Desinient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	california 460
	Statement covers period from07/01/2024	Date of election if applicable: (Month, Day, Year)		Page1 of26 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/21/2024	11/05/2024	20	RECEIVED
1. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		- : 52: 25 ; M2136
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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Spontage Spontage Supermination)	ecial Odd-Year Report pplemental Preelection atement - Attach Form 495
3. Committee Information	I.D. NUMBER 1422079	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Don't Risk Dana Point - Residents Against N	-	NAME OF TREASURER Nancy Haley MAILING ADDRESS CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS		
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS nancy@haleyandcompany.com/miriam@sandandsu	rfvacation.com	OPTIONAL: FAX / E-MAIL ADDI	RESS	
Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of California.		owledge the information contained he	erein and in the attached sche	dules is true and complete. I certify
Executed on	Ву	Signature of Treasurer or Assistant	Treasurer	
Executed on	By Signature of Co	ontrolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Spons	or
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	EDBC Form 460 (lan/2016)

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAG	E-PA	RT2
	ORNI/ ORM	A 4	16	0
Page _	2	of _	26	_

Officeholder or Candidate Controlled	d Committee	6.	Primarily Formed Bal	lot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE Initiative to Repeal Ordinance	and Replace	the Citys Existin	g Short Term Rental
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT
OTTIGE GOODITI OKTIEED (MOEGGE EGOTIGAT)	Jerner Hembert II ya Felericae,		T	City of I	Dana Point	☑ OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP		Identify the controlling o	fficeholder, ca	andidate, or state mea	sure proponent, if any
			NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
Related Committees Not Included in not included in this statement that are controlled contributions or make expenditures on behalf of	ed by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRIC	T NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7.	. Primarily Formed Ca			
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate	(s) for which th	is committee is primaril	y formed.
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR I	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR I	HELD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR	HELD SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)					
CITY STATE	ZIP CODE AREA CODE/PHONE		At	tach continuat	ion sheets if necessa	ry

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM 07/01/2024 from _ Page ___3 ___ of ___26 09/21/2024 through . I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Don't Risk Dana Point - Residents Against Measure T 1422079

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	\$	99,925.00	\$	99,925.00	
2. Loans Received		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	99,925.00	\$	99,925.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expanditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	99,925.00	\$	99,925.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	26,310.68	\$	27,032.08	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	26,310.68	\$	27,032.08	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		-125.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	26,185.68	\$	27,032.08	\$
Current Cash Statement	T		Γ		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	5,250.69	То	calculate Column B, add	Frankling Series 2007
13. Cash Receipts Column A, Line 3 above		99,925.00		nounts in Column A to the presponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	om Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		26,310.68		port. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	78,865.01	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	btracted from previous eriod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	r this calendar year, only arry over the amounts	
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and 9 (if ny).	
18. Cash Equivalents See instructions on reverse	\$	0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00			
			I		FPPC Form 460 (Jan FPPC Advice: advice@fppc.ca.gov (866/275

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

Schedule A	1					SCHEDULE A		
	Contributions Received		ts may be rounded whole dollars.	Statement cove	ers period	CALIFORNIA 460		
			•	from07/01/20)24	FOF	RM TOO	
SEE INSTRUCTION	NS ON REVERSE			through	024	Page	4 of26	
NAME OF FILER						I.D. NUME	BER .	
Don't Risk D	ana Point - Residents Against Measure T		· · · · · · · · · · · · · · · · · · ·			1422079)	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR 31)	PER ELECTION TO DATE (IF REQUIRED)	
07/14/2024	35581 Beach Road, LLC(Sohiel Poursalimi)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	2,00	00.00		
07/31/2024	65265 San Jacinto Lane, LLC(Rick Eggan)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	100.00	10	00.00		
07/31/2024	Christopher Allen	⊠IND □COM □OTH □PTY □SCC	Finance Bridge Logistics Properties	100.00	10	00.00		
07/26/2024	Linda Androvich	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	5(00.00		
07/19/2024	Bruce Arnold	⊠IND □COM □OTH □PTY □SCC	Engineer Aanda Electronics	2,000.00	2,00	00.00		
			SUBTOTAL\$	4,700.00				
Schedule /	A Summary				*Contr	ibutor Cod	les	
Amount red (Include all	ceived this period – itemized monetary contributions.			99,750.00	сом-	(other th	Committee an PTY or SCC) g., business entity)	

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

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

SCC - Small Contributor Committee

PTY - Political Party

175.00

3. Total monetary contributions received this period.

Amounts may be rounded to whole dollars

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

		to whole	dollars.	from07/01/	2024 F	FORM 46U		
				through 09/21/	2024 Page	5 of26		
NAME OF FILER					I.D. N	UMBER		
Don't Risk D	ana Point - Residents Against Measure T				1422	079		
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)		
07/31/2024	Paul Arranaga	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000.00			
07/14/2024	Laura 'Laurie' Beylik	IND COM OTH PTY	Retired N/A	2,000.00	4,100.00			
07/15/2024	Laura 'Laurie' Beylik	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	4,100.00			
09/11/2024	Laura 'Laurie' Beylik	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	4,100.00			
07/24/2024	John Boydak	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.00			
			SUBTOTAL	\$ 6,600.00				
					AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole o		Statement coverage from 07/01/	•	CALIFORNIA 460		
				through 09/21/	2024	Page_	6 of <u>26</u>	
NAME OF FILER						I.D. NU	MBER	
Don't Risk D	ana Point - Residents Against Measure T					14220	79	
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)	
07/14/2024	Susanne Christensen	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,0	000.00		
07/24/2024	Shilpa Colaco	⊠IND □COM □OTH □PTY □SCC	Account Executive MicroStrategy	4,000.00	4,0	00.00		
09/16/2024	Committee to Expand the Middle Class Issues Committee, Sponsored by Airbnb, Inc. (ID# 1437557)	□IND □COM □OTH □PTY □SCC	N/A N/A	10,000.00	10,0	000.00		
07/22/2024	Dennis Cramer	⊠IND □COM □OTH □PTY □SCC	Medical Doctor Self: Dennis Cramer, MD	500.00	5	500.00		
07/22/2024	Yuri Cramer	⊠IND □COM □OTH □PTY □SCC	Homemaker N/A	500.00	5	500.00		
			SUBTOTAL	\$ 17,000.00				

*Contributor Codes

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PTY - Political Party

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

07/01/2024

				through 09/21/	2024	Page7 of26		
NAME OF FILER			-			I.D. NU	MBER	
Don't Risk Da	ana Point - Residents Against Measure T					14220	79	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	31)	PER ELECTION TO DATE (IF REQUIRED)	
08/17/2024	Michael Finney		Retired N/A	2,000.00		00.00		
07/25/2024	Brian Fry	⊠IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	1,0	00.00		
07/14/2024	Alyssa Hendrie	⊠IND □COM □OTH □PTY □SCC	Co-President & Partner Hendrie Communications	2,000.00	2,0	00.00		
07/23/2024	Jason Huskey	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00		00.00		
09/03/2024	Jason Huskey	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	1,0	00.00		
			SUBTOTAL	\$ 6,000.00				

Amounts may be rounded

to whole dollars.

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from07/01/	2024 F	ORM TOU
				through 09/21/	2024 Page	8 of 26
NAME OF FILER					I.D. NU	MBER
Don't Risk D	ana Point - Residents Against Measure T				14220	79
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)
07/23/2024	Brian Keyes	⊠IND □COM □OTH □PTY □SCC	Physician Keyes Medical Services	2,000.00	2,000.00	
07/24/2024	Charles Kinstler	COM COM OTH PTY	Restauranter Self: Charles Kinstler	2,000.00	2,000.00	
08/28/2024	Jack Lanier	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.00	
07/15/2024	M3k 093 Beach Road, LLC(Murad Siam)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	4,000.00	4,000.00	-
07/17/2024	Rebecca Mansfield	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000.00	
			SUBTOTAL	\$ 10,500.00		

*Contributor Codes

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

PTY - Political Party

SCHEDU	JIFA	CONT

Monetary Contributions Received Amounts may be rounded to whole dollars.		be rounded dollars.	Statement cove		CALIFORNIA 460			
				through 09/21/	2024	Page	9 of	26
NAME OF FILER						I.D. NUMB	ER	
Don't Risk D	ana Point - Residents Against Measure T					1422079		
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 YE (JAN. 1 - DEC.	AR	PER ELEC TO DAT (IF REQUI	ΓE
07/16/2024	Mayfair Monarch Holdings, LLC(Selina Chan)	☐IND ☐COM ☑OTH ☐PTY ☐SCC	N/A N/A	2,000.00	2,00	0.00		
07/18/2024	Patrick McNulty	⊠IND □COM □OTH □PTY □SCC	Real Estate Self: Patrick McNulty	2,000.00	2,00	00.00		
07/22/2024	Memories4Life Property Management Corp.	□IND □COM ☑OTH □PTY □SCC	N/A N/A	750.00	75	0.00		
08/01/2024	Nicholas Moncure	⊠IND □COM □OTH □PTY □SCC	Founding Partner Moncure & Rohr Brand Development, LLC	500.00	50	00.00		
07/15/2024	Carla Moore	IND COM OTH PTY	Owner Sunset Vacation Rentals	2,000.00	6,00	00.00		
			SUBTOTALS	\$ 7,250.00				

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(other than PTY or SCC)

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PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CO

Monetary	Contributions Received	Amounts may to whole		Statement covers period from		FORM 46	60	
				through09/21/	2024 P	age 10 of 26	5	
NAME OF FILER					1.	D. NUMBER		
Don't Risk D	ana Point - Residents Against Measure T				1	422079		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	R TO DATE		
07/23/2024	Carla Moore		Owner Sunset Vacation Rentals	2,000.00	6,000	.00		
07/15/2024	Nasiri Investments, LLC(Razia Nasiri)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	2,000	.00		
07/22/2024	Pend Properties, LLC(David Meyers)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	250.00	250	.00	45	
07/23/2024	Cherie Polo	□ IND □ COM □ OTH □ PTY □ SCC	Retired N/A	500.00	500	.00		
08/01/2024	Carol Prabhu	☑IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	2,000	.00		
			SUBTOTAL	\$ 5,750.00				

*Contributor Codes

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) M

SCHEDULE A (CONT.)

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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from07/01/2024		FORM 460	
			*	through09/21/	2024	Page	11 of26
NAME OF FILER						I.D. NUMBE	ER
Don't Risk D	ana Point - Residents Against Measure T					1422079	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/04/2024	Carol Prabhu	⊠IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	2,0	00.00	
07/16/2024	Don Raabe	⊠IND	Retired	1,000.00	1,0	00.00	

			OF BUSINESS)			
09/04/2024	Carol Prabhu	☑IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	2,000.00	
07/16/2024	Don Raabe	☑IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	1,000.00	
07/14/2024	Salman Rabie	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000.00	
09/03/2024	Brian Randall	⊠IND □ COM □ OTH □ PTY □ SCC	Real Estate OCOceanrealty	500.00	500.00	
07/15/2024	Kathryn Rathvon	⊠IND □COM □OTH □PTY □SCC	Real Estate RE/MAX Eastside Brokers, Inc.	2,000.00	2,000.00	
			SUBTOTAL \$	6.500.00		

*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A	CONIT
SUPPLIED FA	(LUIVI)

CALIFORNIA FORM

Statement covers period

07/01/2024

NAME OF FILER				through 09/21/	ray	e 12 of 26 NUMBER
Don't Risk Da	ana Point - Residents Against Measure T				142	2079
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2024	George Rav	IND COM OTH PTY	Retired N/A	4,000.00	4,000.0	0
07/25/2024	Debbie Reichow	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000.0	0
07/19/2024	Christopher Rogers	⊠IND □COM □OTH □PTY □SCC	Partner Guidehouse	2,000.00	2,000.0	0
07/15/2024	Miriam Rupke	⊠IND □COM □OTH □PTY □SCC	Principal Sand & Surf Vacation, LLC	4,000.00	10,000.0	0
08/01/2024	Richard Rutkowski	IND COM OTH PTY SCC	Retired N/A	100.00	200.0	0
	*/		SUBTOTAL\$	12,100.00		

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole		Statement cove	ers period	CALIF FC	ORNIA 460
				through 09/21/	2024	Page_	13 of26
NAME OF FILER						I.D. NUN	MBER
Don't Risk D	ana Point - Residents Against Measure T					14220	79
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/12/2024	Richard Rutkowski	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	2	00.00	
07/15/2024	Carmen Salazar	⊠IND □COM □OTH □PTY □SCC	Principal Siemon & Salazar	1,000.00	1,0	00.00	
07/15/2024	Jason Salazar	⊠IND □COM □OTH □PTY □SCC	CEO JS & Associates	1,000.00	1,0	00.00	
07/21/2024	Sand And Surf Vacation, LLC(Miriam Rupke)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	10,0	00.00	
07/21/2024	Sand And Surf Vacation, LLC(Miriam Rupke)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	10,0	00.00	
			SUBTOTAL	6,100.00			

Amounts may be rounded

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from07/01/	2024	FO	RM	40	J
				through09/21/	2024	_		f26	-
NAME OF FILER						I.D. NUM	BER		
Don't Risk Da	ana Point - Residents Against Measure T					142207	9		
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 YE (JAN. 1 - DEC.	31)	TO	ELECTION DATE EQUIRED)	
07/21/2024	Sand And Surf Vacation, LLC(Miriam Rupke)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	10,00				
07/16/2024	Rostam Shirmardian	⊠IND □COM □OTH □PTY □SCC	Electrical Engineer Self: Rostam Shirmardian	500.00	50	00.00			
07/24/2024	Deanna Slocum	⊠IND □COM □OTH □PTY □SCC	Ethics Programs Uber	500.00	50	00.00			
08/09/2024	Jeffrey Stanford	⊠IND □COM □OTH □PTY □SCC	Retired N/A	250.00		50.00			
08/09/2024	Patricia Stanford	IND COM OTH PTY	Homemaker N/A	250.00	25	50.00			
			SUBTOTAL	\$ 3,500.00					

Amounts may be rounded

to whole dollars.

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

		to whole	dollars.	from07/01/	2024	FORM 40U
				through 09/21/	2024 Pag	ge15 of26
NAME OF FILER					I.D.	NUMBER
Don't Risk D	ana Point - Residents Against Measure T				14	22079
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/19/2024	Craig Stetson	⊠IND □COM □OTH □PTY □SCC	Director of IT Select Water Solutions	125.00	125.(00
08/19/2024	Sherry Stetson	⊠IND □COM □OTH □PTY □SCC	Principal Stetson Bentley, LLC	125.00	125.0	00
07/17/2024	Sunset Vacation Rentals, LLC(Carla Moore)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	6,000.	00
09/09/2024	Vacasa, Corp.	□IND □COM ☑OTH □PTY □SCC	N/A N/A	7,500.00	7,500.	00
07/22/2024	Teresa Vanhorne	⊠IND □COM □OTH □PTY □SCC	Property Management Self: Teresa Vanhorne	500.00	1,000.	00
			SUBTOTAL	\$ 10,250.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded

SCHEDULE A (CONT.)

CALIEORNIA 4.00

Statement covers period

,		to whole (dollars.	from07/01/	2024	FC	ORM 460
				through 09/21/	2024	Page_	16 of 26
NAME OF FILER						I.D. NUI	MBER
Don't Risk Da	ana Point - Residents Against Measure T					14220	79
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 . 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2024	Teresa Vanhorne	⊠IND □COM □OTH □PTY □SCC	Property Management Self: Teresa Vanhorne	500.00		00.00	
07/31/2024	Michael Wolfe	⊠IND □COM □OTH □PTY □SCC	Sales Lee & Associates	500.00	5	00.00	
09/04/2024	Edwin Wright	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00		00.00	
08/10/2024	Anna B. Zavala	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,0	000.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC			-		
			SUBTOTAL	\$ 3,500.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period CALIFORNIA **FORM** 07/01/2024 from 09/21/2024 Page _ 17 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1422079 Don't Risk Dana Point - Residents Against Measure T

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF	PAYMENT AMOUNT PAID
COPS Voter Guide (ID# 599014)	LIT Slate Mailer	519.00
eFundraising Connections, LLC	OFC	317.20
eFundraising Connections, LLC	OFC	. 633.80

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 26,310.68 2. Unitemized payments made this period of under \$100\$ ____ 0.00 0.00 26,310.68

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

1,470.00

SUBTOTAL\$

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	Page18 of26
NAME OF FILER			I.D. NUMBER
Don't Risk Dana Point - Residents Against Me	easure T		1422079
CODES: If one of the following codes accura	tely describes the payment, you may enter the o	code. Otherwise, describe the paymen	nt.

IND independent expenditure supporting/opposing others (explain)* POS postage, de	munications RAD radio airtime and production costs d appearances RFD returned contributions ses SAL campaign workers' salaries t.v. or cable airtime and production costs
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID
eFundraising Connections, LLC	OFC 456.35
eFundraising Connections, LLC	OFC 237.60
eFundraising Connections, LLC	OFC 79.30
eFundraising Connections, LLC	OFC 237.90
eFundraising Connections, LLC	OFC 79.30

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

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA	460
from	07/01/2024	FORM	400
through_	09/21/2024	Page 19	of26

I.D. NUMBER 1422079

EΕ	IN	S	TF	₹U	C.	TIONS	ON	REV	ERS	Έ
	_	_	-	_	_	_				

NAME OF FILER

Don't Risk Dana Point - Residents Against Measure T

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

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances 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 TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND

LEG legal defense LIT campaign literature	and mailings	PRO professional PRT print ads	services (legal, accounti	ing) VOT voter registration WEB information technology cos	sts (internet, e-mail)	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	АМС	OUNT PAID
eFundraising Connec	tions, LLC		OFC				298.66
eFundraising Connec	tions, LLC		OFC				238.50
eFundraising Connec	tions, LLC		OFC				131.47
eFundraising Connec	etions, LLC		OFC				66.38
eFundraising Connec	ctions, LLC		OFC				22.33
* Payments that are con	tributions or Independent expenditures mu	st also be summarized or	Schedule	 D.		SUBTOTAL \$	757.34

Schedule	Ε
(Continuation)	tion Sheet)
Payments	Made

	SCHEDU	LE E (CONT.)
CAL	IFORNIA	460

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 07/01/2024	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through 09/21/2024	Page 20 of 26
NAME OF FILER .			I.D. NUMBER
Don't Risk Dana Point - Residents Against Mea	sure T		1422079
CODES: If one of the following codes accurate	ly describes the payment, you may enter the	code. Otherwise, describe the payme	ent.

CMP campaign paraphemalia/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 expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meat transfer between committees of the voter registration information technology costs (internet	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
eFundraising Connections, LLC		OFC				158.30
eFundraising Connections, LLC		OFC				4.25
eFundraising Connections, LLC		OFC				20.05
eFundraising Connections, LLC		OFC				79.30
eFundraising Connections, LLC		OFC				10.18
* Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D.			SUBTOTA	L\$ 272.08

Schedule E

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2024	FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	- Page21 of26
NAME OF FILER			I.D. NUMBER
Don't Risk Dana Point - Residents Against Me	asure T		1422079
CODES: If one of the following codes accura	tely describes the payment, you may enter the c	code. Otherwise, describe the payme	nt.

MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and seponstage, del	d appearance ses lating survey reseas very and me	rch essenger services	RFD SAL TEL TRC TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and produ- candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration	uction costs meals and meals of the same candidate/sponsor
	CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
	OFC				79.30
	OFC				20.05
	OFC				40.10
	OFC				59.85
	OFC				300.80
	MTG meetings and office expen petition circu phone banks POL polling and s postage, deli PRO professional	OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO print ads CODE OFC OFC	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR OFC OFC OFC	MTG meetings and appearances OFC office expenses SAL PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OFC OFC	MTG meetings and appearances office expenses office expenses office expenses office expenses petition circulating phone banks TRC plotting and survey research postage, delivery and messenger services professional services (legal, accounting) print ads CODE OR DESCRIPTION OF PAYMENT OFC OFC OFC

SUBTOTAL \$

500.10

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

Payments Made 09/21/2024 through_ Page ____22 of ___26 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER 1422079 Don't Risk Dana Point - Residents Against Measure T CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating

candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRC fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals POL FND transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF professional services (legal, accounting) VOT voter registration LEG legal defense PRO WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads ш NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID 125.00 Haley & Co., LLC PRO

Haley & Co., LLC	PRO	1,185.00
Halev & Co., LLC	PRO	1,375.00
Pacific Campaign Solutions, LLC	CNS	2,500.00
Pacific Campaign Solutions, LLC	CNS	2,500.00

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

SUBTOTAL \$

7,685.00

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

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA A
from07/01/2024	FORM TOO
through 09/21/2024	Page 23 of 26
	I.D. NUMBER
	1422079

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Don't Risk Dana Point - Residents Against Measure T CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses OFC CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees PHO FIL staff/spouse travel, lodging, and meals TRS POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services IND voter registration professional services (legal, accounting) VOT LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 540.51 CMP Text Message Setup & Banners Pacific Campaign Solutions, LLC 2,500,00 CNS See Schedule G Pacific Campaign Solutions, LLC 2,248,20 CMP Voter File & Banners - See Schedule G Pacific Campaign Solutions, LLC 3,750.00 POL Riviera Research, LLC 3,750.00 POL SUBTOTAL \$ 12,788.71

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

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov.

Schedule E	
(Continuation Sheet)	
Payments Made	

	SCHEDU	JLE E	(CONT.
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(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 09/21/2024	Page24 of26
NAME OF FILER			I.D. NUMBER
Don't Risk Dana Point - Residents Against Measure T			1422079

Don	't Risk Dana Point - Residents Against Measure T							1422079
COI	DES: If one of the following codes accurately describes	s the	payment, y	ou may e	enter the code.	Otherwise,	describe the payment.	
CMP CNB CNB CV F F F F F F F F F F F F F F F F F F F	contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MTG OFC PET PHO POL POS PRO		l appearant ses ating urvey reseavery and m	ces	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production cos returned contributions campaign workers' salaries t.v. or cable airtime and producti candidate travel, lodging, and ma staff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (in	ion costs eals I meals I the same candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
	or Advocate - A project of the Coalition for Californ 1476)	nia (I	D#	LIT	Slate Mailer			1,747.00

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Senior Advocate - A project of the Coalition for California (ID# 1439476)	LIT	Slate Mailer	1,747.00

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

SUBTOTAL \$

1,747.00

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	led	Statement cove from07/01/ through09/21/	2024 FC 2024 Page	SCHEDULE FORNIA 460 PRM 460
NAME OF FILER Don't Risk Dana Point - Residents Against Measure T				I.D. NUN 14220	
CODES: If one of the following codes accurately described campaign paraphemalia/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 communication MTG meetings and appeara OFC PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services of	ns nces earch messenger services	RAD radio airtime al RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production cost el, lodging, and meals avel, lodging, and meals en committees of the sal	me candidate/sponsor
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
Haley & Co., LLC	PRO	125.00	0.00	125.00	0.

* Payments that are contributions or independent expenditures must also be 0.00\$ 125.00\$ 0.00 SUBTOTALS \$ 125.00\$ summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 125.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$

-125.00

May be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through09/21/2024	Page 26 of 26
NAME OF FILER			I.D. NUMBER
Don't Risk Dana Point - Residents Against Measure T			1422079
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Pacific Campaign Solutions, LLC			
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc.	ne payment, you may enter the code. Ot R member communications	herwise, describe the payment	

CO	DES: If one of the following codes accurately described	s the	payment, you may enter the code.	Otherwise	e, 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		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)		voter registration
பா	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

^{*} 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
Numinar		Voter File	1,200.00
Pacific Sign Center	СМР	Banners	923.20
R&D Design & Marketing	CNS		2,500.00
Attach additional information on appropriately labeled continuation sheets.		TOTAL	* \$ 4,623.20

^{*} 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.

DON'T RISK DANA POINT RESIDENTS AGAINST MEASURE T ID #1422079 -FPPC460 09.21.2024

Final Audit Report

Created: 2024-09-26

By: Danielle Stephen

Status: Signed

Transaction ID: CBJCHBCAABAAM881JQj17H6HIIF_PhFaCXItSaikwmPr

"DON'T RISK DANA POINT RESIDENTS AGAINST MEASURE T ID #1422079 - FPPC460 09.21.2024" History

Document created by Danielle Stephen
2024-09-26 - 7:48:25 AM GMT

Document emailed to NANCY HALEY
2024-09-26 - 7:48:47 AM GMT

Email viewed by NANCY HALEY
2024-09-26 - 11:06:32 AM GMT

Document e-signed by NANCY HALEY
Signature Date: 2024-09-26 - 11:06:39 AM GMT - Time Source: server

Agreement completed.
2024-09-26 - 11:06:39 AM GMT