Recipient Committee				COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460
`	Statement covers period	Date of election if applicable:		Page1 of26
	from07/01/2024	(Month, Day, Year)		For Official Use Only
				AECETVES
SEE INSTRUCTIONS ON REVERSE	through09/21/2024	11/05/2024	2024	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	rimarily Formed Ballot Measure	▼ Preelection Statement	☐ Qua	rterly Statement
<u> </u>	ommittee	Semi-annual Statement	Spe	cial Odd-Year Report
Q) Controlled) Sponsored	Termination Statement (Also file a Form 410 To	Sup	plemental Preelection
(A	Iso Complete Part 6)	Amendment (Explain b	,	ement - Attach Form 495
General Purpose Committee Sponsored Pr	rimarily Formed Candidate/	Amendment (Explain b	elow)	
O Small Contributor Committee	fficeholder Committee			
O Political Party/Central Committee (A)	lso Complete Part 7)			
3 Committee Information	NUMBER 422079	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Don't Risk Dana Point - Residents Against Mea	asure T	Nancy Haley		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
		Danielle Stephen		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	ox	MAILING ADDRESS		
CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP C	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		ORTIONAL SAN SERVICE	2500	
nancy@haleyandcompany.com/miriam@sandandsurfu	vacation.com	OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification				
I have used all reasonable diligence in preparing and reviewing		wledge the information contained he	rein and in the attached schedu	ules 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 on11/05/2024	R			
Date Date	., <u> </u>	Signature of Treasurer or Assistant	Treasurer	
Executed on	BySignature of Cont	rolling Officeholder, Candidate, State Measure Pro	oponent or Responsible Officer of Sponsor	
Executed on	Ву			
Date		Signature of Controlling Officeholder, Candidate, S	tale Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Candidate S	tate Messure Proponent	<u></u>

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

Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE Initiative to Repeal Ordinance	and Replace	the Citys E	Existing Sho	ort Term Rental
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)	•	BALLOT NO. OR LETTER	JURISDICTI	ON	l F	SUPPORT
(1.102 333011 31.11225 (1.102322 23 371110117			Т	City of D	ana Point		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	led by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
		7	. Primarily Formed Cai	ndidate/Offic	ceholder Co	mmittee <i>L</i>	ist names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	officeholder(s) or candidate	s) for which th	is committee is	primarily form	ned.
COMMITTEE ADDRESS STREET ADDRESS			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	☐ YES ☐ NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)					<u> </u>	
CITY STATE	ZIP CODE AREA CODE/PHONE		Att	ach continuati	on sheets if r	necessary	
						-	

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	(FI	COLUMN A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)	<u></u>	Column B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$.	99,925.00	\$	99,925.00		
2. Loans Received Schedule B, Line 3		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 Evnenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$.	99,925.00	\$	99,925.00	Made \$_	\$
Expenditures Made					Expenditure Limi	it 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 Cumula	tive Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$.	26,310.68	\$	27,032.08		t to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	-	-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						\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$.	5,250.69	Тос	calculate Column B, add		
13. Cash Receipts Column A, Line 3 above		99,925.00		ounts in Column A to the responding amounts		
14. Miscellaneous Increases to Cash Schedule I, Line 4	-	0.00	fron	n Column B of your last	*Amounts in this section reported in Column B.	n may be different from amounts
15. Cash Payments Column A, Line 8 above	-	26,310.68		ort. Some amounts in umn A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$.	78,865.01	figu	res that should be tracted from previous		
If this is a termination statement, Line 16 must be zero.			peri	od amounts. If this is first report being filed	f.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$.	0.00	for	this calendar year, only y over the amounts		
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if		
18. Cash Equivalents	\$.	0.00		-	1	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	l			

Schedule A Monetary Contributions Received		Amounte may be rounded				CALIFORNIA 460
SEE INSTRUCTION	DNS ON REVERSE			through09/21/2	024	Page4 of26
NAME OF FILER			and the party of the country	pite (the)		I.D. NUMBER
Don't Risk	Dana Point - Residents Against Measure T		4 00 000 000	Miles Inc.		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 D. CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE
07/14/2024	35581 Beach Road, LLC(Sohiel Poursalimi) 35581 Beach Road Dana Point, CA 92624	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	2,00	0.00
07/31/2024	65265 San Jacinto Lane. LLC(Rick Eggan)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	100.00	10	0.00
07/31/2024	Christopher Allen	⊠IND □COM □OTH □PTY □SCC	Finance Bridge Logistics Properties	100.00	10	0.00
07/26/2024	Linda Androvich	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	50	0.00
07/19/2024	Bruce Arnold	⊠IND □COM □OTH □PTY □SCC	Engineer Aanda Electronics	2,000.00	2,00	0.00
			SUBTOTAL	.\$ 4,700.00		
Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)				IND-In COM-	Recipient Committee (other than PTY or SCC)
2. Amount re	eceived this period – unitemized monetary contribution	s of less than	\$100 \$ _	175.00	PTY-F	Other (e.g., business entity) Political Party
Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)TOTAL \$_	99,925.00	SCC-S	Small Contributor Committee

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Statement covers period

Monetary	Contributions Received	to whole		from07/01/		CALIFOR FOR	460 KNIA
				through09/21/	2024	Page	of <u>26</u>
NAME OF FILER						I.D. NUMBE	R
Don't Risk Da	ana Point - Residents Against Measure T		entractive			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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
07/31/2024	Paul Arranaga	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,00	0.00	
07/14/2024	Laura 'Laurie' Beylik	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	4,10	0.00	
07/15/2024	Laura 'Laurie' Beylik	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	4,10	0.00	
09/11/2024	Laura 'Laurie' Beylik	⊠IND □COM □OTH □PTY □SCC	Retired N/A	100.00	4,10	0.00	
07/24/2024	John Boydak	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	50	0.00	
1.5 x 154, 2	The Control of the Co		SUBTOTAL	\$ 6,600.00			

*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		Contributions Received Amounts may be rounded to whole dollars.			2024	CALIFORNIA 460		
T ULBERT (I				through09/21/	77 To 100	Page	6 of26	
NAME OF FILER					a de la	I.D. NUM	BER	
Don't Risk D	ana Point - Residents Against Measure T	- Foods - L	ALECTRIC CONTRACTOR	No. of the same of		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 I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
07/14/2024	Susanne Christensen	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,00	0.00	*	
07/24/2024	Shilpa Colaco	⊠IND □COM □OTH □PTY □SCC	Account Executive MicroStrategy	4,000.00	4,00	0.00		
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	10,00	0.00		
07/22/2024	Dennis Cramer	⊠IND □COM □OTH □PTY □SCC	Medical Doctor Self: Dennis Cramer, MD	500.00	50	0.00		
07/22/2024	Yuri Cramer	⊠IND □COM □OTH □PTY □SCC	Homemaker N/A	500.00	50	0.00		
			SUBTOTAL	\$ 17,000.00				

*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.)

CALIEODNIA 4

Statement covers period

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OR IND OTH		10 100	AND DELICITION OF THE RESIDENCE OF THE PERSON OF THE PERSO
DATE RECEIVED OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER ID. NUMBER) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER OF BUSINESS OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OCCUPATION AND EMPLOYED (IF SELF-EMPLOYED, ENTER NAME O		I.D. NUM	BER
DATE RECEIVED OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) O7/21/2024 Sherri Cuono Intermediary: Sand & Surf, LLC - O8/17/2024 Michael Finney Michael Finney OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		142207	9
Intermediary: Sand & Surf, LLC - OTH OTH SCC 08/17/2024 Michael Finney	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
□COM □COH	2,000.00	2,000.00	
□ PTY □ SCC	2,000.00	2,000.00	
07/25/2024 Brian Fry SIND COM OTH PTY SCC	1,000.00	1,000.00	
07/14/2024 Alyssa Hendrie Co-President & Partner Hendrie Communications	2,000.00	2,000.00	
07/23/2024 Jason Huskey □ COM □ OTH □ PTY □ SCC	500.00	1,000.00	us Stolke (*) 17 - Oktober (*) 17 - Oktober (*)
SUBTOTAL \$	•		

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule A	(Continuation Sheet)
Monetary Co	intributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		Amounts may to whole		from07/01/		CALIFORNIA 460		
				through09/21/	/2024 P	age 8	of26	
NAME OF FILER				, 197	L.	D. NUMBER		
Don't Risk D	ana Point - Residents Against Measure T		anactin		1	422079		
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 DA CALENDAR YEAF (JAN. 1 - DEC. 31	2	PER ELECTION TO DATE IF REQUIRED)	
09/03/2024	Jason Huskey	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	1,000	.00		
07/15/2024	James Cobb Intermediary: Sunset Vacation Rentals, LLC -	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000	.00		
07/23/2024	Brian Keyes	⊠IND □COM □OTH □PTY □SCC	Physician Keyes Medical Services	2,000.00	2,000	.00	3	
07/24/2024	Charles Kinstler	⊠IND □COM □OTH □PTY □SCC	Restauranter Self: Charles Kinstler	2,000.00	2,000	.00	-	
08/28/2024	Jack Lanier	□ COM □ OTH □ PTY □ SCC	Retired N/A	500.00	500		F et anages	
			SUBTOTAL	\$ 7,000.00				

*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 A (CONT.)

CALIFORNIA ACO

Statement covers period

		to will	ole dollars.	from07/01/		ORM 40U
72000	a land of the second se			through09/21/	rage	9 of26
NAME OF FILER					I.D. NI	UMBER
Don't Risk D	ana Point - Residents Against Meas	ure T	Special	7 Allegonia	1422	079
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE (IFCOMMITTEE, ALSO ENTER LD. NUME			AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/23/2024	Rongsheng Luo Intermediary: Sunset Vacation Ren	IND COM OTH PTY	Retired N/A	2,000.00	2,000.00	
07/15/2024	M3k 093 Beach Road, LLC(Murad Sia	□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	
07/16/2024	Mayfair Monarch Holdings, LLC(Sel	.ina Chan) □IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	2,000.00	
07/18/2024	Patrick McNulty	⊠IND □COM □OTH □PTY □SCC	Real Estate Self: Patrick McNulty	2,000.00	2,000.00	
or This year	end your Seriaum in Community		SUBTOTAL	\$ 12,000.00		

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCHEDULE A (CONT.)

Amounts may be rounded

Statement covers period

CALIFORNIA A CO

CON ACTOR CON ACTOR CONTRACTOR		to whole	dollars.	from07/01/ through09/21/		FORM 40U
NAME OF FILER					I.D. N	IUMBER
Don't Risk D	ana Point - Residents Against Measure T		an analytic	E CONTROL OF	1423	2079
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/22/2024	Memories4Life Property Management Corp.	□IND □COM ☑OTH □PTY □SCC	N/A N/A	750.00	750.00	
08/01/2024	Nicholas Moncure	⊠IND □COM □OTH □PTY □SCC	Founding Partner Moncure & Rohr Brand Development, LLC	500.00	500.00	
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	
07/23/2024	Cherie Polo	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.00	Markey Care (A
and Table	em se u e e campace sanjana de la la campace		SUBTOTAL	\$ 4,000.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

Schedule	A (Continuation Sheet)
Monetary	Contributions Received

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement cover	CALIFORNIA 460
		through09/21/2	Page 11 of 26
IAME OF FILER			I.D. NUMBER
on't Risk Dana Point - Residents Against Measure T	808	CONT TO THE REAL PROPERTY.	1422079
	IF AN INDIVIDUAL F	AMOUNT	CUMULATIVE TO DATE BEB ELECTION

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)
08/01/2024	Carol Prabhu	⊠IND □COM □OTH □PTY □SCC	Retired N/A	1,000.00	2,000.00	
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	8
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	2 (V) 3 (V)
			SUBTOTALS	5.500.00		

*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 A (CONT.)

CALIFORNIA

Statement covers period

			from07/01/	2024	ORM 400
			through 09/21/	2024 Page	12 of26
NAME OF FILER				I.D. N	UMBER
Don't Risk Dana Point - Residents Against Measure T		antichus		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)
07/15/2024 Kathryn Rathvon	⊠IND □COM □OTH □PTY □SCC	Real Estate RE/MAX Eastside Brokers, Inc.	2,000.00	2,000.00	
07/15/2024 George Ray	⊠IND □ COM □ OTH □ PTY □ SCC	Retired N/A	4,000.00	4,000.00	
07/25/2024 Debbie Reichow	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired N/A	2,000.00	2,000.00	
07/19/2024 Christopher Rogers	☑IND □COM □OTH □PTY □SCC	Partner Guidehouse	2,000.00	2,000.00	
07/15/2024 Miriam Rupke	⊠IND □ COM □ OTH □ PTY □ SCC	Principal Sand & Surf Vacation, LLC	4,000.00	6,000.00	fin financeps in personal
		SUBTOTAL	14,000.00		

*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

NAME OF FILER

SCHEDULE A (CONT.)

			OUTEDOLL / (OUT!)
ived Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA AGO
	to whole donars.	from07/01/2024	FORM 460
	through09/21/2024	Page13 of26	
			I.D. NUMBER
inst Measure T			1422079

Don't Risk Dana Point - Residents Agai IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TODATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/01/2024 Richard Rutkowski 100.00 200.00 Retired N/A X IND ПСОМ OTH □ PTY SCC 08/12/2024 Richard Rutkowski Retired 100.00 200.00 XIND N/A ПСОМ ПОТН PTY SCC 07/15/2024 Carmen Salazar Principal 1,000.00 1,000.00 X IND Siemon & Salazar ПСОМ OTH □ PTY SCC 07/15/2024 Jason Salazar 1,000.00 1,000.00 X IND JS & Associates □ COM OTH □ PTY SCC Sand And Surf Vacation, LLC(Miriam Rupke) 2,000.00 6,000.00 07/21/2024 ☐ IND N/A ПСОМ X OTH PTY SCC SUBTOTAL\$ 4,200.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

CALIEODNIA

Statement covers period

		to whole	dollars.	from07/01/	No.	FORM 460
				through 09/21/	2024 Pa	ge 14 of 26
NAME OF FILER				1.0). NUMBER	
Don't Risk D	ana Point - Residents Against Measure T		ACTEGORY?	E 1 Page 112	14	122079
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 DA' CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
07/16/2024	Rostam Shirmardian	⊠IND □COM □OTH □PTY □SCC	Electrical Engineer Self: Rostam Shirmardian	500.00	500.	00
07/24/2024	Deanna Slocum	⊠IND □COM □OTH □PTY □SCC	Ethics Programs Uber	500.00	500.	00
08/09/2024	Jeffrey Stanford	□IND □COM □OTH □PTY □SCC	Retired N/A	250.00	250.	00
08/09/2024	Patricia Stanford	⊠IND □COM □OTH □PTY □SCC	Homemaker N/A	250.00	250.	00
08/19/2024	Craig Stetson	⊠IND □COM □OTH □PTY □SCC	Director of IT Select Water Solutions	125.00	125.	00
			SUBTOTAL	1 625 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 A (CONT.)

CALIFORNIA

FORM

Statement covers period

from

07/01/2024

	cupe.			through 09/21/	2024 Page	15 of 26
NAME OF FILER Don't Risk Da	ana Point - Residents Against Measure T		anauouri Turousus		I.D. NU 14220	MBER
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)
08/19/2024	Sherry Stetson	⊠IND □COM □OTH □PTY □SCC	Principal Stetson Bentley, LLC	125.00	125.00	
07/17/2024	Sunset Vacation Rentals, LLC(Carla Moore)	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	2,000.00	*
07/21/2024	The Sharon E. Moayeri Family Trust 35745 Beach Road Dana Point, CA 92624 Intermediary: Sand & Surf, LLC -	□IND □COM ☑OTH □PTY □SCC	N/A N/A	2,000.00	2,000.00	
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	
SE COLOR	COMPANY OF THE PARTY SHEETING SAFETY OF THE SAFETY		SUBTOTAL	\$ 12,125.00		

*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 A (CONT.)

CALIFORNIA FORM

Statement covers period

from

07/01/2024

				through09/21/	²⁰²⁴ Pag	ge <u>16</u> of <u>26</u>
NAME OF FILER					I.D.	NUMBER
Don't Risk Da	ana Point - Residents Against Measure T		CONTRACT.		142	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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2024	Teresa Vanhorne	⊠IND □COM □OTH □PTY □SCC	Property Management Self: Teresa Vanhorne	500.00	1,000.6	00
07/31/2024	Michael Wolfe	⊠IND □COM □OTH □PTY □SCC	Sales Lee & Associates	500.00	500.0	00
09/04/2024	Edwin Wright	⊠IND □COM □OTH □PTY □SCC	Retired N/A	500.00	500.0	0
08/10/2024	Anna B. Zavala	⊠IND □COM □OTH □PTY □SCC	Retired N/A	2,000.00	2,000.0	00
aftern for	STATE OF THE STATE	□IND □COM □OTH □PTY □SCC		ESSENCE ESSENCED SAME		The second of th
			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

				SCHEDULE E			
Schedule E	Amounts may be rounded			s	tatement cover	FORNIA 460	
Payments Made to whole dollars.		fror	n07/01/	2024	ORM 400		
SEE INSTRUCTIONS ON REVERSE				thro	ough09/21/	2024 Page	
NAME OF FILER						I.D. 1	IUMBER
Don't Risk Dana Point - Residents Against Measure T						142	2079
CODES: If one of the following codes accurately describes	s the payment, yo	u may er	nter the code. C	therwise, o	lescribe the p	ayment.	
CMP campaign paraphernalia/misc.	MBR member com					d production costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expen		ces	RFD SAL	returned contrit campaign work		
CVC civic donations	PET petition circui	lating		TEL	t.v. or cable airt	ime and production c	osts
FiL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and s		arch	TRC TRS		l, lodging, and meals vel, lodging, and mea	ile
IND independent expenditure supporting/opposing others (explain)*	POS postage, del			TSF			same candidate/sponsor
LEG legal defense	•	services (le	egal, accounting)	VOT			4 a mail)
LIT campaign literature and mailings	PRT print ads			WEB	information tech	nnology costs (interne	t, e-maii)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N 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
* Payments that are contributions or independent expenditures in	nust also be summ	arized on	Schedule D.			SUBTOTA	L\$ 1,470.00
Schedule E Summary							
Itemized payments made this period. (Include all Schedule)	E subtotals.)					\$	26,310.68
2. Unitemized payments made this period of under \$100\$							
	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on ti	ne Summ	ary Page, Colun	nn A, Line 6	.)	TOTAL \$	26,310.68

Schedule (Continua		Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

	SCHEDOLE E (CONT.
Statement covers period	CALIFORNIA 460
from07/01/2024	FORM TOO
through09/21/2024	Page18 of26
	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. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions 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 filing/ballot fees РНО phone banks candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events POL transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF POS legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings ш PRT print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 456.35 eFundraising Connections, LLC OFC 237.60 OFC eFundraising Connections, LLC 79.30 eFundraising Connections, LLC OFC eFundraising Connections, LLC OFC 237.90 79.30 eFundraising Connections, LLC OFC SUBTOTAL \$ 1,090.45 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	E
(Continua	tion Sheet)
Payments	

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
from07/01/2024	FORM 400
through09/21/2024	Page 19 of 26
	LD MUMDED

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 LT campaign literature and mailings	MBR	member com meetings and office expen petition circul phone banks polling and s postage, deli	munication d appearan ses lating survey rese very and	s nces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and produc	ction costs neals ad meals of the same cand	lidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMO	OUNT PAID
eFundraising Connections, LLC			OFC					298.66
eFundraising Connections, LLC			OFC					238.50
eFundraising Connections, LLC			OFC		-			131.47
eFundraising Connections, LLC			OFC					66.38
eFundraising Connections, LLC			OFC					22.33
* Payments that are contributions or independent expenditures must als	so be su	mmarized on	Schedule	D.		SUB	TOTAL \$	757.34

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			Stat	07/01/2024 09/21/2024	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMB	
Don't Risk Dana Point - Residents Against Measure	T					142207	
CODES: If one of the following codes accurately decomposition of the following codes accurately decompositions accurately decomposition (explain nonmonetary)* CVC civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s n)* POS postage, deli	munications if appearance ses lating survey reseavery and m	es	RAD ri RFD ri SAL c TEL t. TRC c TRS s TSF tr	describe the payment. adio airlime and production eturned contributions ampaign workers' salaries v. or cable airlime and proc andidate travel, lodging, an taff/spouse travel, lodging, ransfer between committee oter registration nformation technology costs	duction costs d meals and meals s of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION (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

SUBTOTAL \$

272.08

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

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460			
from07/01/2024	FORM TOO			
through09/21/2024	Page 21 of 26			
	I.D. NUMBER			

•			
SEE INSTRUCTIONS ON REVERSE		through 09/21/2024	Page21 of26
NAME OF FILER			I.D. NUMBER
Don't Risk Dana Point - Residents Against Measure T			1422079
	munications I appearances ses ating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections, LLC	OFC		79.30
eFundraising Connections, LLC	OFC		20.05
eFundraising Connections, LLC	OFC		40.10
eFundraising Connections, LLC	OFC		59.85

eFundraising Connections, LLC OFC 300.80

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

SUBTOTAL \$

500.10

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Don't Risk Dana Point - Residents Against Measure T	Amounts may be to whole do				Statement covers from07/01/20 through09/21/20	D24 Fag:	IFORNIA 460 e2 of26 UMBER 2079
CODES: If one of the following codes accurately designed compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain) LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office exper PET petition circu PHO phone bank POL polling and	nmunication ad appearant nses ulating s survey resettivery and n	s ces arch nessenger s	ervices	RAD radio airtime an RFD returned contrit SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra	nd production costs butions ters' salaries time and production of lodging, and meals the committees of the on	eats same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
Haley & Co., LLC		PRO				-	1,185.00
Haley & Co., LLC		PRO					1,375.00
Pacific Campaign Solutions, LLC		CNS					2,500.00
Pacific Campaign Solutions, LLC		CNS					2,500.00

SUBTOTAL \$

7,685.00

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

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

Amounts may be rounded to whole dollars.

OOI ILDOLL L (C					
Statement covers period	CALIFORNIA 460				
from07/01/2024	FORM TOO				
through 09/21/2024	Page 23 of 26				
•	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 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	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ises lating survey resear	RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost returned contributions SAL campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the salar, accounting) VOT voter registration	ame candidate/sponsor
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	PRI print aus	CODE	WEB information technology costs (internet, DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Campaign Solutions, LLC		CMP	Text Message Setup & Banners	540.51
Pacific Campaign Solutions, LLC		CNS	See Schedule G	2,500.00
Pacific Campaign Solutions, LLC		СМР	Voter File & Banners - See Schedule G	2,248.20
Riviera Research, LLC		POL		3,750.00
Riviera Research, LLC	•	POL		3,750.00
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.	SUBTOTAL	\$ 12,788.71

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	07/01/2024	FORM TOO
through	09/21/2024	Page24 of26
		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. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL staff/spouse travel, lodging, and meals fundraising events POL polling and survey research TRS FND transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND. legal defense professional services (legal, accounting) VOT voter registration LEG WEB information technology costs (internet, e-mail) PRT campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
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
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement cove	F.0	ORNIA 460
, too table and other (or part = 1110)	to whole deliais.		from	2024	
SEE INSTRUCTIONS ON REVERSE			through 09/21/	2024 Page	25 of 26
NAME OF FILER				I.D. NUM	BER
Don't Risk Dana Point - Residents Against Measure T				14220	79
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. Ot	herwise, describe t	he payment.	
CMP campaign paraphernalia/misc.	MBR member communication		RAD radio airtime ar		
CNS campaign consultants	MTG meetings and appeara	nces	RFD returned contri		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating		SAL campaign work	kers' salaries time and production cost:	
FIL candidate filing/ballot fees	PET petition circulating PHO phone banks			el, lodging, and meals	•
FND fundraising events	POL polling and survey res	earch		avel, lodging, and meals	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and		TSF transfer between	en committees of the sar	ne candidate/sponsor
LEG legal defense	PRO professional services	(legal, accounting)	VOT voter registrati		***
LIT campaign literature and mailings	PRT print ads		WEB information tec	hnology costs (internet, e	e-mail)
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 summarized on Schedule D. 	SUBTOTALS	125.00\$	0.00	125.00	0.0
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized) 	Schedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS \$ _	0.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)		PAID TOTALS \$ _	125.00
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$	-125.00 ay 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 describe	s the payment, you may enter	the code. Otherwise, describe the payment	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)*	MBR member communications meetings and appearances office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messen	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and transfer between committees transfer between committees	uction costs I meals

postage, delivery and messenger services

VOT voter registration

WEB information technology costs (internet, e-mail)

professional services (legal, accounting)

POS

PRO

PRT

print ads

independent expenditure supporting/opposing others (explain)*

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	CMP	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.

LEG

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legal defense

campaign literature and mailings

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

DON'T RISK DANA POINT ID #1422079 - FPPC460 AMENDMENT #1

Final Audit Report 2024-11-06

Created: 2024-11-06

By: Danielle Stephen

Status: Signed

Transaction ID: CBJCHBCAABAAHdr3VIVRYWtF3nB4LA80VLssE9bHA1At

"DON'T RISK DANA POINT ID #1422079 - FPPC460 AMENDM ENT #1" History

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Agreement completed.