

Recipient Committee Campaign Statement Cover Page

COVER PAGE

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FORM **460**Page 1 of 13

For Official Use Only

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09/24/2026 12:21:48

Statement covers period

from 07/01/2026through 09/19/2026Date of election if applicable:
(Month, Day, Year)11/03/2026

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 InformationI.D. NUMBER
1491413COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Aronoff for City Council 2026

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Nick Aronoff

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Beach CA 92651

NAME OF ASSISTANT TREASURER, IF ANY

Jen Slater

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Irvine CA 92618

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 09/24/2026
DateExecuted on 09/24/2026
DateExecuted on _____
DateExecuted on _____
DateBy Jen Slater
Signature of Treasurer or Assistant TreasurerBy Nick Aronoff
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorBy _____
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)www.fppc.ca.gov

Recipient Committee
Campaign Statement
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nick Aronoff

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member Laguna Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Laguna Beach CA 92651

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aronoff for City Council 2026

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460 Page 3 of 13 I.D. NUMBER 1491413
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 7,725.00	\$ 9,575.00
2. Loans Received..... Schedule B, Line 3	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,725.00	\$ 10,575.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7,725.00	\$ 10,575.00

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	\$ 2,742.97	\$ 3,666.97
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,742.97	\$ 3,666.97
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	1,185.50	1,185.50
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,928.47	\$ 4,852.47

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
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1,926.00
13. Cash Receipts..... Column A, Line 3 above	7,725.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	2,742.97
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,908.03

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 2,185.50

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

Schedule A

Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2026</u> through <u>09/19/2026</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Aronoff for City Council 2026	I.D. NUMBER 1491413
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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)
07/06/2026	Robin Hall Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	200.00	200.00	G2026 200.00
07/07/2026	Roger Torriero Irvine CA 92618	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Griffin P3 Structures Inc	250.00	250.00	G2026 250.00
07/08/2026	Randolph De Lano Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	500.00	500.00	G2026 500.00
07/08/2026	Tamara De Lano Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	500.00	500.00	G2026 500.00
07/10/2026	Daniel Potter Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Daniel Potter, MD	500.00	500.00	G2026 500.00

SUBTOTAL \$ 1,950.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 7,200.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 525.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,725.00

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2026</u> through <u>09/19/2026</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>13</u>
NAME OF FILER Aronoff for City Council 2026		
		I.D. NUMBER 1491413

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)
07/10/2026	Christopher Stansbury Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	G2026 100.00
07/22/2026	Jennifer Zeiter Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Office of JW Zeiter	250.00	250.00	G2026 250.00
07/25/2026	Justin Klein Irvine CA 92614	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Financial Advisor KPP Financial	250.00	250.00	G2026 250.00
07/28/2026	Jeff Meberg Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	250.00	250.00	G2026 250.00
08/05/2026	Aaron Peluso Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate CCH Management	250.00	250.00	G2026 250.00
SUBTOTAL \$				1,100.00		

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2026</u> through <u>09/19/2026</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>13</u>
NAME OF FILER Aronoff for City Council 2026		
		I.D. NUMBER 1491413

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)
08/11/2026	Barbara J Fowlkes Los Angeles CA 90049	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	500.00	500.00	G2026 500.00
08/11/2026	Steven Fowlkes Los Angeles CA 90049	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President/CEO RW Selby and Co Inc	500.00	500.00	G2026 500.00
08/20/2026	Rock Martin Custom Jewelry - Mike McFadden Laguna Beach CA 92651	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	G2026 500.00
08/24/2026	India Hynes Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	G2026 100.00
08/31/2026	C Miranda Barone Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor University of Southern California	100.00	100.00	G2026 100.00
SUBTOTAL \$				1,700.00		

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2026</u> through <u>09/19/2026</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>13</u>
NAME OF FILER Aronoff for City Council 2026		
		I.D. NUMBER 1491413

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)
09/02/2026	James T. Smith Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	G2026 100.00
09/03/2026	Kristine J. Landrum Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	100.00	100.00	G2026 100.00
09/08/2026	Don Sheridan Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	250.00	250.00	G2026 250.00
09/10/2026	Francine P. Scinto Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager Orange County Associates	500.00	500.00	G2026 500.00
09/10/2026	Daniel Scinto III Santa Ana CA 92705	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President / CEO Orange County Associates	500.00	500.00	G2026 500.00
SUBTOTAL \$				1,450.00		

*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 A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2026</u> through <u>09/19/2026</u>		CALIFORNIA FORM 460 Page <u>8</u> of <u>13</u>
NAME OF FILER Aronoff for City Council 2026		
		I.D. NUMBER 1491413

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)
09/16/2026	Jacob Cherub Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	500.00	500.00	G2026 500.00
09/16/2026	Noriko Cherub Laguna Beach CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	500.00	500.00	G2026 500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				1,000.00		

*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 B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 07/01/2026

through 09/19/2026

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aronoff for City Council 2026

I.D. NUMBER

1491413

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Nicholas D. Aronoff Laguna Beach CA 92651	Consultant Less Than Ten LLC			☐ PAID \$ 0.00 ☐ FORGIVEN \$ 0.00	\$ 1,000.00	0.00% RATE \$ 0.00	\$ 1,000.00	CALENDAR YEAR \$ 1,000.00 PER ELECTION** G2026 1000 \$
☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1,000.00	\$ 0.00		DATE DUE		06/18/2026 DATE INCURRED	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		0.00	\$	0.00	\$	1,000.00	\$	0.00

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from 07/01/2026		
through 09/19/2026		Page 10 of 13
NAME OF FILER		I.D. NUMBER
Aronoff for City Council 2026		1491413

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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	off ce expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate f ling/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
City of Laguna Beach Laguna Beach, CA 92651	FIL			571.22
Campaign Compliance Group, Inc. Irvine, CA 92618	PRO			350.00
eFundraising Connections Sacramento, CA 95816	OFC			176.60

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

SUBTOTAL \$ 1,097.82

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2,737.22
- Unitemized payments made this period of under \$100..... \$ 5.75
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 2,742.97

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aronoff for City Council 2026

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	off ce 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
Custom Ink Tysons, VA 22102	CMP		Campaign Branded TShirts	151.72
Campaign Compliance Group, Inc. Irvine, CA 92618	PRO			175.00
eFundraising Connections Sacramento, CA 95816	OFC			55.18
Canyon Lake Printing Co. Canyon Lake, CA 92587	CMP		Outdoor Signs	1,249.90
eFundraising Connections Sacramento, CA 95816	OFC			7.60

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

SUBTOTAL \$ 1,639.40

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 07/01/2026 through 09/19/2026	CALIFORNIA FORM 460 Page 12 of 13
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aronoff for City Council 2026

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	off ce expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate f ling/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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Movement Makers LLC Whittier, CA 90603	LIT	0.00	185.50	0.00	185.50
Movement Makers LLC Whittier, CA 90603	CNS	0.00	1,000.00	0.00	1,000.00

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

SUBTOTALS \$ 0.00 \$ 1,185.50 \$ 0.00 \$ 1,185.50

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 \$** 1,185.50
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.) **NET \$** 1,185.50

May be a negative number

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2026	
through	09/19/2026	Page 13 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Aronoff for City Council 2026

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Movement Makers LLC

I.D. NUMBER
1491413

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Minuteman Press Irvine, CA 92618	LIT			185.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 185.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.