COVER PAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

CALI	AND DESCRIPTION OF THE PARTY OF	IIA /	160	2000
FC	ORM			
Page	2	of	6	

5. Officel	nolder or Candidate Controlled	Committee		6.	Primarily Formed Ballot	t Measure Committe	е	
NAME OF	OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE	Charles and Carlotte for the Carlotte fo		
Laura	Ferguson							
	COUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPI	LICABLE)		BALLOT NO. OR LETTER	JURISDICTION	1 -	SUPPORT OPPOSE
	lemente City Council						L	
RESIDEN	TIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY San Clemente	STATE ZIP  CA 92673		Identify the controlling officel	holder, candidate, or stat	e measure pro	ponent, if any.
***************************************		pan Cicinente	OA 32073		NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROPONENT		PAYON A PROCESSION AND A STATE OF THE STATE
D-1-4-	d Committees Net Included in th	in Chahamanhi						
not inclu	d Committees Not Included in the ded in this statement that are controlled by tions or make expenditures on behalf of you	y you or are primarily for			OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITT	EE NAME	I.D. NUMBER						
				7.	Primarily Formed Cand	idate/Officeholder C	ommittee L	ist names of
NAME OF	TREASURER	CONTROLLED	COMMITTEE?		officeholder(s) or candidate(s)	for which this committee is	s primarily form	ed.
			□ NO		NAME OF OFFICEHOLDER OR CA	NDIDATE OFFICE SC	UGHT OR HELD	Ī
COMMITT	EE ADDRESS STREET ADDRESS (N	O P.O. BOX)			NAME OF OFFICE PER OR OF	STIDE SO		SUPPORT OPPOSE
CITY	STATE	ZIP CODE AR	EA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SC	UGHT OR HELD	SUPPORT
								OPPOSE
COMMITT	EE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SC	UGHT OR HELD	SUPPORT OPPOSE
NAME OF	TREASURER	CONTROLLED			NAME OF OFFICEHOLDER OR CA	ANDIDATE OFFICE SC	UGHT OR HELD	SUPPORT
COMMITT	EE ADDRESS STREET ADDRESS (N	- Learned	□ NO					OPPOSE
COMMIT	EE ADDRESS (N	O F.O. BOA)						
CITY	STATE	ZIP CODE AR	EA CODE/PHONE		Attac	ch continuation sheets if	necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

1411640

SUMMARY PAGE

	from	01/01/2019	FORM 46						
	through	06/30/2019	_ Page _	3	of	6			
-			I.D. NUM	MBER					

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Laura Ferguson for San Clemente City Council 2018

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions.       Schedule A, Line 3         2. Loans Received.       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS.       Add Lines 1 + 2         4. Nonmonetary Contributions.       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED.       Add Lines 3 + 4	\$ 175	\$ 100 584 \$ 175 \$ 175	1/1 through 6/30 7/1 to Date  20. Contributions
Expenditures Made  6. Payments Made	\$ 96	\$ 96	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule I, Line 4  15. Cash Payments Column A, Line 8 above  16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.	96	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement coverage of the from 01/01	ers period 1/2019	CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through06/3	30/2019	Page	6
NAME OF FILER  Laura Ferg	guson for San Clemente City Council 2018			-		1.D. NU 14116	
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 T CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
3/30/19	Malamud Family Trust, Brad Malamud San Clemente, CA 92672	☑IND □COM □OTH □PTY □SCC	President, Legal Cost Consultant, Inc	100	100 100		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		IND COM OTH PTY SCC					
		IND COM OTH PTY SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 100			
1. Amount re	A Summary secived this period – itemized monetary contributions.  Il Schedule A subtotals.)		\$	100	IND	were the state of	

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

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$\_

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

100

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

SCC - Small Contributor Committee

	Λ	nounts may be ro	unded				SCHE	DULE B - PART
Schedule B – Part 1	7.11	to whole dollars.				ers period	CALIFORNIA 460	
Loans Received						1/2019	FORM TOO	
					through06/3	30/2019	Page 5	of6_
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					tinough		I.D. NUMBER	VI
Laura Ferguson for San Clemente City C	Council 2018						1411640	
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 PAI OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Laura Ferguson	Executive Assistant to			☐ PAID				CALENDAR YEAR
	the City Manager, City			s	s <u>584</u>	RATE	s 1059	\$ 75
San Clemente, CA 92673	of Encinitas	F00	75	FORGIVEN		0000000		PER ELECTION*
TO IND COM OTH PTY SCC		s509	\$	s	DATE DUE	\$	8/27/18 DATE INCURRED	s
Send Send Send Send Send Send				PAID				CALENDAR YEAR
				\$	_ s	%	s	\$
				FORGIVEN		RATE		PER ELECTION S
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	S	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				s	\$	%	s	s
				FORGIVEN		RATE		PER ELECTION*
TIND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	s
Exact South Control of	1	SUBTOTALS \$	75 \$	\$	\$ 584	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line	3)	
Loans received this period				\$				
(Total Column (b) plus unitemized loa							†Contributor Codes	
Loans paid or forgiven this period  (Total Column (c) plus loans under \$1	00 paid or forgiven.)			\$	0		IND – Individual COM – Recipient C	
(Include loans paid by a third party that		edule A.)				9	OTH - Other (e.g.,	

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

(May be a negative number)

SCC - Small Contributor Committee

Schedule E Payments Made  SEE INSTRUCTIONS ON REVERSE  Amounts may be re to whole dollars.			73993 (1994) 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Statement covers period of 1/01/2019 through06/30/2019		CALI		
NAME OF FILER  Laura Ferguson for San Clemente City Council 2018							14116		
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearances lating urvey reseas very and me	es rch essenger services	RA RA TE TA TA TS VO	AD radio a FD return AL campa EL t.v. or RC candid RS staff/s FF transfe DT voter i	airtime and produ ed contributions aign workers' sala cable airtime and late travel, lodgin pouse travel, lodg	ction costs ries production cost g, and meals ging, and meals ittees of the sar	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIP'	TION OF PA	YMENT	g wat to and A my to Manager of the Control of the	AMOUNT PAID	
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.					SUBTOTAL	\$	
Schedule E Summary		AND THE PROPERTY OF STREET ASSESSMENT							
Itemized payments made this period. (Include all Schedule     Unitemized payments made this period of under \$100							\$	96	
<ul><li>3. Total interest paid this period on loans. (Enter amount from</li><li>4. Total payments made this period. (Add Lines 1, 2, and 3. Exercise)</li></ul>								0.0	