

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 19

For Official Use Only

Date Stamp

RECEIVED

OCT 25 2018

City Clerk's Office
City of Laguna Beach, CA

Statement covers period

from 9/23/18

through 10/20/18

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

11/06/2018

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

1. 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

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 10/25/18

Date

Executed on 10-25-18

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

FPPC Form 460 (Jan/2011)

FPPC Advice: advice@fppc.ca.gov (866/275-377)

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 19

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Ann Christoph

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

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

31713 Coast Hwy 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

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

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

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>3890</u>	\$ <u>3930402</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>3890</u>	\$ <u>39304.02</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>185</u>	\$ <u>612.60</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>4075</u>	\$ <u>39916.62</u>

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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ <u>15802.68</u>	\$ <u>33938.77</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>15802.68</u>	\$ <u>33938.77</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>185.00</u>	\$ <u>612.60</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>15987.68</u>	\$ <u>34551.37</u>

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
<u> </u> / <u> </u> / <u> </u>	\$ <u>0</u>
<u> </u> / <u> </u> / <u> </u>	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>17277.93</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>3890.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>15802.68</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5365.25</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
--	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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).

*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

Statement covers period
from 9/23/18
through 10/20/18

CALIFORNIA
FORM **460**

Page 4 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
10/4/18	Richard Dresel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200		
10/4/18	Barbara Holder	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200		
10/7/18	Brenda Borron	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	175	
10/7/18	Trudy Josephson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	125	
10/7/18	Alan Haffen Warren	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor Jin Shin Jyutsu	25	190	
SUBTOTAL \$				550		

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)\$ 3340

Amount received this period – unitemized monetary contributions of less than \$100\$ 550

Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 3890

*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

FPPC Form 460 (Jan/2011)

FPPC Advice: advice@fppc.ca.gov (866/275-377)

www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from <u>9/23/18</u>		
through <u>10/20/18</u>		Page <u>5</u> of <u>19</u>

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
10/7/18	Maureen Curry	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Instructor Brandman University	150		
10/7/18	Sarah Coffey	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	175	
10/7/18	Judith LeMaster	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75	100	
10/7/18	Willa Gupta	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	190	
10/7/18	Bernard Tranel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50	100	
SUBTOTAL \$				325		

***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

FPPC Form 460 (Jan/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3777)

www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	9/23/18	
through	10/20/18	Page 6 of 19

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
9/28/18	Barbara Granger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25	190	
10/3/18	Michelle Reinglass	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mediator Reinglass ADR	100	175	
10/3/18	Michael Sweeney	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Inventor Topcor LLC	225		
10/4/18	Dan Satterthwaite	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Private	360		
10/7/18	Richard Picheny	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200		
SUBTOTAL \$				910		

***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

FPPC Form 460 (Jan/2011)

FPPC Advice: advice@fppc.ca.gov (866/275-377)

www.fppc.ca.gov

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period		CALIFORNIA FORM 460
from	9/23/18	
through	10/20/18	Page <u>7</u> of <u>19</u>

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
10/12/18	Diane Keplinger	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	360		
10/15/18	James Cushing	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Mission Hospital	150		
10/18/18	Barbara Miller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200		
10/11/18	Thomas Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Davis Toft APC	200		
10/15/18	Linda Brown	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	225		
SUBTOTAL \$				1135		

***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

FPPC Form 460 (Jan/2011)

FPPC Advice: advice@fppc.ca.gov (866/275-377)

www.fppc.ca.gov

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>19</u>	

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
10/18/18	Hugh Wire	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
10/20/18	Anne Krizman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Fresh Produce	270	360	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				420		

***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

FPPC Form 460 (Jan/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3777)

www.fppc.ca.gov

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART

Statement covers period
from 9/23/18
through 10/20/18

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Winn Christoph

Page 9 of 19

I.D. NUMBER

1406878

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 CONTRIBUTION TO DATE
IONE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION† \$ _____
SUBTOTALS \$							\$ _____	

Schedule B Summary

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

Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period \$ 0
(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
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 B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
Page <u>10</u> of <u>19</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>19</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/18	Michael Clark ...	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Fundraising Party supplies	185	252.60	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ 185

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 185

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

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)
8/27/18	Democratic Party of Orange Co 1916 W Chapman Ste B Orange CA 92868	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Fee	0	50	
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$						

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0

2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL .. \$ 0

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
Page <u>13</u> of <u>19</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER
1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
T 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
Smart Levels 16 Hammond Irvine CA 92618	CMP	Handouts, Banners	594.68
Charles Michael Murray Studio 655 Griffith Way Laguna Beach CA 92651	CNS	Marketing Design of media	582.50
Coastal Blue 33091 Calle Perfecto San Juan Capistrano CA 92675	CMP	Print Displays & mounting Foam Core Boards	31.89

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

SUBTOTAL \$ 1209.07

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 15802.68
Unitemized payments made this period of under \$100.	\$ 0
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 15802.68

Schedule E
Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CON'

Statement covers period		CALIFORNIA FORM 460
from	9/23/18	
through	10/20/18	Page 14 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
T 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
Avanti Printing 15321 Barranca Parkway Irvine CA 92618	CMP	Printing and Mailing all handouts	11293
[Seven-degrees] laguna Inc 891 Laguna Canyon Road Laguna Beach CA 92651	FND	Food for Fundraising Party	250
ZS Publishing 468 N Coast Hwy Laguna Beach CA 92651	PRT	Stu News Ad and email blast	1900
Rusty Gillette, Musician Oak St Laguna beach Ca 92651	FND	Fundraising Party Music	100
Magic Matt Magician Dana Point CA	FND	Fundraising Party Entertainment	200

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

SUBTOTAL \$ 13743

Schedule E
Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CON'

Statement covers period		CALIFORNIA FORM 460
from	9/23/18	
through	10/20/18	Page 15 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
T 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
COGS Lawn Boards 3309 S Main St Santa Ana CA 92707	CMP	Lawn Signs	716.58
Rosemary Boyd 3002 Bonn Dr Laguna Beach CA 92651	FND	Food for campaign fundraising gathering event	32.33
GFundraising Connections LLC 2831 G St Suite 120 Sacramento CA 95816	PRO	Fees	101.70

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

SUBTOTAL \$ 850.61

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
	Page <u>16</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER
1406878

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
NS campaign consultants	MTG meetings and appearances	RFD returned contributions
TB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
VC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
IL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
ND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
ID independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
EG legal defense	PRO professional services (legal, accounting)	VOT voter registration
T 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
IONE					
SUBTOTALS \$			\$	\$	\$

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

Schedule F Summary

1. 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 \$** 0

2. 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

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

Schedule G

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

Amounts may be rounded
to whole dollars.

SCHEDULE

CALIFORNIA
FORM 460

Statement covers period

from 9/23/18

through 10/20/18

Page 17 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MP campaign paraphernalia/misc.
NS campaign consultants
TB contribution (explain nonmonetary)*

VC civic donations

IL candidate filing/ballot fees

ND fundraising events

ID independent expenditure supporting/opposing others (explain)*

EG legal defense

T campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
IONE			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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.

Schedule H Loans Made to Others*

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/23/18
through 10/20/18

SCHEDULE
CALIFORNIA FORM 460
Page 18 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ann Christoph

I.D. NUMBER

1406878

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
JONE		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$
Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS		\$	\$	\$	\$	

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

Schedule H Summary

1. Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>19</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Ann Christoph

I.D. NUMBER
1406878

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NONE		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period. \$ _____
2. Unitemized increases to cash of 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 \$** _____