

**Recipient Committee  
Campaign Statement  
Cover Page**

|  |                            |
|--|----------------------------|
| Date Stamp<br><b>RECEIVED</b><br><b>OCT 25 2018</b><br>City Clerk's Office<br>City of Laguna Beach, CA | <b>CALIFORNIA FORM 460</b> |
| Page <u>1</u> of <u>20</u>   |                            |
| For Official Use Only  |                            |

|  |  |
|--|--|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/06/2018</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER  
14106664

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

Toni Iseman for Council 2018

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

|                     |           |              |                   |
|---------------------|-----------|--------------|-------------------|
| CITY                | STATE     | ZIP CODE     | AREA CODE/PHONE   |
| <u>Laguna Beach</u> | <u>CA</u> | <u>92651</u> | <u>[REDACTED]</u> |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

tiseman2@aol.com

**Treasurer(s)**

NAME OF TREASURER

Barbara Jean Dresel

MAILING ADDRESS

[REDACTED]

|                     |           |              |                   |
|---------------------|-----------|--------------|-------------------|
| CITY                | STATE     | ZIP CODE     | AREA CODE/PHONE   |
| <u>Laguna Beach</u> | <u>CA</u> | <u>92651</u> | <u>[REDACTED]</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

b.dresel@cox.net

**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 10/25/2018  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 10/25/2018  
Date

By [Signature]  
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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Toni Iseman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Laguna Beach City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2338 Gleneyre 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>3</u> of <u>20</u> |
| I.D. NUMBER<br>14106664  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ <u>5145</u>   | \$ <u>48367</u>                            |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>5145</u>   | \$ <u>48367</u>                            |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | <u>398</u>   | <u>3104</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>5543</u>   | \$ <u>50841</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 | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

## Expenditures Made

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ <u>25618</u>  | \$ <u>30625</u>                            |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ <u>25618</u>  | \$ <u>30625</u>                            |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | <u>-13081</u>  | <u>2485</u>                                |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | <u>398</u>   | <u>3104</u>                                |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>12935</u>  | \$ <u>36214</u>                            |

## Expenditure Limit Summary for State Candidates

|   |               |
|---|---------------|
| <b>22. Cumulative Expenditures Made*</b><br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)  | Total to Date |
| ____/____/____  | \$ _____      |
| ____/____/____  | \$ _____      |

## Current Cash Statement

|   |                 |
|---|-----------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ <u>40158</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | <u>5145</u>     |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | <u>65</u>       |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | <u>25618</u>    |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>19750</u> |

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

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

## Cash Equivalents and Outstanding Debts

|   |                |
|---|----------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ <u>0</u>    |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>2485</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 A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>20</u> |

SEE INSTRUCTIONS ON REVERSE

|  |                                |
|--|--------------------------------|
| NAME OF FILER<br><b>Toni Iseman for Council 2018</b> | I.D. NUMBER<br><b>14106664</b> |
|--|--------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/23/2018          | Neil Fitzpatrick  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$260                       | \$360  |                                       |
| 9/24/2018          | Sindi Schwartz  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Restaurant Owner<br>Muldoon's - Newport Beach   | \$360                       | \$360  |                                       |
| 9/25/2018          | Penny King  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$100                       | \$100  |                                       |
| 10/1/2018          | David A Dicesaris   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Wine Development<br>Castiel Estate LLC  | \$360                       | \$360  |                                       |
| 10/1/2018          | Kathleen Dicesaris  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Wine Development<br>Castiel Estate LLC  | \$360                       | \$360  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1440</b>                 |  |                                       |

**Schedule A Summary**

|  |                             |
|--|-----------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ <u>4950</u>              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ <u>195</u>               |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ <u>5145</u></b> |

\*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      |            | <b>CALIFORNIA FORM 460</b> |
| from                         | 09/23/2018 |                            |
| through                      | 10/20/2018 | Page 5 of 20               |
| NAME OF FILER                |            | I.D. NUMBER                |
| Toni Iseman for Council 2018 |            | 14106664                   |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/1/2018          | Virginia A Wheeler  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Minister<br>Community United<br>Methodist Church  | \$250                       | \$250  |                                       |
| 10/1/2018          | Susan Brown   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$100                       | \$100  |                                       |
| 10/1/2018          | Patricia A Griggs   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$100                       | \$100  |                                       |
| 10/1/2018          | Sara Lowell   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br>Marisla Foundation  | \$360                       | \$360  |                                       |
| 10/2/2018          | Marisa Arpels   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Associate social worker<br>Hoag   | \$100                       | \$100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>910</b>                  |  |                                       |

\*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<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>20</u> |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Toni Iseman for Council 2018 | I.D. NUMBER<br>1410664 |
|---|------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/5/2018          | Joel Harrison  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | \$100                       | \$100   |                                    |
| 10/6/2018          | Nathan Jurczyk   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager UCII   | \$360                       | \$360   |                                    |
| 10/7/2018          | Peymaneh Lund  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Association Management ISAM  | \$100                       | \$100   |                                    |
| 10/9/2018          | Richard C Weisberg   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | \$360                       | \$360   |                                    |
| 10/9/2018          | Patricia Collison  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | \$360                       | \$360   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1280</b>                 |   |                                    |

\*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<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>7</u> of <u>20</u>     |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><u>Toni Iseman for Council 2018</u> | I.D. NUMBER<br><u>1410664</u> |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/4/2018          | Kay B Jones  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | \$360                       | \$360   |                                    |
| 10/12/2018         | Anne Krizman   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner<br>Fresh Produce  | \$360                       | \$360   |                                    |
| 10/14/2018         | Barbara S Manalis  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | \$100                       | \$100   |                                    |
| 9/24/2018          | Arne Rosencrantz   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Requested  | \$350                       | \$350   |                                    |
| 9/24/2018          | Lynn Rosencrantz   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Requested  | \$150                       | \$100   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1320</b>                 |   |                                    |

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 IND – Individual  
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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                              |            |                                |
|------------------------------|------------|--------------------------------|
| Statement covers period      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                         | 09/23/2018 |                                |
| through                      | 10/20/2018 | Page 8 of 20                   |
| NAME OF FILER                |            | I.D. NUMBER                    |
| Toni Iseman for Council 2018 |            | 1410664                        |

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/08/2018         | Dana MacKay  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>DJM Company   | \$0                         | \$100   |                                    |
| 9/08/2018          | Elizabeth (MacKay) Hargreaves  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Excelleration Marketing   | \$0                         | \$100   |                                    |
| 9/08/2018          | Claudia H Kawas  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Professor<br>UCI   | \$0                         | \$200   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>0</b>                    |   |                                    |

\*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.

Statement covers period  
from 09/23/2018  
through 10/20/2018

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

14106664

| 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)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN  | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                       |
|--|--|--|------------------------------------|--|--|----------------------------------|---------------------------------|---|
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |  | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br>DATE DUE _____                         | _____%<br>RATE<br>\$ _____       | \$ _____<br>DATE INCURRED _____ | CALENDAR YEAR _____<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>   |  |  |                                    |  |  |                                  | \$ _____                        | \$ _____  |

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

**Schedule B Summary**

- Loans received this period ..... \$ None  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ None  
(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** \$ \_\_\_\_\_  
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.

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>10</u> of <u>20</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

14106664

| 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          |
|--|--|--|--------------------------------|-------------------------------|---|--------------------------------------|
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | LENDER _____<br><br>DATE _____ | 0                             | CALENDAR YEAR<br>\$ _____ 0<br><br>PER ELECTION (IF REQUIRED)<br>\$ _____ | 0                                    |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | LENDER _____<br><br>DATE _____ |                               | CALENDAR YEAR<br>\$ _____<br><br>PER ELECTION (IF REQUIRED)<br>\$ _____   |                                      |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | LENDER _____<br><br>DATE _____ |                               | CALENDAR YEAR<br>\$ _____<br><br>PER ELECTION (IF REQUIRED)<br>\$ _____   |                                      |
|  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | LENDER _____<br><br>DATE _____ |                               | CALENDAR YEAR<br>\$ _____<br><br>PER ELECTION (IF REQUIRED)<br>\$ _____   |                                      |
| <b>SUBTOTAL</b>  |  |  |                                | \$                            | 0   | Enter on Summary Page, Line 17 only. |

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>11</u> of <u>20</u>    |
| I.D. NUMBER<br>1410664   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 10/16/18      | Orange County Professional Firefighters Local 3631 PAC                                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Newspaper Ad                     | \$270                     | \$270   |                                    |
| 10/14/18      | Brenda Borrón  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | Food for "Meet and Greet"        | \$128                     | \$278   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 398

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.).....\$ 398
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$ 0
- 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 \$** 398

\*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 D

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>12</u> of <u>20</u> |
| I.D. NUMBER<br>14106664  |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           | None               |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ None
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ None
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. \$ None

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>13</u> of <u>20</u> |

|   |                             |
|---|-----------------------------|
| NAME OF FILER<br><br>Toni Iseman for Council 2018 | I.D. NUMBER<br><br>14106664 |
|---|-----------------------------|

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           | None               |   |                                    |

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                              |            |                                |
|------------------------------|------------|--------------------------------|
| Statement covers period      |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                         | 09/23/2018 |                                |
| through                      | 10/20/2018 | Page 14 of 20                  |
| NAME OF FILER                |            | I.D. NUMBER                    |
| Toni Iseman for Council 2018 |            | 14106664                       |

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 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR | DESCRIPTION OF PAYMENT                | AMOUNT PAID |
|---|---------|---------------------------------------|-------------|
| Mozambique<br>1740 S Coast Hwy<br>Laguna Beach, CA 92651                        | FND     | Food and drinks for 9/8/18 fundraiser | \$1488.     |
| Two Sisters Media Group, LLC<br>608 N Coast Hwy #1125<br>Laguna Beach, CA 92651 | WEB     | Ad design services                    | \$1000.     |
| 2S Publishing, LLC<br>608 N Coast Hwy #1125<br>Laguna Beach, CA 92651           | WEB     | Electronic ads on news site           | \$10575.    |

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

**SUBTOTAL \$ 13063.**

**Schedule E Summary**

|   |                 |              |
|---|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 25254        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 364          |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$              | 0            |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$</b> | <b>25618</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>15</u> of <u>20</u>  | I.D. NUMBER<br>14106664        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE OR | DESCRIPTION OF PAYMENT                            | AMOUNT PAID |
|---|---------|---|-------------|
| Firebrand Media<br>580 Broadway, Ste. 301<br>Laguna Beach, CA 92651       | PRT     | Newspaper ads                                     | \$2525.     |
| Katie Ford/Ford Design Group<br>910 Miramar St.<br>Laguna Beach, CA 92651 | LIT     | Banners<br>Mailers                                | \$7324.     |
| Steve & Marisa Robbins<br>2703 Victoria Dr.<br>Laguna Beach, CA 92651     | FND     | Costs of Fundraising Event                        | \$1955.     |
| Donorbox<br>1885 Mission St.<br>San Francisco, Ca 91403                   | PRO     | Donation collection services September            | \$156       |
| Copy & Print Center<br>240 Beach<br>Laguna Beach, CA 92651                | CMP     | 10/1/18 Flyers \$224.77<br>10/11/18 Copies \$6.47 | \$231.      |

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

**SUBTOTAL \$ 12,191**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>16</u> of <u>20</u>  | I.D. NUMBER<br>14106664    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

**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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--------------------------------|---|------------------------------------|---|--|
| 2S Publishing, LLC<br>608 N Coast Hwy #1125<br>Laguna Beach, CA 92651           | WEB                            | \$10,575  | \$0                                | \$10,575  | \$0  |
| Two Sisters Media Group, LLC<br>608 N Coast Hwy #1125<br>Laguna Beach, CA 92651 | WEB                            | \$1000  | \$0                                | \$1000  | \$0  |
| Mozambique<br>1740 S Coast Hwy<br>Laguna Beach, CA 92651                        | FND                            | \$1488  | \$0                                | \$1488  | \$0  |
| <b>SUBTOTALS \$</b>   |                                | <b>13063 \$</b>                                     | <b>0 \$</b>                        | <b>13063 \$</b>                                   | <b>0</b>   |

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

**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 \$** 2442
- 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 \$** 15523
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -13081  
May be a negative number



**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>17</u> of <u>20</u>  | I.D. NUMBER<br>14106664    |

NAME OF FILER

Toni Iseman for Council 2018

**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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|--------------------------------|---|---------------------------------------|---|--|
| Donorbox<br>1885 Mission St.<br>San Francisco, Ca 91403                | PRO                            | \$190   | -\$33                                 | \$156   | \$10   |
| Steve & Marisa Robbins<br>2703 Victoria Dr.<br>Laguna Beach, CA 92651  | FND                            | \$1955  | \$0                                   | \$1955  | \$0  |
| Barbara Ann Lolli<br>489 Center St.<br>Laguna Beach, CA 92651          | RFD                            | \$349   | \$0                                   | \$349   | \$0  |
| Bill Atkins<br>PO Box 1091<br>Laguna Beach, CA 92652                   | LIT                            | \$0   | \$2475.                               | \$0   | \$2475   |
| <b>SUBTOTALS \$</b>  |                                | <b>0 \$</b>   | <b>2442 \$</b>                        | <b>2460 \$</b>  | <b>2485</b>  |

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

Amounts may be rounded to whole dollars.

Statement covers period  
 from 09/23/2018  
 through 10/20/2018

SCHEDULE G

**CALIFORNIA FORM 460**

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I.D. NUMBER  
 14106664

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Toni Iseman for Council 2018

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.

- |   |   |   |
|---|---|---|
| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ None

\* 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<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b>  |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Toni Iseman for Council 2018

I.D. NUMBER

14106664

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT LOANED THIS PERIOD | (c)<br>REPAYMENT OR FORGIVENESS THIS PERIOD* |   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST RECEIVED | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE LOANS TO DATE        |
|---|---|--|----------------------------------|--|---|--|--------------------------|--------------------------------|--|
|   |   |  |                                  | <input type="checkbox"/> PAID<br>\$ _____    | <input type="checkbox"/> FORGIVEN<br>\$ _____ |  |                          |                                |  |
|   |   | \$ _____   | \$ _____                         | \$ _____                                     | \$ _____                                      | DATE DUE   | _____%<br>RATE           | \$ _____<br>DATE INCURRED      | \$ _____<br>PER ELECTION**<br>\$ _____ |
|   |   | \$ _____   | \$ _____                         | \$ _____                                     | \$ _____                                      | DATE DUE   | _____%<br>RATE           | \$ _____<br>DATE INCURRED      | \$ _____<br>PER ELECTION**<br>\$ _____ |
|   |   | <b>SUBTOTALS</b>                                 |                                  | \$ _____                                     | \$ _____                                      | \$ _____   | \$ _____                 |                                |  |

\*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.

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

**Schedule H Summary**

- Loans made this period.....\$ None  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans .....\$ None  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ None  
(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 I

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>09/23/2018</u><br>through <u>10/20/2018</u> | <b>CALIFORNIA FORM 460</b>  |
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| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 0**

**Schedule I Summary**

|   |                           |
|---|---------------------------|
| 1. Itemized increases to cash this period. ....   | \$ <u>0</u>               |
| 2. Unitemized increases to cash of under \$100 this period. ....  | \$ <u>65</u>              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....                            | \$ <u>0</u>               |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... | <b>TOTAL \$ <u>65</u></b> |