand 250 Broadway Laguna Beach CA 92651	LIT		$3,035.20

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

SUBTOTAL $

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) ..... $ 29,386.79
2. Unitemized payments made this period of under $100 ..... $ 1,009.80
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 $ 30,396.59

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/14
through 2/2/15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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/spouse
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
Stu News stunewslaguna.com	PRT		$380.00 ~~$240.00~~
Hatam Restaurant 25800 Jeronimo Mission Viejo CA 92691	FND		$312.00
Charles McMahon 4320 Chase Ave. Los Angeles CA 90066	SAL		$5511.00
Copy & Print Center 240 Beach St. Laguna Beach CA 92651	LIT		$687.42
Eric Braham 969 Summit Way Laguna Beach CA 92651	FND		$287.00

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

SUBTOTAL $

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 10/19/14 through 2/2/15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

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
Rita Conn 1960 Glenneyre St. Laguna Beach CA 92651	FND		$400.00

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

SUBTOTAL $

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/19/14
through 2/2/15

SCHEDULE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Toni Iseman for Council

I.D. NUMBER: 1371639

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/10/14	City of Laguna Beach	Refund of excess payment of filling fee	$543.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 543.00
2. Unitemized increases to cash under $100 this period. ..... $
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 543.00