

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

COVER PAGE - PART 2

CALIFORNIA
FORM

460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sandy Rains

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? <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? <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 <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Statement covers period

from 01/01/2018

through 09/22/2018

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I.D. NUMBER

1407705

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ 10,073.00	\$ 10,073.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 3,000.00	\$ 3,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 13,073.00	\$ 13,073.00
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 1,800.00	\$ 1,800.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 14,873.00	\$ 14,873.00

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 6,343.93	\$ 6,343.93
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 6,343.93	\$ 6,343.93
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 2,086.26	\$ 2,086.26
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 1,800.00	\$ 1,800.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 10,230.19	\$ 10,230.19

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 0.00
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 13,073.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 6,343.93
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 6,729.07

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 5,086.26

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).

**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 \$ _____ \$ _____

**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

/ / \$ _____

/ / \$ _____

*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

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Statement covers period
from 01/01/2018
through 09/22/2018

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I.D. NUMBER

1407705

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)
07/16/2018	Rosie Rains [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Military Officer US Navy	100.00	100.00	G2018 \$100.00
07/20/2018	Lori Treiber [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Practitioner The Emily Program	100.00	100.00	G2018 \$100.00
07/31/2018	Quadrant Law Group LLP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2018 \$500.00
08/01/2018	Noni Follman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Mary Kay Cosmetics	100.00	100.00	G2018 \$100.00
08/01/2018	Christy Koperek [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse Saddleback Memorial Medical Center	60.00	160.00	G2018 \$160.00
				SUBTOTAL \$	860.00	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 9,570.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 503.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 10,073.00**

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
 to whole dollars.

Statement covers period		CALIFORNIA FORM
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NAME OF FILER	I.D. NUMBER
Rains for Laguna Niguel City Council 2018	1407705

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)
08/01/2018	Michele M. Leonhart [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	500.00	700.00	G2018 \$700.00
08/01/2018	R S Myers Company [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2018 \$500.00
08/06/2018	Anna Bryson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant I Enterprise Technologies Inc	500.00	500.00	G2018 \$500.00
08/14/2018	Roberta F. Cox [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker Bobbi Cox Realty	360.00	360.00	G2018 \$360.00
08/15/2018	Daniel Abrams [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Abrams California Health Insurance Agency	100.00	100.00	G2018 \$100.00
SUBTOTAL \$				1,960.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded
 to whole dollars.

Statement covers period
 from 01/01/2018

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NAME OF FILER

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I.D. NUMBER

1407705

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)
08/15/2018	Ann Rommel [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director The Bergeson Series	100.00	100.00	G2018 \$100.00
08/15/2018	Tastes of Greece [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G2018 \$100.00
08/16/2018	Brian Koperek [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Brian Koperek, MD	100.00	100.00	G2018 \$100.00
08/16/2018	Christy Koperek [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse Saddleback Memorial Medical Center	100.00	160.00	G2018 \$160.00
08/17/2018	Marcia Milchiker [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Governing Board Member South OC Community College District	100.00	100.00	G2018 \$100.00
SUBTOTAL \$				500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period
 from 01/01/2018

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NAME OF FILER

Rains for Laguna Niguel City Council 2018

I.D. NUMBER

1407705

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)
08/18/2018	Warren Whitelock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	200.00	G2018 \$200.00
08/19/2018	Sherry Astrella [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	150.00	150.00	G2018 \$150.00
08/19/2018	Ronald E. Bock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President TRC Solutions	200.00	200.00	G2018 \$200.00
08/19/2018	Candice J. Burroughs [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Kic Inc	100.00	100.00	G2018 \$100.00
08/19/2018	Avi Chalid [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	200.00	1,000.00	G2018 \$1,000.00
SUBTOTAL \$				850.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM
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Rains for Laguna Niguel City 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/19/2018	Helen Di Panni [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G2018 \$100.00
08/19/2018	Debra Garnreiter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	500.00	500.00	G2018 \$500.00
08/19/2018	Amy B. Gupe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G2018 \$100.00
08/19/2018	Marlene Hellerman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Hellerman Mediation	100.00	100.00	G2018 \$100.00
08/19/2018	John M. Jennings [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Kutak Rock LLP	200.00	200.00	G2018 \$200.00
				SUBTOTAL \$	1,000.00	

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period
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NAME OF FILER
 Rains for Laguna Niguel City Council 2018

I.D. NUMBER
 1407705

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)
08/19/2018	Michele M. Leonhart [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	700.00	G2018 \$700.00
08/19/2018	Linda Lindholm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	250.00	1,000.00	G2018 \$1,000.00
08/19/2018	Marilyn J. McCloskey [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G2018 \$100.00
08/19/2018	Donna R. Mulvaney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	200.00	G2018 \$200.00
08/19/2018	Brian S. Probolsky [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Moulton Niguel Water District	250.00	250.00	G2018 \$250.00
				SUBTOTAL \$	1,000.00	

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period
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NAME OF FILER

Rains for Laguna Niguel City Council 2018

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08/19/2018	Ellen F. Wilbur [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Consultant EJW Enterprises	200.00	200.00	G2018 \$200.00
08/19/2018	Stephanie Winstead [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Winstead Law Group	100.00	100.00	G2018 \$100.00
08/20/2018	Carole Allen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G2018 \$100.00
08/20/2018	Jodi Most [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Most Agency	100.00	100.00	G2018 \$100.00
08/20/2018	Kimberly Toonen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Laguna Design Center	100.00	100.00	G2018 \$100.00
SUBTOTAL \$				600.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
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08/21/2018	Maria Elena Banks [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	100.00	100.00	G2018 \$100.00
09/06/2018	Capata & Co [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	G2018 \$150.00
09/06/2018	Michele E. Monda [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	200.00	G2018 \$200.00
09/07/2018	Tina Barad [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Rimini Productions	100.00	100.00	G2018 \$100.00
09/13/2018	Linda Lindholm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	750.00	1,000.00	G2018 \$1,000.00
				SUBTOTAL \$	1,300.00	

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
 from 01/01/2018
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CALIFORNIA **460**
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NAME OF FILER Rains for Laguna Niguel City Council 2018	I.D. NUMBER 1407705
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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)
09/17/2018	Clay Wilemon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Device Pharm	500.00	500.00	G2018 \$500.00
09/22/2018	David Horowitz [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Horowitz Group	1,000.00	1,000.00	G2018 \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,500.00		

*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

Schedule B – Part 1
Loans Received
**Amounts may be rounded
to whole dollars.**
**Statement covers period
from 01/01/2018**
**CALIFORNIA
FORM **460****
through 09/22/2018
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

I.D. NUMBER

1407705

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
Sandy Rains [REDACTED]	Owner Vision 5 LLC			<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>3,000.00</u> 0.00 % RATE		\$ <u>3,000.00</u>	CALENDAR YEAR \$ <u>3,000.00</u> PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>3,000.00</u>		12/31/2018 DATE DUE	\$ <u>0.00</u>	07/16/2018 DATE INCURRED	\$ <u>G2018 3,000.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ _____ % RATE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ _____ % RATE	\$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION **
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____		DATE DUE	\$ _____	DATE INCURRED	\$ _____
SUBTOTALS		\$ <u>3,000.00</u>	\$ <u>0.00</u>	\$ <u>3,000.00</u>	\$ <u>0.00</u>			

(Enter (e) on
Schedule E, Line 3)**Schedule B Summary**

1. Loans received this period \$ 3,000.00
(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** \$ 3,000.00
(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

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Statement covers period
from 01/01/2018

through 09/22/2018

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I.D. NUMBER

1407705

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)
09/12/2018	Avi Chalid [REDACTED] INKIND	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	Printing Costs	800.00	1,000.00	G2018 \$1,000.00
09/12/2018	Arna Freedman [REDACTED] INKIND	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Coldwell Banker	Printing Costs	1,000.00	1,000.00	G2018 \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL \$	1,800.00		

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,800.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 1,800.00**

*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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM
from	01/01/2018	
through		09/22/2018
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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 [REDACTED]	PRO			200.00
Bieber Communications [REDACTED]	LIT			257.60
Hollywood Design Pro [REDACTED]	WEB			527.15

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

SUBTOTAL \$ 984.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 6,098.43
2. Unitemized payments made this period of under \$100 \$ 245.50
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 \$ 6,343.93**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2018</u>	CALIFORNIA FORM 460
through <u>09/22/2018</u>	Page <u>16</u> of <u>22</u>
I.D. NUMBER <u>1407705</u>	

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
Capitol Tech Solutions [REDACTED]	OFC			47.00
CEC Consulting [REDACTED]	CNS			500.00
Tastes of Greece [REDACTED]	FND		8/19 Event Room & Catering Reception Costs	1,827.36
Campaign Compliance Group [REDACTED]	PRO			275.00
Performance Production Services [REDACTED]	WEB			750.00

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

SUBTOTAL \$ 3,399.36

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	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
Capitol Tech Solutions [REDACTED]	OFC			93.13
CEC Consulting [REDACTED]	CNS			500.00
Montgomery Photography [REDACTED]	OFC		Photography Services	300.00
RESS Signs [REDACTED]	CMP		Outdoor Signs	781.19
Capitol Tech Solutions [REDACTED]	OFC			40.00

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

SUBTOTAL \$ 1,714.32

Schedule F
Accrued Expenses (Unpaid Bills)

 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

Statement covers period from <u>01/01/2018</u>	CALIFORNIA FORM 460
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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 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
Maynard Rains [REDACTED]	OFC	0.00	157.20	0.00	157.20
Sandy Rains [REDACTED]	FIL	0.00	860.00	0.00	860.00
CEC Consulting [REDACTED]	CNS	0.00	500.00	0.00	500.00

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

SUBTOTALS \$ 0.00\$ 1,517.20\$ 0.00\$ 1,517.20

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 2,086.26**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 2,086.26**
May be a negative number

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rains for Laguna Niguel City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

E Home Real Estate

Amounts may be rounded
to whole dollars.Statement covers period
from 01/01/2018through 09/22/2018CALIFORNIA
FORM

SCHEDULE G

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I.D. NUMBER

1407705

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kelly Paper [REDACTED]	LIT		275.88
US Postmaster [REDACTED]	POS		69.78
US Postmaster [REDACTED]	POS		223.40

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 569.06

* 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.

