

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2018
through 06/30/2018

Date of election if applicable:
(Month, Day, Year)
11/06/2018



CALIFORNIA
FORM **460**

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For Official Use Only

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 5)
- ☐ 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
1406878

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Christoph For Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Laguna Beach Ca 92651

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

same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ann@AC-LA.com

Treasurer(s)

NAME OF TREASURER

Regina Hartley

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Laguna Beach CA 92651

NAME OF ASSISTANT TREASURER, IF ANY

none

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

rbhartley1@gmail.com

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 7/31/18 Date

Executed on 7-31-18 Date

Executed on Date

Executed on Date

By Regina Hartley Signature of Treasurer or Assistant Treasurer

By Ann Christoph 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