

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

RECEIVED

OCT 25 2018

City Clerk's Office
City of Laguna Beach, CA

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	Page <u>7</u> of <u>9</u>
	I.D. NUMBER <u>1411384</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

PAUL MERRITT "MERRITT 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
[REDACTED]	CMP		9-14-CK 4092	\$ 167-
[REDACTED]	CMP		9-26-18 ck 7739	88.36
> Cal. Voter Guide	LIT		8-28-18 3323	265-
> Cal. Voter Guide	LIT		8-28-18 3354	438-
> MOZANIBAGE Rest. Lag. 92651 (pc) 11740	MTG		10-18-18 Barclay plc	586.42-
> KWIK M. DEFO-CA	CMP		10-12-18 (CK) 6995	140-
> STU NEWS ups. mail N. Laguna 92651	LIT		10-11 TWO SISTERS LLC	100-
NEWS 688 N C'ASTRALLY 1155	PRT		10-11-28 publishing (CK) 6998	350-
SUBTOTAL \$				<u>1,494.78</u>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,800.03
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3,800.03

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>9-27-18</u> through <u>10-20-18</u>	CALIFORNIA FORM 460
due <u>10/25-18</u>	Page <u>5</u> of <u>9</u>
I.D. NUMBER <u>1411384</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MERRITT for Council 2018

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fire Brand Media 580 Broadway ste 301 Laguna, CA 92651	prt	check 2 Ads-	\$1,025
Campaign LA 15518 S. Broadway GARDENA, CALIF	cmp	signs double - Blue/white	\$457
Fire Brand Media 580 Broadway 301 Laguna, CA 92651	prt	ad - 10/25/ Indy - = ch 1001 10/25	\$235-
LA Times COSTA MESA (FAIRVIEW) office CA > BARKLEY BANK plc	prt	ad - 10/23 / pd - run 10/27/18 ch 1002	500.25
Vista print (on-line) gumacia	cmp	cards \$88 - mag - batch	88 - \$2305.25

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

SUBTOTAL \$

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>9-23-2018</u> through <u>10-25-2018</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>9</u>
	I.D. NUMBER <u>1411384</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MERRITT for Council 2018

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

- | | | |
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JAMES Salazar Durango Indian Av- 203 Palm Springs CA 92262	SAL	CASH	110 -
Zach Nuno 2175 S. Pch. 20 Laguna, CA 92651	CNS	CASH lease off-set 60 40	100 -

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

SUBTOTAL \$ 2515.25

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

#1411384*
**

Date Stamp	CALIFORNIA FORM 460
Page <u>1</u> of <u>9</u> For Official Use Only	

Statement covers period from <u>9-23-2018</u> through <u>10-25-2018</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>
---	--

SEE INSTRUCTIONS ON REVERSE

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

<input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <small>(Also Complete Part 5)</small>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <small>(Also Complete Part 6)</small>
<input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <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 <small>(Also file a Form 410 Termination)</small>	
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER 1411384

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MERRITT for Council 2018

STREET ADDRESS (NO P.O. BOX)
2175 S. pch. #20 Laguna, CA 92651

CITY Laguna STATE CA ZIP CODE 92651 AREA CODE/PHONE 949 249-2492

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Laguna Beh - CA 92651 949 249-2492

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER
PAUL MERRITT

MAILING ADDRESS
P.O. BOX 9145

CITY Laguna STATE CA ZIP CODE 92651 AREA CODE/PHONE (949) 249-2492

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>10/25/18</u> Date	By <u>Merritt</u> Signature of Treasurer or Assistant Treasurer
Executed on <u>10/25/18</u> Date	By <u>Merritt</u> 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

* FPPC "committee delayed 5 weeks
** Bank authorization delayed 3 weeks - [Signature]

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

PAUL MERRITT

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

City Council Laguna Bch - CA 92652

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

2175 S. pch #20 Laguna, 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

None

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9-23-18</u> through <u>10-25-2018</u>		CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER MERRITT for Council 2018 PAUL MERRITT I.D. NUMBER 1411384

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)
10/8/18	Derek E. Peterson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	unk	\$100-	\$100	
10/11/18	Bryant S Menne	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	landscape const	\$99-	\$99	
10/10/18	Vogel Properties	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	property co-	\$360	\$360	
10/11/18	BPTM, LLC et.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	business, llc	\$99	\$99-	
10/23/18	Michelle & Monda Emil Monda	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ret.	\$100	\$100	

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 758-*
- Amount received this period – unitemized monetary contributions of less than \$100 \$
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 758-

*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

* city ordon/code 1/14 prevents indiv. fundraising "limits"

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9-23-18</u> through <u>10-25-2018</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>MERRITT for Council 2018 PAUL MERRITT</u>	I.D. NUMBER <u>1411384</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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<u>10/18/2018</u>	<u>Carl R. Kikerpill</u> <u>Ann M. Kikerpill</u>	<u>IND</u>	<u>unk/resident</u>	<u>\$350</u>	<u>350</u>	
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(Include all Schedule A subtotals.) \$..

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

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 758

* City Ordinance code 11/4 and 10. Bunker's "D. ... " \$ 1008.00

(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>9-23-2018</u>	CALIFORNIA FORM 460
through <u>10-25-2018</u>	
Page <u>5</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MERRITT for Council 2018

I.D. NUMBER

1411384

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
<u>PAUL MERRITT</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>candidate</u>	LENDER <u>self - 9-14-</u>	<u>255.36</u>	CALENDAR YEAR \$ _____	<u>1044.78</u>
			DATE <u>8-28-10-18</u>	<u>789.42</u>	PER ELECTION (IF REQUIRED) \$ _____	<u>457.78</u>
			<u>stems</u>	<u>457-</u>	\$ _____	<u>> 1501.78 \$</u>
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____		CALENDAR YEAR \$ _____	
			DATE _____		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 _____		CALENDAR YEAR \$ _____	
			DATE _____		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 _____		CALENDAR YEAR \$ _____	
			DATE _____		PER ELECTION (IF REQUIRED) \$ _____	

SUBTOTAL \$ 1,501.78 Enter on Summary Page, Line 17 only.

Schedule B – Part 2
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 9-23-2018
through 10-25-2018

CALIFORNIA FORM 460
Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MERRITT for Council 2018

I.D. NUMBER
1411384

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
PAUL Merritt IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker	\$	\$ 2,000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN	\$	1% RATE	\$	CALENDAR YEAR 2018 PER ELECTION**
PAUL MERRITT IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker	\$ 4,501.78		<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 3,501.78	1% RATE	\$	CALENDAR YEAR PER ELECTION**
PAUL Merritt IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker m/cond Barday plc Wilmington De	\$	\$ 500.25	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ 4,022.83	% RATE	\$	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$								

Schedule B Summary

1. Loans received this period \$ 4,002.83
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 4,002.83
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

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

†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.