

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 27

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Date Stamp

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OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH

Statement covers period  
from JAN 1, 2010  
through JUN 30, 2010

Date of election if applicable:  
(Month, Day, Year) NOV 2, 2010

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  
1277702

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

LESLIE DAIGLE FOR NEWPORT BEACH CITY COIUCIL, 2010

STREET ADDRESS (NO P.O. BOX)

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92660</u>	<u>949.759.9341</u>

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

P.O. BOX 11922

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92658</u>	<u>949.759.9341</u>

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

RAYMOND J. ZARTLER

MAILING ADDRESS

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92660</u>	<u>949.759.9351</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1 July 2010  
Date

Executed on 7/1/2010  
Date

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

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

By Raymond J Zartler  
Signature of Treasurer or Assistant Treasurer

By Leslie J Daigle  
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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**LESLIE DAIGLE**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**COUNCIL MEMBER, CITY OF NEWPORT BEACH, DISTRICT 4**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**2201 VISTA HUERTA NEWPORT BEACH, CA 92660**

**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
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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
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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
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*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2010</u>	<b>CALIFORNIA FORM 460</b>
through <u>JUN 30, 2010</u>	
Page <u>3</u> of <u>27</u>	
I.D. NUMBER <u>1277702</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>32,637.</u>	\$ <u>64,974.</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>32,637.</u>	\$ <u>64,974.</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	<u>4,086.</u>	<u>5,146.</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>36,723.</u>	\$ <u>70,120.</u>

## 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 ..... <i>Schedule E, Line 4</i>	\$ <u>5,810.</u>	\$ <u>15,082.</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>5,810.</u>	\$ <u>15,082.</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>5,810.</u>	\$ <u>15,082.</u>

## 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 ..... <i>Previous Summary Page, Line 16</i>	\$ <u>24,919.</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>32,637.</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>5,810.</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>51,746.</u>

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

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

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.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>27</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

I.D. NUMBER

1277702

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)
JAN 8	HERBERT M. GELFAND [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00	\$250.00	\$250.00
JAN 14	NADIA BOZZETTI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FASHION DESIGNER SELF-EMPLOYED	\$200.00	\$200.00	\$200.00
JAN 14	J. BRENNAN CASSIDY, M.D. [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN SELF-EMPLOYED	\$200.00	\$200.00	\$200.00
JAN 19	MANATT, PHELPS & PHILLIPS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
JAN 27	CHARYL A. ASSAEL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$200.00	\$200.00	\$200.00

**SUBTOTAL \$ 1,350.00**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 29,898.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 2,739.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ 32,637.00</b>

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>27</u>
I.D. NUMBER <b>1277702</b>	

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
FEB 11	CITY VENTURES, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
FEB 11	DELTA PARTNERS, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
FEB 11	CONEXANT SYSTEMS, INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
FEB 11	CAROLYN J. YOUNG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE PREMIER REAL ESTATE	\$500.00	\$500.00	\$500.00
FEB 13	CAROLE WADE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER SELF-EMPLOYED	\$100.00	\$100.00	\$100.00
<b>SUBTOTAL \$</b>				<b>2,100.00</b>		

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 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
FEB 13	LAWRENCE L. THOMAS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT THOMAS CONSULTING	\$200.00	\$200.00	\$200.00
FEB 13	DEBRA E. ALLEN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ALLEN LAW FIRM L L B	\$200.00	\$200.00	\$200.00
FEB 13	FUSCOE ENGINEERING, INC [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	\$100.00
FEB 21	I. DOUGLAS CAMPBELL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$99.00	\$99.00	\$199.00
FEB 21	ROBERT JYSTAD [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY JYSTAD LAW GROUP	\$250.00	\$250.00	\$250.00
<b>SUBTOTAL \$</b>				<b>849.00</b>		

\*Contributor Codes

- IND - Individual
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(other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>27</u>		
NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>1277702</b>

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)
FEB 21	MARY E. DOOLIN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$200.00	\$200.00	\$200.00
FEB 22	JOHN F. STOLLSTEIMER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	\$100.00
FEB 22	LINDA A. RASHER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTAL DAVE EGGLESTON	\$200.00	\$200.00	\$200.00
FEB 22	DOLORES C. JOHNSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$100.00	\$100.00	\$100.00
FEB 22	THE PLANNING CONSORTIUM [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	\$100.00
<b>SUBTOTAL \$</b>				<b>700.00</b>		

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	JAN 1, 2010	
through	JUN 30, 2010	Page <u>8</u> of <u>27</u>
NAME OF FILER		I.D. NUMBER
LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010		1277702

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)
FEB 22	G.A.S. INVESTMENTS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
FEB 22	SHELLEY A. HURLEY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	\$100.00
FEB 22	SEAN M. BURKE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF-EMPLOYED	\$250.00	\$250.00	\$250.00
FEB 23	MICHAEL D. GELFAND [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE TERRA VISTA MGMT.	\$250.00	\$250.00	\$250.00
FEB 23	GOLDRICH & KEST INDUSTRIES, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
<b>SUBTOTAL \$</b>				<b>1,050.00</b>		

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>1277702</b>

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)
FEB 23	JOHN C. JUDIN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER JUDIN ENTERPRISES	\$200.00	\$200.00	\$200.00
FEB 23	TEDDI G. SILVERMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER NEWPORT DUNES WATERFRONT RESRT	\$500.00	\$500.00	\$500.00
FEB 21	NEWPORT BEACH GOLF COURSE, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
FEB 25	COMMITTEE TO RE-ELECT TOM FUENTES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$100.00	\$100.00	\$100.00
FEB 25	JOHN R. SAUNDERS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY INVESTMENTS SAUNDERS PROP. CO.	\$100.00	\$100.00	\$199.00
<b>SUBTOTAL \$</b>				<b>1,400.00</b>		

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       (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1277702</b>	

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
FEB 25	DENNIS O'NEIL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY O'NEIL,LLP	\$100.00	\$100.00	\$300.00
FEB 25	CALACCI & ASSOCIATES [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	\$100.00
FEB 25	EGA CONSULTANTS [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	\$100.00
FEB 25	CHASE MERRIT MGNT, INC. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
FEB 25	HUGH L. LOGAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$200.00	\$200.00	\$200.00
<b>SUBTOTAL \$</b>				<b>1,000.00</b>		

\*Contributor Codes

- IND - Individual
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(other than PTY or SCC)
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1277702</b>	

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
FEB25	KERRY E. REYNOLDS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR  SELF-EMPLOYED	\$100.00	\$100.00	\$100.00
FEB 25	THOMAS L. PHILLIPS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLISHER  EAGLE PUBLISHING	\$250.00	\$250.00	\$250.00
FEB 25	BERNIE P. SVALSTAD [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCE BPS NEWPORT FINANCIAL	\$100.00	\$100.00	\$100.00
FEB 25	ROBERT M. KOOP [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE  ALTERA	\$100.00	\$100.00	\$100.00
FEB 25	PAUL COOLEY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER  NWIT	\$100.00	\$100.00	\$100.00
<b>SUBTOTAL \$</b>				<b>650.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
**LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010**

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)
FEB 25	ALI H. ZADEH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTAURATEUR PORT RESTAURANT	\$250.00	\$250.00	\$250.00
FEB 25	EMANUEL SHAONLIAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CARDIOLOGIST PACIFIC COAST CARDIOLOGY	\$100.00	\$100.00	\$100.00
FEB 25	CITY VENTURES, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	\$750.00
FEB 25	WEST COAST STRATEGIES [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	\$100.00
FEB 25	MEEI-ING HSIEH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS WOMEN SELF-EMPLOYED	\$500.00	\$500.00	\$500.00
<b>SUBTOTAL \$</b>				<b>1,200.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
JUN 25	ROBIN B. CRAIG [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT VISTA MANAGEMENT, INC	\$100.00	\$100.00	\$100.00
JUN 25	KORY J. KRAMER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS MAN SELF-EMPLOYED	\$100.00	\$100.00	\$100.00
JUN 25	CRISTY M. WARE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REFUSE WARE DISPOSAL	\$250.00	\$250.00	\$250.00
JUN 25	WHY NOT YOU, INC [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	\$100.00
JUN 26	BRETT R. BARBRE & ASSOCIATES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
<b>SUBTOTAL \$</b>				1,050.00		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>1277702</b>

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)
FEB 27	CAMRON ENTERPRISES, INC [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	\$100.00
MAR 4	ANTONIO CAGNOLO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER ANTONELO	\$1,000.00	\$1,000.00	\$1,000.00
MAR 4	KEVIN M. MULDOON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WESTPORT LAW GROUP	\$100.00	\$100.00	\$100.00
MAR 4	BROOKFIELD SOUTHLAND BUILDERS, INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
MAR 5	LE PLASTRIER CONSULTING GROUP, INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
<b>SUBTOTAL \$</b>				<b>1,950.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1277702</b>	

NAME OF FILER  
**LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010**

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)
MAR 8	PICOCO, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	\$1,000.00
MAR 10	SOILWORKS, INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
MAR 22	WEST COAST UNIVERSITY [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00
MAR 22	EDISON INTERNATIONAL [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
APR 23	CALACCI & ASSOCIATES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$350.00	\$350.00
<b>SUBTOTAL \$</b>				<b>2,150.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>127770Z</b>

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)
APR 23	RICHARD DICK & ASSOCIATES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
APR 23	MESA ORCHARD ASSOC, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$1,000.00
APR 30	WARREN H. CAVES [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$300.00	\$300.00	\$300.00
MAY 10	GARTH BLUMENTHAL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL MANAGER FLECTHER JONES MOTOR CARS	\$500.00	\$500.00	\$500.00
MAY 15	PAUL ROLF JENSEN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY JENSEN ASSOCIATES	\$500.00	\$500.00	\$500.00
<b>SUBTOTAL \$</b>				<b>2,000.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>127770Z</b>

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)
MAY 19	FLETCHER JONES, JR. [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER FLETCHER JONES MOTORCARS	\$500.00	\$500.00	\$500.00
MAY 19	JEFFREY L. NICHOLS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE THE HOME DEPOT	\$250.00	\$250.00	\$250.00
MAY 20	GARY ALMAS GENERAL CONTRACTOR [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
MAY 24	ARNEL DEVELOPMENT COMPANY [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	\$1,000.00
MAY 25	RONALD E. SODERLING [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR RESCO	\$100.00	\$100.00	\$199.00
<b>SUBTOTAL \$</b>				<b>2,050.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>1277707</b>

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)
MAY 26	ROGER KIRWAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCE WOODSIDE CREDIT	\$300.00	\$300.00	\$300.00
MAY 27	JOHN W. HAMILTON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE HAMILTON COMPANY	\$1,000.00	\$1,000.00	\$1,000.00
MAY 28	JUDITH H. WARE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT WARE DISPOSAL	\$249.00	\$249.00	\$249.00
MAY 28	EXECUTIVE GOLF COMPANY [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
MAY 28	FRANK W. CUTLER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING PARTNER THE CUTLER GROUP	\$250.00	\$250.00	\$250.00
<b>SUBTOTAL \$</b>				<b>2,049.00</b>		

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>127770Z</b>

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)
MAY 28	PAUL SINGARELLA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	\$500.00	\$500.00	\$1,000.00
MAY 28	MICHELE D. JOHNSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LATHAM & WATKINS	\$250.00	\$250.00	\$250.00
MAY 28	THOMAS E. TUCKER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN PENNHILL PROPERTIES	\$250.00	\$250.00	\$250.00
MAY 29	JOHN V. DAIGLE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER CMG CONSTRUCTION	\$1,000.00	\$1,000.00	\$1,000.00
JUN 4	SHIRIN KIA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE S.K. HART	\$1,000.00	\$1,000.00	\$1,000.00
<b>SUBTOTAL \$</b>				<b>3,000.00</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1277702</b>	

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
JUN 4	T.D. SERVICE COMPANY [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
JUN 4	MEI-CHI YEH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL MANAGER CHINA PALACE	\$250.00	\$250.00	\$250.00
JUN 7	JOHN L. CURCI [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R.E. INVESTOR CURCI-TURNER CO.	\$500.00	\$500.00	\$500.00
JUN 17	LLOYD RASNER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED	\$200.00	\$200.00	\$200.00
JUN 19	NICK REED [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR PARAGON BIOMEDICAL	\$250.00	\$250.00	\$250.00
<b>SUBTOTAL \$</b>				<b>1,450.00</b>		

\*Contributor Codes  
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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>21</u> of <u>27</u>
I.D. NUMBER 1277702	

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)
JUN 22	DONNA ANDERSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS WOMAN SELF-EMPLOYED	\$200.00	\$200.00	\$200.00
JUN 25	NEDRICK R. MC CUNE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE MGR. SELF-EMPLOYED	\$500.00	\$500.00	\$500.00
JUN 25	BIZPAC --- LUCETTA DUNN, TREASURER [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	\$1,000.00
JUN 28	MICHAEL BAGLEY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC POLICY DIR. VERIZON WIRELESS	\$500.00	\$500.00	\$500.00
JUN 28	B.I.A. OF SOUTHERN CALIFORNIA, PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	\$1,000.00
<b>SUBTOTAL \$</b>				<b>3,200.00</b>		

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(other than PTY or SCC)  
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PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>		<b>CALIFORNIA FORM 460</b>
Page <u>22</u> of <u>27</u>		
NAME OF FILER <b>LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010</b>		I.D. NUMBER <b>1277702</b>

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)
JUN 28	JORDAN, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
JUN 29	RALPH L. TOMLINSON, JR. [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$200.00	\$200.00	\$200.00
JUN 29	VINTAGE MACHINE & RESTORATION, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	\$200.00
JUN 30	JOHN R. STAHR [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	\$100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>700.00</b>		

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       (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>33</u> of <u>37</u>
I.D. NUMBER <b>1277702</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
FEB 16	CHRISTIN ELLIS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	FUND RAISER LUNCHEON	\$586.23	\$586.23	\$586.23
MAY 26	PAUL CAHILL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GENERAL MANAGER NEWPORT BEACH MARRIOTT HOTEL	FOOD & BEVERAGE FOR FUND RAISER	\$1,000.00	\$1,000.00	\$1,000.00
MAY 26	RICHARD MORIARTY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WINEMAKER SELF-EMPLOYED	WINE FOR FUND RAISER	\$500.00	\$500.00	\$500.00
JUN 2	GUY LEMMON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR MEADOWS ASSET MANAGEMENT, LLC	FUND RAISER VALET PARKING	\$1,000.00	\$1,000.00	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 3,086.23**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$ 4,086.23
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$ 4,086.23</b>

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IND – Individual  
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(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>24</u> of <u>27</u>
I.D. NUMBER <b>1277702</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
JUN 28	MICHELLE QUEYREL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT THE MCMONIGLE GROUP	FUND RAISER CATERING	\$1,000.00	\$1,000.00	\$1,000.00
		<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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 1,000.00**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM <b>460</b>
from	JAN 1, 2010	
through	JUN 30, 2010	Page <u>25</u> of <u>27</u>
NAME OF FILER		I.D. NUMBER
LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010		1277702

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

**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
AIMPOINT, INC 3501 JAMBOREE ROAD, SOUTH TOWER SUITE 606 NEWPORT BEACH, CA 92660	FND		\$2,000.00
NEWPORT BEACH POST OFFICE 1133 CAMELBACK ST. NEWPORT BEACH, CA 92658	POS		275.44
ESTEBAN CENUTTI 13760 VIA TRES VISTAS SAN DIEGO, CA 92129	FND		350.00

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

**SUBTOTAL \$ 2,625.44**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	5,633.03
2. Unitemized payments made this period of under \$100 .....	\$	177.03
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	0
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>	<b>5,810.06</b>

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1277702	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

**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
ND 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
YANA BRIDLE 1400 WESTCLIFF DRIVE NEWPORT BEACH, CA 92660	FND		\$250.00
NEWPORT BEACH GOLF COURSE, LLC 3100 IRVINE AVE. NEWPORT BEACH, CA 92660	RFD		500.00
RAYMOND J. ZARTLER 1970 PORT PROVENCE NEWPORT BEACH, CA 92660	PRO		323.37
ORANGE COUNTY FORUM 13700 ALTON PARKWAY, SUITE 154 IRVINE, CA 92618	CVC		325.00
TRINITAS CELLARS, LLC 2532 DUPONT DRIVE IRVINE, CA 92612	FND		324.29

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

**SUBTOTAL \$ 1,722.66**

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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>JAN 1, 2010</u> through <u>JUN 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>27</u> of <u>27</u>
	I.D. NUMBER 1277702

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

LESLIE DAIGLE FOR NEWPORT BEACH CITY COUNCIL, 2010

**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
ORANGEWOOD CHILDREN'S FOUNDATION 1575 E. 17th STREET SANTA ANA, CA 92705	CVC		\$400.00
COAST HILLS PHARMACY 2610 SAN MIGUEL ROAD NEWPORT BEACH, CA 92660	LIT		284.93
IRRELEVANT WEEK 3723 BIRCH ST. S-4 NEWPORT BEACH, CA 92660	CVC		600.00

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

**SUBTOTAL \$ 1,284.93**