Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 460

Statement covers period	Date of election if applicable: (Month, Day, Year)	Page __1__ of __5__
from _07/01/2017_		For Official Use Only
through _12/31/2017_		

Date Stamp
CITY CLERK
2018 JAN 30 PM 7:42
CITY OF LAGUNA MIGUEL

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

- [X] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [X] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1367915

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Fred Minagar for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jen Slater

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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 _1-22-18_ Date	By _(signature)_ Signature of Treasurer or Assistant Treasurer
Executed on _1-30-18_ 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

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

CC   PAGE - PART 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Fred Minagar

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

City Council Member: Laguna Niguel

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
███████████████████	Laguna Niguel	CA	92677

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	

CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	

CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

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www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

from ___07/01/2017___

through ___12/31/2017___

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Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .... Schedule A, Line 3		$ 0.00	$ 0.00
2. Loans Received .... Schedule B, Line 3		0.00	61,650.00
3. SUBTOTAL CASH CONTRIBUTIONS .... Add Lines 1 + 2		$ 0.00	$ 61,650.00
4. Nonmonetary Contributions .... Schedule C, Line 3		0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .... Add Lines 3 + 4		$ 0.00	$ 61,650.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ _____	$ _____
21. Expenditures Made	$ _____	$ _____

Expenditures Made		Column A	Column B
6. Payments Made .... Schedule E, Line 4		$ 150.00	$ 300.00
7. Loans Made .... Schedule H, Line 3		0.00	0.00
8. SUBTOTAL CASH PAYMENTS .... Add Lines 6 + 7		$ 150.00	$ 300.00
9. Accrued Expenses (Unpaid Bills) .... Schedule F, Line 3		0.00	0.00
10. Nonmonetary Adjustment .... Schedule C, Line 3		0.00	0.00
11. TOTAL EXPENDITURES MADE .... Add Lines 8 + 9 + 10		$ 150.00	$ 300.00

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$ _____
___/___/___	$ _____

Current Cash Statement

12. Beginning Cash Balance .... Previous Summary Page, Line 16	$	3,791.24
13. Cash Receipts .... Column A, Line 3 above		0.00
14. Miscellaneous Increases to Cash .... Schedule I, Line 4		0.00
15. Cash Payments .... Column A, Line 8 above		150.00
16. **ENDING CASH BALANCE** .... Add Lines 12 + 13 + 14, then subtract Line 15	$	3,641.24

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

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

17. LOAN GUARANTEES RECEIVED .... Schedule B, Part 2	$	0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .... See instructions on reverse	$	0.00
19. Outstanding Debts .... Add Line 2 + Line 9 in Column B above	$	61,650.00

FPPC Form 460 (Jan/2016)
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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

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from	07/01/2017	
through	12/31/2017	Page __4__ of __5__

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1367915

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
Minagar & Associates, Inc ▉▉▉▉▉▉▉▉▉	Fred Minagar 100% Ownership			☐ PAID $ _____ 0.00 ☐ FORGIVEN	$ 61,650.00	0.00 % RATE	$ 81,650.00	CALENDAR YEAR $ _____ 0.00 PER ELECTION**
†☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 61,650.00	$ _____ 0.00	$ _____ 0.00	DATE DUE	$ _____ 0.00	06/30/2014 DATE INCURRED	$ _____
				☐ PAID $ _____ ☐ FORGIVEN	$ _____	_____ % RATE	$ _____	CALENDAR YEAR $ _____ PER ELECTION **
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	$ _____	DATE DUE	$ _____	DATE INCURRED	$ _____
				☐ PAID $ _____ ☐ FORGIVEN	$ _____	_____ % RATE	$ _____	CALENDAR YEAR $ _____ PER ELECTION **
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	$ _____	DATE DUE	$ _____	DATE INCURRED	$ _____
		SUBTOTALS $ 0.00	**$** 0.00	**$** 61,650.00	**$** 0.00			

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

Schedule B Summary

1. Loans received this period .... $ _____ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ _____ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... **NET $** _____ 0.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

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

†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

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Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	
from	07/01/2017
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SCHEDULE E

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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
Campaign Compliance Group, Inc. ▮▮▮▮▮▮	PRO			150.00

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

SUBTOTAL $ 150.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 150.00

2. Unitemized payments made this period of under $100 .... $ 0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL** $ 150.00