



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA  
FORM 460

Page 2 of 7

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

[REDACTED] 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<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**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 |
|-----------------------|---------------------|

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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Sharma for City Council 2020

## Contributions Received

Amounts may be rounded to whole dollars.

|                         |            |                            |        |
|-------------------------|------------|----------------------------|--------|
| Statement covers period |            | SUMMARY PAGE               |        |
| from                    | 01/01/2023 | <b>CALIFORNIA FORM 460</b> |        |
| through                 | 04/19/2023 | Page                       | 3 of 7 |
| ID NUMBER               |            |                            |        |
| 1425886                 |            |                            |        |

## Contributions Received

|                                       |                    |             |             |
|---------------------------------------|--------------------|-------------|-------------|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ 9,400.00 | \$ 9,400.00 |
| 2. Loans Received .....               | Schedule B, Line 3 | -10,000.00  | 0.00        |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ -600.00  | \$ 9,400.00 |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 0.00        | 0.00        |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ -600.00  | \$ 9,400.00 |

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

20. Contributions  
Received \$ \_\_\_\_\_ \$ \_\_\_\_\_  
21. Expenditures  
Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

### Expenditures Made

|  |                      |             |             |
|--|----------------------|-------------|-------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 1,607.95 | \$ 1,607.95 |
| 7. Loans Made .....                      | Schedule H, Line 3   | 0.00        | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ 1,607.95 | \$ 1,607.95 |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | -658.71     | 0.00        |
| 10 Nonmonetary Adjustment .....          | Schedule C, Line 3   | 0.00        | 0.00        |
| 11 TOTAL EXPENDITURES MADE .....         | Add Lines 8 + 9 + 10 | \$ 949.24   | \$ 1,607.95 |

## Expenditure Limit Summary for State Candidates

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

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

### Current Cash Statement

|   |  |                 |
|---|--|-----------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                       | \$ 2,207.95     |
| 13. Cash Receipts .....                   | Column A, Line 3 above                               | <u>-600.00</u>  |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                                   | 0.00            |
| 15. Cash Payments .....                   | Column A, Line 8 above                               | <u>1,607.95</u> |
| <b>16 ENDING CASH BALANCE</b> .....       | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 0.00         |

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

### **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 \$ 0.00

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

|                         |            |                            |  |
|-------------------------|------------|----------------------------|--|
| Statement covers period |            | SCHEDULE A                 |  |
| from                    | 01/01/2023 | CALIFORNIA FORM <b>460</b> |  |
| through                 | 04/19/2023 | Page <u>4</u> of <u>7</u>  |  |
|                         |            | ID NUMBER                  |  |
|                         |            | 1425886                    |  |

SEE INSTRUCTIONS ON REVERSE

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## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 9,400.00

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 9,400.00**

**\*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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA FORM 460**

Statement covers period  
from 01/01/2023

through 04/19/2023

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SEE INSTRUCTIONS ON REVERSE

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Sharma for City Council 2020

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF LENDER<br>(IF COMMITTEE, ALSO ENTER ID NUMBER)  | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD *   | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE                              |
|--|---|---|--|--|---|--|--------------------------------------|--|
| Rischi P. Sharma<br>Laguna Niguel, CA 92677  | Certified Financial<br>Planner<br>Assembly Pointe<br>Financial                                      | \$ <u>10,000.00</u>                                       | \$ <u>0.00</u>                           | <input checked="" type="checkbox"/> PAID<br>\$ <u>600.00</u><br><input checked="" type="checkbox"/> FORGIVEN<br>\$ <u>9,400.00</u> | \$ <u>0.00</u>  | 0.00%<br>RATE                          | \$ <u>25,000.00</u>                  | CALENDAR YEAR<br>\$ <u>8,800.00</u><br>PER ELECTION **<br>\$ <u>      </u> |
| <sup>†</sup> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |   |  | <input type="checkbox"/> PAID<br>\$ <u>      </u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>      </u>                         |   |  |                                      | CALENDAR YEAR<br>\$ <u>      </u><br>PER ELECTION **<br>\$ <u>      </u>   |
| <sup>†</sup> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$ <u>      </u>  | \$ <u>      </u>                         | \$ <u>      </u>   |   |  |                                      | CALENDAR YEAR<br>\$ <u>      </u><br>PER ELECTION **<br>\$ <u>      </u>   |
| <sup>†</sup> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC            |   | \$ <u>      </u>  | \$ <u>      </u>                         | <input type="checkbox"/> PAID<br>\$ <u>      </u><br><input type="checkbox"/> FORGIVEN<br>\$ <u>      </u>                         |   |  |                                      | CALENDAR YEAR<br>\$ <u>      </u><br>PER ELECTION **<br>\$ <u>      </u>   |
| <b>SUBTOTALS \$ 0.00 \$ 10,000.00 \$ 0.00 \$ 0.00</b>  |   |   |  |  |   |  |                                      |  |

**Schedule B Summary**

1. Loans received this period .....  
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
2. Loans paid or forgiven this period .....  
(Total Column (c) plus loans under \$100 paid or forgiven.) \$ 10,000.00  
(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.) .....  
Enter the net here and on the Summary Page, Column A, Line 2. **NET \$ -10,000.00**  
(May be a negative number)

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

<sup>†</sup>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

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

\*\* If required.

**Schedule E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sharma for City Council 2020

Amounts may be rounded  
to whole dollars.

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2023 |                            |
| through                 |            | 04/19/2023                 |
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| 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 tv. 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 PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Campaign Compliance Group<br>[REDACTED]<br>Irvine, CA 92618         | PRO  |    |                        | 450.00      |
| Campaign Compliance Group<br>[REDACTED]<br>Irvine, CA 92618         | PRO  |    |                        | 344.12      |
| Rischi P. Sharma<br>[REDACTED]<br>Laguna Niguel, CA 92677           | FIL  |    |                        | 658.71      |

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

**SUBTOTAL \$ 1,452.83**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1,452.83
2. Unitemized payments made this period of under \$100 ..... \$ 155.12
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 \$ 1,607.95**

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Sharma for City Council 2020

Amounts may be rounded  
 to whole dollars.

SCHEDULE F

**CALIFORNIA FORM 460**

Statement covers period  
 from 01/01/2023

through 04/19/2023

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I.D. NUMBER

1425886

|  |   |
|--|---|
| <b>CODES:</b> 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Rischi P. Sharma<br>[REDACTED]<br>Laguna Niguel, CA 92677              | FIL                               | 658.71  | 0.00                                  | 658.71  | 0.00   |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |

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

**SUBTOTALS \$** 658.71\$ **0.00\$** 658.71\$ **0.00**

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 \$** 0.00
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 \$** 658.71
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 \$** -658.71  
May be a negative number