

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

<b>Statement covers period</b> from <u>01/01/2020</u>  through <u>06/30/2020</u>	<b>Date of election if applicable:</b> (Month, Day, Year)  _____	<b>Date Stamp</b> <i>Received in the City Clerk's Office on July 29, 2020</i>	<b>CALIFORNIA FORM 460</b>  Page <u>1</u> of <u>8</u>  For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

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

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

## 2. Type of Statement:

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)<br>_____<br>_____                 |   |

## 3. Committee Information

I.D. NUMBER  
1425886

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Sharma for City Council 2020

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Laguna Niguel</u>	<u>CA</u>	<u>92677</u>	_____

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Laguna Niguel</u>	<u>CA</u>	<u>92607</u>	_____

OPTIONAL: FAX / E-MAIL ADDRESS

sharma@lnstrong.com

## Treasurer(s)

NAME OF TREASURER

Jen Slater

MAILING ADDRESS  
\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Irvine</u>	<u>CA</u>	<u>92618</u>	_____

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 07/24/2020  
Date

Executed on 07/27/2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Jen Slater  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Rischi Paul Sharma

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

25482 Rue Terrace 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*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2020 through 06/30/2020	<b>CALIFORNIA FORM 460</b>
	Page 3 of 8
	I.D. NUMBER 1425886

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharma for City Council 2020

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 4,400.00	\$ 4,400.00
2. Loans Received .....	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 4,400.00	\$ 4,400.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 4,400.00	\$ 4,400.00

## 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

6. Payments Made .....	Schedule E, Line 4	\$ 420.61	\$ 420.61
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 420.61	\$ 420.61
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	2,250.00	2,250.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 2,670.61	\$ 2,670.61

## 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	\$ 0.00
13. Cash Receipts .....	Column A, Line 3 above	4,400.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	420.61
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,979.39

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).

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	\$ 2,250.00

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 01/01/2020  
through 06/30/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharma for City Council 2020

I.D. NUMBER

1425886

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)
03/11/2020	Joseph R. Roulier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	1,000.00	1,000.00	G2020 \$1,000.00
06/16/2020	Bernie Olmsted [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Olmsted CPA	1,000.00	1,000.00	G2020 \$1,000.00
06/20/2020	Dan Dalluge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	G2020 \$100.00
06/20/2020	Foster Johns [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00	500.00	G2020 \$500.00
06/23/2020	Brian Bisol [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney The Bisol Firm, APC	100.00	100.00	G2020 \$100.00
SUBTOTAL \$				2,700.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4,400.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 4,400.00

### \*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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

# Schedule A (Continuation Sheet) Monetary Contributions Received

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period

from 01/01/2020

through 06/30/2020

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NAME OF FILER

Sharma for City Council 2020

I.D. NUMBER

1425886

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)
06/23/2020	Ideal Fasteners, Inc. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	G2020 \$300.00
06/23/2020	Garfield Logan [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	G2020 \$100.00
06/23/2020	Richard Wolpow [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00	1,000.00	G2020 \$1,000.00
06/24/2020	Kerr & Sheldon, APLC [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	G2020 \$100.00
06/30/2020	Chris Borgen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Borgen Insurance	100.00	100.00	G2020 \$100.00
<b>SUBTOTAL \$</b>				1,600.00		

**\*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

FPPC Form 460 (Jan/2016)

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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 <u>01/01/2020</u> through <u>06/30/2020</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Sharma for City Council 2020		I.D. NUMBER 1425886

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)
06/30/2020	Ryan Capalbo [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Ryan Capalbo	100.00	100.00	G2020 \$100.00
		<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 \$				100.00		

**\*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

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2020	
through	06/30/2020	Page 7 of 8
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Sharma for City Council 2020		1425886

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharma for City Council 2020

**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			228.00

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

**SUBTOTAL \$** 228.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	228.00
2. Unitemized payments made this period of under \$100	\$	192.61
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.)	<b>TOTAL \$</b>	420.61

# Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded  
to whole dollars.

Statement covers period

from 01/01/2020

through 06/30/2020

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NAME OF FILER

Sharma for City Council 2020

I.D. NUMBER

1425886

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

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 communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
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/sponsor  
VOT voter registration  
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
Campaign Compliance Group [REDACTED]	PRO	0.00	250.00	0.00	250.00
CEC Consulting [REDACTED]	CNS	0.00	1,000.00	0.00	1,000.00
CEC Consulting [REDACTED]	CNS	0.00	1,000.00	0.00	1,000.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	0.00\$	2,250.00\$	0.00\$
					2,250.00

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 2,250.00
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 2,250.00  
May be a negative number.