

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

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OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 460

Page 1 of 8
For Official Use Only

Statement covers period
from 10/23/2016
through 12/31/2016

Date of election if applicable:
(Month, Day, Year) 11/08/2016

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1384025

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Glenn for City Council 2016

STREET ADDRESS (NO P.O. BOX)
236 1/2 Agate Ave

| | | | |
|----------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Newport Beach</u> | <u>CA</u> | <u>92662</u> | <u>(949) 229-0096</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS
mike.glenn@devion.com

Treasurer(s)

NAME OF TREASURER
Mike Glenn

MAILING ADDRESS
111 E Edgewater Ave

| | | | |
|----------------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Newport Beach</u> | <u>CA</u> | <u>92660</u> | <u>(949) 229-0969</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 01/24/2017
Date

Executed on 01/24/2017
Date

Executed on _____
Date

Executed on _____
Date

By 
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Mike Glenn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member: City Newport Beach District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
236 1/2 Agate Ave Newport Beach CA 92662

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 |
|----------------------|--------------|---|

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 | <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

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**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/2016 | |
| through | | Page 3 of 8 |
| | | I.D. NUMBER 1384025 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Glenn for City Council 2016

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 850.00 | \$ 27,168.00 |
| 2. Loans Received | Schedule B, Line 3 | \$ -3,850.00 | \$ 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ -3,000.00 | \$ 27,168.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ -3,000.00 | \$ 27,168.00 |

**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

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|------------------------------------|----------------------|--|--|
| 6. Payments Made | Schedule E, Line 4 | \$ 1,380.01 | \$ 27,168.00 |
| 7. Loans Made | Schedule H, Line 3 | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 1,380.01 | \$ 27,168.00 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ 0.00 | \$ 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 1,380.01 | \$ 27,168.00 |

**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 | \$ 4,380.01 |
| 13. Cash Receipts | Column A, Line 3 above | \$ -3,000.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 0.00 |
| 15. Cash Payments | Column A, Line 8 above | \$ 1,380.01 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00 |

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

| | | |
|------------------------------|--------------------|---------|
| 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 | \$ 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).

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

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**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/2016 | |
| through | 12/31/2016 | Page 4 of 8 |
| I.D. NUMBER | | 1384025 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for City Council 2016

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/08/2016 | California Real Estate Political Action Committee [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 750.00 | 750.00 | G2016 \$750.00 |
| 12/15/2016 | Jeff Chon [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Tabu Shabu. | 1,100.00 | 1,100.00 | G2016 \$1,100.00 |
| 12/31/2016 | Ian Rice [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Independent Scout SMWW | -1,000.00 | 0.00 | G2016 \$0.00 |
| | | <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 | | | | |

SUBTOTAL \$ 850.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 850.00
- 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 \$** 850.00

***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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/2016 | |
| through | 12/31/2016 | Page <u>5</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for City Council 2016

I.D. NUMBER

1384025

| 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 |
|---|---|--|------------------------------------|---|--|----------------------------------|--|---|
| Jeff Chon 340 B 16th Pl Costa Mesa, CA 92627 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Tabu Shabu. | \$ 1,100.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input checked="" type="checkbox"/> FORGIVEN \$ 1,100.00 | \$ 0.00 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 1,100.00 09/10/2016 DATE INCURRED | CALENDAR YEAR \$ 1,100.00 PER ELECTION** \$ G2016 1,100.00 |
| Mike Glenn 236 1/2 Agate Newport Beach, CA 92662 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Devion | \$ 2,000.00 | \$ 0.00 | <input checked="" type="checkbox"/> PAID \$ 2,000.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 0.00 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 2,000.00 09/07/2016 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2016 0.00 |
| Mike Glenn 236 1/2 Agate Newport Beach, CA 92662 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Devion | \$ 750.00 | \$ 0.00 | <input checked="" type="checkbox"/> PAID \$ 750.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 0.00 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 750.00 09/10/2016 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** \$ G2016 0.00 |
| SUBTOTALS \$ | | 0.00 | \$ 3,850.00 | \$ 0.00 | \$ 0.00 | 0.00 | | |

Schedule B Summary

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

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 3,850.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ -3,850.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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.

MG

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/2016 | |
| through | 12/31/2016 | Page <u>6</u> of <u>8</u> |
| I.D. NUMBER | | 1384025 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Glenn for City Council 2016

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 12/19/2016 | Line in the Sand | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | 200.00 | 200.00 | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | 200.00 | | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 200.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 200.00

MG

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-----------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/2016 | |
| through | 12/31/2016 | Page 7 of 8 |
| NAME OF FILER | | I.D. NUMBER |
| Glenn for City Council 2016 | | 1384025 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 |
|---|---------|------------------------|-------------|
| Bank of America 3730 Bristol St Santa Ana, CA 92705 | | bank fees | 79.00 |
| Facebook 1 Hacker Way Menlo Park, CA 94025 | WEB | | 155.48 |
| Firebrand Media 385 2nd St Laguna Beach, CA 92651 | PRT | | 895.00 |

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

SUBTOTAL \$ 1,129.48

Schedule E Summary

| | | |
|--|-----------------|----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 1,344.76 |
| 2. Unitemized payments made this period of under \$100 | \$ | 35.25 |
| 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 \$ | 1,380.01 |

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FPPC Form 460 (Jan/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

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

Amounts may be rounded
to whole dollars.

| | | |
|-----------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/2016 | |
| through | 12/31/2016 | Page <u>8</u> of <u>8</u> |
| NAME OF FILER | | I.D. NUMBER |
| Glenn for City Council 2016 | | 1384025 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for City Council 2016

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 |
|---|------|----|------------------------|-------------|
| Line in the Sand POB 15725 Newport Beach, CA 92659 | CTB | | | 200.00 |
| OC Courts | CMP | | | 15.28 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 215.28