

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Date Stamp

**CALIFORNIA FORM 460**

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For Official Use Only

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

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

**3. Committee Information**

I.D. NUMBER  
1367915

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Fred Minagar for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Hills CA 92653

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

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 07/19/2021  
Date

By Jen Slater  
Signature of Treasurer or Assistant Treasurer

Executed on 07/19/2021  
Date

By Jen Slater  
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

**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

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
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE?
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YES  NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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**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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*



**Schedule B – Part 1**  
**Loans Received**

 Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fred Minagar for City Council 2018

Statement covers period from <u>01/01/2021</u>	CALIFORNIA FORM <b>460</b>
through <u>06/30/2021</u>	Page <u>4</u> of <u>5</u>

I.D. NUMBER

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 23282 Mill Creek Drive Suite 240 Laguna Hills, CA 92653	Fred Minagar 100% Ownership	\$ <u>61,650.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>61,650.00</u>	<u>0.000%</u> RATE	\$ <u>81,650.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>61,650.00</u>	\$ <u>0.00</u>					
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>0.00</u>	<u>0.000%</u> RATE	\$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>0.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN	\$ <u>0.00</u>	<u>0.000%</u> RATE	\$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION**
<b>SUBTOTALS \$ 0.00 \$ 0.00 \$ 61,650.00 \$ 0.00</b>								

 (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**  
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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM

**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Fred Minagar for City Council 2018

Statement covers period  
from 01/01/2021  
through 06/30/2021

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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. 9070 Irvine Center Drive, #150 Irvine, CA 92618	PRO			395.00

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

SUBTOTAL \$ 395.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 395.00
2. Unitemized payments made this period of under \$100 .....	\$ 77.96
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 \$ 472.96</b>