Campaign Statement Cover Page		,	Date Stamp City of San Clemente	california 460 FORM
	Statement covers period 9/23/18	Date of election if applicable: (Month, Day, Year)	OCT 23 2018	Page of of
SEE INSTRUCTIONS ON REVERSE	10/20/18	11/6/18	City Clerk Department	
1. Type of Recipient Committee: All Committees - Com	plete Parts 1, 2, 3, and 4.	2. Type of Statement:		
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) Cimarily Formed Candidate/ Complete Part 7)	✓ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Te	□ Spermination)	rterly Statement cial Odd-Year Report
3 Committee Information	NUMBER 407383	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Don Brown for San Clemente City Council 2018		NAME OF TREASURER Christy MacBride-Hart MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	ODE AREA CODE/PHONE
		San Clemente	CA 926	
San Clemente STATE ZIP COD CA 92672		NAME OF ASSISTANT TREASURER	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 3083		MAILING ADDRESS		
San Clemente CA 92672		CITY	STATE ZIP C	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	
4. Verification				
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	g this statement and to the best of my k California that the foregoing is true and	knowledge the information contained	herein and in the attached so	hedules is true and complete. I
Executed on	Ву		istirer	
Executed on	BySignature of Cohlin	olling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spon	sor
Executed on	BySi	ignature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
Executed onDate	By	ignature of Controlling Officeholder Candidate S	tate Measure Proponent	

501 - 35-35-OVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM
Page 2 of 7

NAME OF OFFICEROUS BED OF CAMPINATE					Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Don Brown				•		4	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
San Clemente City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	•		Identify the controlling offic	eholder, cand	idate, or state measu	ure propor	nent, if any.
	San Clemente, CA 92672		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	ROPONENT		•
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						<u> </u>
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	eholder Commit	ttee List i	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	i) for which this	committee is primari	ily formed.	names of
	☐ YES ☐ NO		Primarily Formed Can officeholder(s) or candidate(s	i) for which this	eholder Commit committee is primari	ily formed.	names of SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	YES NO		officeholder(s) or candidate(s	candidate	committee is primari	R HELD	SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES NO NO S (NO P.O. BOX)		officeholder(s) or candidate(s	CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATI COMMITTEE NAME	YES NO S (NO P.O. BOX) E ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR (CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATI COMMITTEE NAME NAME OF TREASURER	YES NO NO P.O. BOX ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR (I NAME OF OFFICEHOLDER OR (I NAME OF OFFICEHOLDER OR (I	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS CITY STATI COMMITTEE NAME	YES NO NO P.O. BOX ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		officeholder(s) or candidate(s NAME OF OFFICEHOLDER OR (I NAME OF OFFICEHOLDER OR (I NAME OF OFFICEHOLDER OR (I	CANDIDATE CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 9/23/18 from	CALIFORNIA 460
10/20/18	Page of
	I.D. NUMBER
	1407383

Don Brown for San Clemente City Council 2018 Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 8.592 1/1 through 6/30 7/1 to Date 15,000 5.000 2. Loans Received...... Schedule B. Line 3 9.447 25.392 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 9.447 25.392 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State** 4,976.36 11,054.46 6. Payments Made Schedule E. Line 4 \$ **Candidates** 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 4976.36 11.054.46 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (if Subject to Voluntary Expenditure Limit) 4,241.58 4,241.58 Date of Election Total to Date (mm/dd/vv) 15,296.04 9217.94 **Current Cash Statement** 8,066.90 To calculate Column B. 9.447.00 13. Cash Receipts Column A, Line 3 above add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. 4.976.36 of your last report. Some amounts in Column A may 12.537.54 be negative figures that 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 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 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	A		nts may be rounded				SCHEDULE
	Contributions Received	to	whole dollars.	Statement cov	vers period 3/18		FORNIA 460
				through10)/20/18	Page	4 of 17
NAME OF FILER	DNS ON REVERSE		<u></u>			I.D. NU	
	n for San Clemente City Council 2018					14073	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/23/18	Anthony LaFranco San Clemente, CA 92673	Ø IND □ COM □ OTH □ PTY □ SCC	self-employed environmental consultant	200			
9/23/2018	Susan & Mitchell Ritschel , San Clemente, CA 92673	☑ IND □ COM □ OTH □ PTY □ SCC	Susan-RN Mission Hospital Mitch Senior Housing Executive, Miton	100	100		
9/23/18	Michael Kaupp San Clemente, CA 92672	☑ IND □ COM □ OTH □ PTY □ SCC	Retail, Standford Court	250			
9/23/18	Tom McKeown , San Clemente, CA 92672	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100			
9/23/18	Ken & Maureen Nielsen San Clemente, CA 92672	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Fisherman	200	200		
			SUBTOTAL \$	850			
Schedule	A Summary				*Con	tributor C	odes
	ceived this period – itemized monetary contributions.		\$	3900	1 ·		al ent Committee than PTY or SCC)
2. Amount re	ceived this period – unitemized monetary contribution	ns of less than	n \$100\$	547			(e.g., business entity)
3. Total mone	etary contributions received this period.			4447			Contributor Committee

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4447

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

9/23/18

NAME OF FILER Don Brown for San Clemente City Council 2018 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE	ION
Don Brown for San Clemente City Council 2018 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *	<u>:</u>
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * CONTRIBUTOR CODE * CODE * FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * (IF COMMITTEE, ALSO ENTER I.D. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * CONTRIBUTOR CODE * CODE * FER LECTOR TO DATE CHARGE COLENDAR YEAR (JAN. 1 - DEC. 31) FINAL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * CONTRIBUTOR OF BUSINESS) FER INDIVIDUAL, ENTER AMOUNT RECEIVED THIS PERIOD COMMITTEE, ALSO ENTER I.D. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * COD	<u>:</u>
DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE * CONTRIBUTOR CODE * CONTRIBUTOR COLEPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED THIS PERIOD (JAN. 1 - DEC. 31) (IF REQUI	<u>:</u>
Let Decker	
Lori Donchak 10/1/18 Lori Donchak San Clemente, CA 92672	
Bill Hart Christy MacBride-Hart San Clemente, CA 92 Bill: outside sales, LDRA Christy:retired teacher 400 500 FTY SCC	
Jim Ruehlin San Clemente, CA 92672 San Clemente, CA 92672 Solution architect, IBM OTH PTY SCC	
Barton Crandell 10/9/18 Barton Crandell COM OTH PTY SCC	
10/9/18 San Clemente, CA 92672 San Clemente, CA 92672 com	
SUBTOTAL \$ 1200	建位标

*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

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www.fppc.ca.gov

	A (Continuation Sheet) Contributions Received			9/23/18 FORM			
	for San Clemente City Council 2018					14073	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/15/18	James & Carla Davies San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	Contractor/owners, XRI	200			
10/15/18	Albert Filger San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	CFO, Filger Mfg.	250			
10/15	Terry Hughes San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	non-profit manager, BGCSCA	100			
10/15/18	Wendy Yoder San Clemente, CA 92672	ZIND COM OTH PTY SCC	retired, cosmetologist	100			
10/15/18	Kathryn Stoval Dennis San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	artist, Stovall Design Co	100			

SUBTOTAL \$

750

*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) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period **CALIFORNIA** 9/23/18 **FORM** from 10/20/18 through NAME OF FILER I.D. NUMBER 1407383 Don Brown for San Clemente City Council 2018 IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE PER ELECTION AMOUNT DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **☑** IND Tom O'Keefe attorney. Tom O'Keefe, inc. □ сом San Clemente, CA 92672 250 10/19/18 ⊟ отн □ PTY □ scc Norman Dickinson **V**IND retired, construction □ сом □ отн San Clemente, CA 92672 supervisor 10/19/18 100 □ PTY □ scc **Z**IND Tom & Nancy Delahooke tom retired, financial advisor; □ COM San Clemente, CA 92672 Nancy housewife 10/19/18 100 OTH ☐ PTY □ scc Z IND Nesa Anderson Realtor, Keller Williams □сом San Clemente, CA 92672 10/19/18 100 □отн SCC Dan Bane **Z** IND attorney, Sheppard, Mullin,

Richter, Hampton, LLP

SUBTOTAL \$

□ сом

OTH PTY SCC

San Clemente, CA 92673

*Contributor Codes

IND - Individual

10/19/18

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY -- Political Party

SCC - Small Contributor Committee

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100

650

Monetary NAME OF FILER	A (Continuation Sheet) Contributions Received	Amounts may to whole		Statement covers period from 9/23/18 through 10/20/18			SCHEDULE A (CONTINUE A (CONTIN
Don Brown	for San Clemente City Council 2018					14073	383
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 CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
10/19/18	William & Georgia Smith San Clemente, CA 92672	IND COM OTH PTY	retired	100			
10/19/18	Jon Martin San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	retired from Space Solutions Group	250			
10/19/18	Thomas McCreless San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	retired from Atomic Energy Comm	100			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					

SUBTOTAL \$

450

*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

	Am	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1	Au	to whole dollars		Γ	Statement cov	ers period	CALIFORN	^{IA} 460
Loans Received					from 9/2	3/18	FORM	·· 400
SEE INSTRUCTIONS ON REVERSE					through10	/20/18	Page 9	of
NAME OF FILER			 			<u>.</u>	I.D. NUMBER	
							1 107000	
Don Brown for San Clemente City Council	1/2018						1407383	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAIC	OUTSTANDING	(e) INTEREST	ORIGINAL	(g) CUMULATIVE
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	RECEIVED THIS PERIOD	OR FORGIVE	BALANCE AT	PAID THIS PERIOD	AMOUNT OF	CONTRIBUTIONS
<u>.</u> .	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	PERIOD	PERIOD	LOAN	TO DATE
Donald Brown	retired USMC			PAID		1		CALENDAR YEAR
San Clemente,CA 92672				\$	\$15,000	RATE %	\$	\$
Odit Olomonio, Of Ozor Z				FORGIVEN		RAILE		PER ELECTION**
		s10,000	s5,000	•		\$	_	\$
DIND □ COM □ OTH □ PTY □ SCC					DATE DUE	,	DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				s	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
			_			_		
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	2	\$	DATE DUE	\$	DATE INCURRED	5
				☐ PAID		-		CALENDAR YEAR
				LJ PAID				
		1		\$	\$	RATE.	\$	\$
			:	FORGIVEN				PER ELECTION**
+		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
IND COM OTH PTY SCC					DATE DUE		DATE INCORRED	
	;	SUBTOTALS \$	•	5	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)	
Loans received this period				¢	5,000	_,	,	
(Total Column (b) plus unitemized loan				Ф	5,000_			
(Total Goldmin (b) place anicomized loan	σ οι 1000 αταπ φ 100.j					1	Contributor Codes)
Loans paid or forgiven this period				\$	0		ND – Individual COM – Recipient Co	ommittee
(Total Column (c) plus loans under \$10						'		PTY or SCC)
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)					OTH Other (e.g., b	
3. Net change this period. (Subtract Line	e 2 from Line 1 \			NFT ¢	5.000		PTY – Political Party SCC – Small Contril	
Enter the net here and on the Summar	v Page, Column A, Line 2.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********		(ay be a negative number)			
	. J							•

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

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Schedule C		Amounts may be rounded						SCHEDULE (
Nonmonetary Contributions Received		to whole dollars.			tatement covers p 9/23/18		CALIFO	DRNIA 160
				from	0/20/10	<u></u>		
SEE INSTRUCTIONS ON REVERSE				throu	igh10/20/	18	Page	0 of 17
NAME OF FILER							LD, NUMB	ER
Don Brown for San Clemente City Council 2018							140738	3
DATE RECEIVED DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	□IND □COM □OTH □PTY □SCC				2 4			
	□IND □COM □OTH □PTY □SCC							
	□ IND □ COM □ OTH □ PTY □ SCC							
	□IND □COM □OTH □PTY □SCC							
Attach additional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$				
Schodule C Summer								
Schedule C Summary 1. Amount received this period – itemized nonmoneta (Include all Schedule C subtotals.)			,	\$	0	IND		t Committee
2. Amount received this period – unitemized nonmone	tary contributi	ons of less than \$100	*******************	\$	0		l – Òther (e.	an PTY or SCC) g., business entity)
3. Total nonmonetary contributions received this perio (Add Lines 1 and 2. Enter here and on the Summar	d.				0		– Political P – Small Co	arty ntributor Committee

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) to whole dollars. **Summary of Expenditures** Statement covers period **CALIFORNIA Supporting/Opposing Other FORM** 9/23/18 from Candidates, Measures and Committees 10/20/18 through NAME OF FILER LD. NUMBER 1407383 Don Brown for San Clemente City Council 2018 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure Support ☐ Oppose Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support Oppose ☐ Monetary Contribution

SUBTOTAL \$

Nonmonetary
Contribution
Independent
Expenditure

☐ Support

Oppose

0

Amounts may be rounded to whole dollars.				Statement cover	CALIF	ORNIA 460	
Payments Made				from9/23/	18 FO	RM TOO	
SEE INSTRUCTIONS ON REVERSE				through 10/2	Page _	12 of 17	
NAME OF FILER					I.D. NUM		
Don Brown for San Clemente City Council 2018					140738	<u>-</u>	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* cvc civic donations candidate filing/ballot fees fND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses elating s curvey resear	es ch	RAD radio airtime and RFD returned contribus SAL campaign works TEL t.v. or cable airti TRC candidate travel TRS staff/spouse travel TSF transfer between VOT voter registration	d production costs utions ers' salaries me and production costs l, lodging, and meals vel, lodging, and meals n committees of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID	
Adele's 2600 Ave del Presidente, ,San Clemente, CA 92672		FND	Kick-off event			431.00	
Continuing The Republican Revolution Slate 1300 Bristol St North #100, Newport Beach, CA 92660		СМР	Voting list			600	
Creative Angle 647 Camino de los Mares #108-200,,San Clemente, CA 92673		CMP	printing postcards			2,402.61	
* Payments that are contributions or independent expenditures must also be	ne summarized on Sche	edule D.			SUBTOTAL \$	3,433.61	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)	•••••••			\$	4,832.31	
2. Unitemized payments made this period of under \$100	***************************************			***************************************	\$	144.05	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Par	t 1, Colum	ın (e).)	***************************************	\$	0	

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

4,976.36

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

Amounts may be rounded to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Statement covers period	CALIFORNIA ACO
from 9/23/18	FORM 400
through 10/20/18	Page 13 of 17
	I.D. NUMBER
	1407383

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Don Brown for San Clemente City Council 2018

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees phone banks staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* VOT voter registration legal defense professional services (legal, accounting) WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Fastsigns banners 103 Via Pico, , San Clemente, CA , 92672 **CMP** 148.70 SC Times Newspaper ads upped to full page 34932 Calle del Sol #B, Capo Bch, CA 92624 PRT 1250

SUBTOTAL \$

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

•								
•								SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)		Amounts may be round to whole dollars.	ded	fror	Statement cove m9/23		CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE				thre	ou gh 10/	20/18	Page	4 of 17
NAME OF FILER							I.D. NUMBER	?
Don Brown for San Clemente City Council 2018							1407383	
CODES: If one of the following codes accurately describ	es the	payment, you may	enter the code. Oth	erwise,	describe the	e payment.		
CMP campaign paraphernalia/misc.		11.01.12.01.001.11.11.11.11.11.11				nd production cos	sts	
CNS campaign consultants	MTG	¥ '''	nces	RFD	returned contril			
CTB contribution (explain nonmonetary)*	OFC	office expenses		SAL TEL	campaign work	ters salaries time and producti	ion coete	
CVC civic donations	PET PHO	petition circulating phone banks		TRC		el, lodging, and m		
FIL candidate filing/ballot fees FND fundraising events	POL	polling and survey rese	arch	TRS		ivel, lodging, and		
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and r		TSF		en committees of		ndidate/sponsor
LEG legal defense	PRO	professional services (I	_	VOT	voter registration			
LIT campaign literature and mailings	PRT	print ads	0 ,	WEB	information tec	hnology costs (in	ternet, e-mail	7)
NAME AND ADDRESS OF ORFITTOD		ACDE OD	(a)		(b)	(c)		(d)

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VIP Direct Response 204 Technology Dr. #B, Irvine, CA 92618	postage and mailing cards	0	4,241.58	0	4241.58
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0 !	\$ 4241.58	0 :	\$ 4241.58

Schedule F Summary

		•	
4241.58	INCURRED TOTALS \$	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.)	1
0		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.).	2
4,241.58	NET \$	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	3

		•	
Schedule G Payments Made by an Agent or Independe Contractor (on Behalf of This Committee)	nt Amounts may be rounded to whole dollars.	Statement covers period 9/23/18	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through10/20/18	Page 5 of 7
NAME OF FILER			I.D. NUMBER
Don Brown for San Clemente City Council 2018			1407383
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code. C	Otherwise, describe the payment.	•
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	costs
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		s 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	s (internet, e-mail)

 $^{^{\}star}$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
					_
	;				
				i	
				:	
ttach additional information on appropriately labeled continuation sheets.				TOTAL* \$)

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

								SCHEDULE I
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period 9/23/18 from		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through10	0/20/18	Page 6	of 17
NAME OF FILER				<u> </u>			I,D, NUMBER	
Don Brown for San Clemente City Cour	cil 2018						1407383	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$,	DATE INCURRED	\$
				☐ PAID	·			CALENDAR YEAR
				s	\$	%	s	s
				FORGIVEN		RATE		PER ELECTION**
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate	or committee must	1						
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
		·	<u> </u>	<u> </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period					s	0		
(Total Column (b) plus unitemized loan	s of less than \$100.)						_	**If Required
2. Payments received on loans	***********************************	*******************	******************	•••••	\$	0	L 	
(Total Column (c) plus unitemized payr	nents of less than \$100.)							
3. Net change this period. (Subtract Line :	2 from Line 1.)		***************	***************************************	NET \$	0		
(Enter the net here and on the Summa						ry be a negative number)		

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.	### Statement covers period 9/23/18 10/20/18 10/20/18	CALIFORNIA 460 FORM Page of I.D. NUMBER	
	mente City Council 2018			1407383	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
İ					
Attach additional inform	ation on appropriately labeled continuation sheets.		SUBTO	'Al ¢	
			300101	AL 4	
Schedule I Summa	ry cash this period		Φ.	0	
	to cash of under \$100 this period.			0	
	eived this period on loans made to others. (So			0	
4. Total miscellaneous in	ncreases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the	·	0	