Recipient Committee Campaign Statement Cover Page			Date Stamp RECEIVED	CALIFORNIA 460
	Statement covers period from10/01/18	Date of election if applicable: (Month, Day, Year)	OCT 2 5 2018	Page1 of7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/25/18	11/6/18	City Clerk's Office City of Laguna Beach, CA	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:	Oity of Edgard Eddorf, of	
	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain be	☐ Spec	terly Statement ial Odd-Year Report
3. Committee Information	I.D. NUMBER 1407520	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Stop Taxing Our Property		Jennifer W. Zeiter		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY		
		Laguna Beach	STATE ZIP COL	The state of the s
	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,		<u> </u>
Laguna Beach CA 92	651			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BC	×	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP COD	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		*
. Verification				
I have used all reasonable diligence in preparing and revie certify under penalty of perjury under the laws of the State	ewing this statement and to the best of my l	snowledge the information contained b	oroin and in the attached and	
certify under penalty of perjury under the laws of the State	of California that the foregoing is true and	correct.	erein and in the attached sche	dules is true and complete. I
Executed on 10/25/18	Po-			
Date	Ву	Signature of Treasurer or Assistant Tre	easurer	_
Executed on	Ву			
	Signature of Control	olling Officeholder, Candidate, State Measure Propo	onent or Responsible Officer of Sponsor	
Executed onDate	ByS	ignature of Controlling Officeholder, Candidate, Stat	e Measure Proponent	
Executed on		Carlotte, State	о мовачи в гторопени	
Date	By	ignature of Controlling Officeholder Condidate State	- M	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
	FORNI DRM	A 4	160			
Page _	2	of	7			

Officeholder or Candidate Controlled	Committee	6. Primarily F	ormed Ballot Measur	e Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALL	OT MEASURE		
		Laguna Be	ach Utility Undergroun	ding and Fire Safety M	/leasure
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AN	D DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OF			SUPPORT
		P	Laguna	a Beach	Ø OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY STATE ZIP	Identify the co	ontrolling officeholder, can	didate, or state measure p	proponent, if any.
		NAME OF OFFI	CEHOLDER, CANDIDATE, OR F	PROPONENT	
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive	OFFICE SOUGH	IT OR HELD	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily F	ormed Candidate/Offi or candidate(s) for which th	iceholder Committee	List names of
	☐ YES ☐ NO		or candidate(s) for writeri tr	ns committee is primarny to	nmeu.
COMMITTEE ADDRESS STREET ADDRESS	NO P.O. BOX)	NAME OF OFFIC	CEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFIC	EHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFIC	EHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	
		NAINE OF OFFIC	ENOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFIC	EHOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (☐ YES ☐ NO NO P.O. BOX)				OPPOSE
	•				
CITY STATE	ZIP CODE AREA CODE/PHONE		Attach continua	tion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Sta from	tement covers period 10/01/18	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through	10/25/18	Page3 of7
AME OF FILER Stop Taxing Our Property				I.D. NUMBER 1407520
South level on a Daniel of	Column A	Column B	Calendar Voor Sur	mmany for Candidatas

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$	6360.00	\$	9872.00	General Elections
2. Loans Received	*	1658.22	Ψ	1658.22	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	8018.22	\$	11,530.22	20. Contributions Received \$\$
4. Nonmonetary Contributions	Ť	0	*	711.66	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	8018.22	\$	12,241.88	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	5,440.08	\$	8,598.60	Candidates
7. Loans Made Schedule H, Line 3					
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	7,098.30	\$	8,598.60	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		1,658.22		1,658.22	Date of Election Total to Date
10. Nonmonetary Adjustment		····			(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	8,756.52	\$	10,256.82	
Current Cash Statement			T		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	353.26		calculate Column B.	
13. Cash Receipts Column A, Line 3 above		6,360.00	ac	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		7,098.30	of	your last report. Some	reported in Column B.
16. ENDING CASH BALANCE	\$	385.04	be	nounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.			pr	ould be subtracted from evious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	s is the first report being ed for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$		ا	y).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	1,658.22			FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

wonetary Contributions Received			Whole dollars.	Statement cov	vers period 01/18	CALIFORNIA /	
SEE INSTRUCTION	ONS ON REVERSE			through10)/25/18	Page	4 of7
NAME OF FILER	A SANCE TO THE SAN					I.D. NU	
Stop Taxii	ng Our Property					14075	520
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 CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/24/18	David Wilson	☑IND □COM □OTH □PTY □SCC	Car Dealership Owner	5115.00	5115.0	00	5115.00
10/24/18	Howard Hills	ZIND COM OTH PTY	Consultant; Retired	500.00	500.0)0	500.00
10/21/18	India Hynes	☑IND □COM □OTH □PTY □SCC	Business Owner/VinoTemp	150.00	150.0	00	150.00
10/18/18	Sue Pratto	☑IND □COM □OTH □PTY □SCC	Realtor	25.00	25.0	00	25.00
10/04/18	Robin Hall	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accountant/CPA	100.00	100.0	00	100.00
			SUBTOTAL \$	5890.00			
1. Amount red (Include all 2. Amount red 3. Total mone	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period. I and 2. Enter here and on the Summary Page, Colu	s of less than	ı \$100\$ <u> </u>	6,360.00 temized above 6,360.00	IND – COM - OTH – PTY –	other t Other (e Political	al ent Committee han PTY or SCC) e.g., business entity)
•	2. 2 2 2 2 2 2 2 4 4 4.	mary Ellio 1.	./ ΙΟΙΑL Ψ			5 0.0	0.5 400 (t /

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA A CO

Statement covers period

				from10/0	1/18	FOI	RM 46U
				through10/	25/18	Page	5 of 7
NAME OF FILER						I.D. NUM	
Stop Taxing	g Our Property					140752	0
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/21/18	Christopher Kling	Ø IND □ COM □ OTH □ PTY □ SCC	Laguna Corporate Car Service/Owner	100.00	100.0	00	100.00
10/21/18	James Gothard	☑ IND □ COM □ OTH □ PTY □ SCC	Realtor; Retired	200.00	200.0	00	200.00
10/21/18	Brian and Kathleen Knott Revocable Trust	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	20.00	20.0	00	20.00
10/2/18	India Hynes		Business Owner/VinoTemp	150.00	150.0	00	150.00
		□IND □COM □OTH □PTY □SCC					
***************************************			SUBTOTAL\$	470.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Supporti Candida	y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may t to whole d		718 F0 5/18 Page	SCHEDULE I FORNIA 460 ORM 6 of 7	
	ng Our Property				1.D. NUI 1407	
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)
10.24.18	Measure P □ Support ☑ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Direct Mailers	5,115.00	5,115.00	5,115.00
10.04.18	Measure P ☐ Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	Banners	212.19	212.19	212.19
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL S	5,327.19		
 Itemized of Unitemize 	D Summary contributions and independent expenditures made ad contributions and independent expenditures made	ade this period of ur	nder \$100		\$	112.89
3. Total conti	ributions and independent expenditures made thi	s period. (Add Lines	s 1 and 2. Do not enter on th	e Summary Page.)	TOTAL \$ _	5,440.08

Schedule E Payments Made	Amounts may be rounded to whole dollars.				ent covers period 10/01/18	CALIF FO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	******		***************************************	through	10/25/18	Page _	
Stop Taxing Our Property						1.D. NUM 140752	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearances ses lating urvey researc	s h senger services	RAD radio and radio and return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter in	be the payment. airtime and production of ed contributions aign workers' salaries cable airtime and productate travel, lodging, and pouse travel, lodging, and pouse travel committees registration ation technology costs	uction costs I meals and meals of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION OF PA	YMENT		AMOUNT PAID
Sir Speedy Printing 40 Tesla, Ste B Irvine, CA 92618	Ħ	CMP/PQ	Direct Mailers a	nd Postage			5,115.00
Costco 27972 Cabot Road Laguna Niguel, CA		СМР	Banners	· · · · · · · · · · · · · · · · · · ·			212.19
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.		NAME AND ADDRESS OF THE PARTY O	SUE	BTOTAL \$	5327.19
Schedule E Summary	Territoria (Control of Control of		**************************************		**************************************	·	
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)		•••••			\$	5327.19
2. Unitemized payments made this period of under \$100			·····	***************************************		\$	112.89
3. Total interest paid this period on loans. (Enter amount from4. Total payments made this period. (Add Lines 1, 2, and 3. I							5440.08

Schedule B – Part 1	Amounts may be rounded				SCHEDULE				
Loans Received		to whole dollars.				ers period 01/18	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through10)/25/18	Page	of 7	
NAME OF FILER			With 141	L			I.D. NUMBER		
Stop Taxing Our Property							1407520		
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 PAII OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
			- TORNILL O.	☐ PAID			·	CALENDAR YEAR	
				\$	_ s	%	\$	s	
				FORGIVEN		RATE		PER ELECTION	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				s	s	%	\$	s	
				☐ FORGIVEN		RATE		PER ELECTION	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$	
		*****		☐ PAID	A TOWN PARAMETERS AND A TOWN AND			CALENDAR YEAR	
		:	4444	S .	\$	%	s	s	
				FORGIVEN	-	RATE		PER ELECTION*	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	\$	DATE INCURRED	s	
	\$	SUBTOTALS \$	\$)	\$	\$		<u>I</u>	
Schedule B Summary	**************************************					(Enter (e) on Schedule E, Line 3)			
1. Loans received this period	***************************************	*************************		\$					
(Total Column (b) plus unitemized loan	s of less than \$100.)					(+:	Contributor Codes		
2. Loans paid or forgiven this period				ф		1	ID – Individual		
(Total Column (c) plus loans under \$10	0 paid or forgiven.)		******************	Ф	14 1074904 1.4	E	OM - Recipient Co		
(Include loans paid by a third party that		dule A.)					other than f) TH – Other (e.g., t	PTY or SCC) pusiness entity)	
		•				P	TY – Political Party	/	
Net change this period. (Subtract Line Enter the net here and on the Summar	2 2 Trom Line 1.)	****************	***************************************			S	CC – Small Contril	butor Committee	
and the necher and on the Summar	y i age, column A, Line Z.			V1)	flay be a negative number)				

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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Sche	dule	B	Part	2
Loan	Gua	rant	ors	

Amounts may be rounded to whole dollars.

		SUILDULE B - PART 2
Statem	ent covers period	CALIFORNIA ACO
from	10/01/18	FORM 400
through _	10/25/18	Page of7
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Stop Taxing Our Property 1407520 FULL NAME, STREET ADDRESS AND IF AN INDIVIDUAL, ENTER AMOUNT BALANCE CONTRIBUTOR OCCUPATION AND EMPLOYER ZIP CODE OF GUARANTOR CUMULATIVE LOAN **GUARANTEED** OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) TO DATE THIS PERIOD TO DATE CALENDAR YEAR LENDER СОМ OTH PER ELECTION DATE (IF REQUIRED) ☐ PTY SCC CALENDAR YEAR LENDER □ COM PER ELECTION OTH DATE (IF REQUIRED) ☐ PTY □ scc CALENDAR YEAR LENDER □сом PER ELECTION □ OTH DATE (IF REQUIRED) □ PTY □ scc CALENDAR YEAR LENDER □сом PER ELECTION □ OTH DATE (IF REQUIRED) ☐ PTY SCC Enter on Summary Page, Line 17 only, SUBTOTAL \$

Schedule			Amounts may be rounded to whole dollars.						SCHEDULE
Nonmonetary Contributions Received			to whole donals.		from	Statement covers 110/01/1	-	CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE				thro	ugh10/25/	/18	Page	of7
Stop Taxing	g Our Property				*			1.D. NUME	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		□IND □COM □OTH □PTY □SCC							
	·	□IND □COM □OTH □PTY □SCC							
Attach addition	onal information on appropriately labeled (continuation s	sheets.	SUBTO	TAL \$	Famous			
Schedule C	ceived this period – itemized nonmonetary	contribution	S.		•		IND-	tributor Cod	
2. Amount rec	Schedule C subtotals.)	ary contribution					_ отн	(other tha	an PTY or SCC) g., business entity)
3. Total nonmo (Add Lines	onetary contributions received this period 1 and 2. Enter here and on the Summary	Page, Colum	nn A, Lines 4 and 10.)	TOTA	L \$		scc	- Small Cor	ntributor Committee

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

NAME OF FILER

Amounts may be rounded
to whole dollars.

,			SCHEDULE D (CON				
ĺ	Statem	ent covers period	CALIFORNIA 16				
	from	10/01/18	FORM	400			
	through10/25/18	10/25/18	Page	of			
			I.D. NUMBER				
			1407520				

Stop Taxin	g Our Property				140752	20
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)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	A (17 th)			
			SUBTOTAL	\$		

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole do			Statem from	ent covers period 10/01/18 10/25/18	CALIFO	SCHEDULE E (CON CALIFORNIA FORM FORM 7	
NAME OF FILER Stop Toying Our Property		- CHIEVY				I.D. NUME	BER	
Stop Taxing Our Property						1407520)	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	s	RAD radii RFD retu SAL cam TEL t.v. c TRC cand TRS staff TSF trans VOT vote	cribe the payment or airtime and production med contributions paign workers' salaries or cable airtime and producte travel, lodging, a spouse travel, lodging afer between committed to registration mation technology cos	on costs s coduction costs and meals g, and meals es of the same	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
							46000 A. A.	

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

SUBTOTAL \$

Schedule F	Amounts may be roun	ded	<u></u>	SCHEDULE	
Accrued Expenses (Unpaid Bills)	to whole dollars.		Statement cov	ers period CA 01/18	LIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE				/25/18 Pa	age of7
NAME OF FILER				I.D.	NUMBER
Stop Taxing Our Property				14	07520
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	ons nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate travi TRS staff/spouse transfer between	nd production costs butions kers' salaries time and production cel, lodging, and meals avel, lodging, and mea	als same candidate/sponsor
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
•					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS :	\$	\$		\$
Schedule F Summary		——————————————————————————————————————			110000000000000000000000000000000000000
Total accrued expenses incurred this period. (Include all Seaccrued expenses of \$100 or more, plus total unitemized at	chedule F, Column (b) sul	ototals for §100.)	INCL	JRRED TOTALS	\$0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p				PAID TOTALS	\$0
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and				

Schedule F	Amounts may be roun	ded	SCHEDULE F (CON				
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.						
			through10/	25/18 Pa	ge of7		
NAME OF FILER	**************************************	——————————————————————————————————————	······································	I.D	NUMBER		
Stop Taxing Our Property				140	7520		
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communication MTG meetings and appeara OFC office expenses	ons	RAD radio airtime a RFD returned contri SAL campaign worl	nd production costs ibutions kers' salaries			
CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and of PRO professional services (PRT print ads	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/spo					
* Payments that are contributions or independent expenditures must		ule D.	William (de	antology code (intern	ot, o-many		
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		
		4.40					

SUBTOTALS \$

\$

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

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period 10/01/18 from	CALIFORNIA 460
through10/25/18	Page of
	I.D. NUMBER 1407520

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Stop Taxing Our Property

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

CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries

CVC civic donations petition circulating candidate filing/ballot fees PHO phone banks

FND fundraising events POL polling and survey research

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services

LEG legal defense PRO professional services (legal, accounting)

campaign literature and mailings PRT print ads RAD radio airtime and production costs

RFD returned contributions

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
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•					
	 ·····		WARRANT PREAM ALL	TO THE PARTY OF TH	
		<u> </u>		<u> </u>	

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 co	vers period 01/18	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through1	0/25/18	Page	_ of	
NAME OF FILER	4041124				·····		I.D. NUMBER		
Stop Taxing Our Property							1407520		
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 O FORGIVENESS THIS PERIOD	BALANCE AL	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID	\$	% RATE	\$	CALENDAR YEAR	
		\$	\$	FORGIVEN \$	DATE DUE	s	DATE INCURRED	\$	
				PAID \$ FORGIVEN	s	RATE	\$	CALENDAR YEAR	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$			
					· · · · · · · · · · · · · · · · · · ·	(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)	***************************************	•••••••••		\$		_	**If Required	
Payments received on loans (Total Column (c) plus unitemized payn	nents of less than \$100.)	•••••••			\$		_		
3. Net change this period. (Subtract Line 2	2 from Line 1.)	******************			NET \$		_		
(Enter the net here and on the Summa	ry Page, Column A, Line 7.))				y be a negative number)	•		

Schedule I		Amounts may be rounded		SCHEDUL		
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period	CALIFORNIA 46		
			from10/01/18	FORM TO		
SEE INSTRUCTIONS ON REVERS	SE		through10/25/18	Page of		
NAME OF FILER				I.D. NUMBER		
Stop Taxing Our Proper	ty			1407520		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
		1-7-101/1-		9 1007/2007-0000000000000000000000000000000		

Attach additional informa	ation on appropriately labeled continuation sheets.		SUBTOTAL	_\$		
Schedule I Summar	У					
1. Itemized increases to d	cash this period		\$	_		
	to cash of under \$100 this period					
3. Total of all interest rece	eived this period on loans made to others. (Scl	hedule H, Column (e).)	\$	_		
l. Total miscellaneous ind Summary Page, Line 1	creases to cash this period. (Add Lines 1, 2, ar	nd 3. Enter here and on the	TOTAL \$			