Recipient Committee Campaign Statement Cover Page		RE	Date Stamp CEIVED	CALIFORNIA 460			
	Statement covers period from01.01.2017	Date of election if applicable: (Month, Day, Year)	G 25 AM 9: 21	For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through06.30.2017		OFFICE OF E CITY CLERK				
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement.	NEWPORT BEAUT				
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall ☐ (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	☐ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) Addition of Schedule F						
	NUMBER 369133	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	gazanta (chi canoni menerali canoni in gazanta antara paganta (chi canoni chi	NAME OF TREASURER					
Line in the Sand		Dorothy Kraus MAILING ADDRESS 10 Wild Goose Court					
STREET ADDRESS (NO P.O. BOX)	and excellent the design of the supplication o	CITY CITY	STATE ZIP C	ODE AREA CODE/PHONE			
10 Wild Goose Court		Newport Beach	CA 926				
CITY STATE ZIP COL	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF A	NY				
Newport Beach CA 92663	949.612.7521	Dennis Baker					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 15725		MAILING ADDRESS 706 1/2 Begonia	replacement of the control of the co				
CITY STATE ZIP COL		CITY	STATE ZIP C				
Newport Beach CA 92659	949.612.7521	Corona del Mar	CA 926	25 949.274.3226			
optional: FAX / E-MAIL ADDRESS dorothyjkraus@gmail.com		OPTIONAL: FAX / E-MAIL ADDRESS					
4. Verification							
I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on	California that the foregoing is true and By By Signature of Control	Signature of Treasurer or Assistant Treasurer or Assistant Treasurer or Treasurer o	t or Responsible Officer of Spor	aus			
Executed on	By	gnature of Controlling Officeholder, Candidate, State M		-			

COVER PAGE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 01.01.2017 from	CALIFORNIA 460			
through06.30.2017	Page 2 of 3			
	I.D. NUMBER			
	1369133			

Line in the Sand Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 16,678.00 16.678.00 1/1 through 6/30 7/1 to Date 0.000.00 20. Contributions 16,678.00 16,678.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 291.60 291.60 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 16,969.60 16,969.60 Made TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 23,726.06 23,726.06 6. Payments Made...... Schedule E, Line 4 \$ _____ **Candidates** 0.00 0.00 22. Cumulative Expenditures Made* 23,726.06 23,726.06 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 57,093.95 57.093.95 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 291.60 (mm/dd/vv) 291.60 10. Nonmonetary Adjustment.......Schedule C, Line 3 81,111.61 81,111.61 **Current Cash Statement** 37,454.97 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 16,678.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 51.77 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some 23,726.06 15. Cash Payments Column A, Line 8 above amounts in Column A may 30,458.68 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 \$ should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 0.00 filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** 0.00 18. Cash Equivalents See instructions on reverse \$ ____ 0.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ ____ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	American and the second of		SCHEDUL				
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers period from 01.01.2017		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 06.3	0.2017	Page		
Line in the Sand					13691	33	
CODES: If one of the following codes accurately described 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	ibes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MTG meetings and appearances OFC office expenses OFC 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 returned contributions Campaign workers' salaries TEL t.v. or cable airtime and production candidate travel, lodging, and meal TRS staff/spouse travel, lodging, and meal TSF transfer between committees of the						
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 PAI THIS PERIOR (ALSO REPORT O	D	(d) OUTSTANDING BALANCE AT CLOSI OF THIS PERIOD	
Strumwasser & Woocher LLP 10940 Wilshire Boulevard, Suite 2000 Los Angeles, CA 90024	LEG / Legal Defense	0.00	57,093.95		0.00	57,093.9	
						A	
* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 0.00	\$ 57,093.95 ³	S 0	0.00 \$	57,093.95	
summarized on Schedule D.		0.00	- 51,083.83	·		37,033.90	
1. Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized)			INCL	JRRED TOTAL	LS \$	57,093.95	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized)		, ,		PAID TOTAL	_S \$	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 \$ 57,093.95