

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED</b><br>2014 OCT -6 AM 11:24<br>OFFICE OF THE CITY CLERK<br>CITY OF NEWPORT BEACH | <b>CALIFORNIA<br/>FORM 460</b>                      |
|  | Page <u>1</u> of <u>18</u><br>For Official Use Only |

Statement covers period  
from July 1, 2014  
through September 30, 2014

Date of election if applicable:  
(Month, Day, Year)  
November 4, 2014

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input checked="" type="checkbox"/> Quarterly Statement                       |
| <input type="checkbox"/> Semi-annual Statement                                       | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |   |

**3. Committee Information**

I.D. NUMBER  
1360420

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

Tim Brown for Council 2014

STREET ADDRESS (NO P.O. BOX)

562 Vista Flora

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92660 949-640-6662

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Roger Alford

MAILING ADDRESS

1862 Tustin Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92660 949-645-3199

NAME OF ASSISTANT TREASURER, IF ANY

Dorothy Larson

MAILING ADDRESS

4910 Campus Dr.

CITY STATE ZIP CODE AREA CODE/PHONE


Newport Beach CA 92660 949-250-0571

OPTIONAL: FAX / E-MAIL ADDRESS


**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 6, 2014  
Date

By   
Signature of Treasurer or Assistant Treasurer

Executed on October 6, 2014  
Date

By   
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                            |     |
|----------------------------|-----|
| CALIFORNIA<br>FORM         | 460 |
| Page <u>2</u> of <u>18</u> |     |

**5. Officeholder or Candidate Controlled Committee**

|  |                   |       |       |  |
|--|-------------------|-------|-------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE  |                   |       |       |  |
| Timothy Charles Brown  |                   |       |       |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |                   |       |       |  |
| Newport Beach City Council District #4                                     |                   |       |       |  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY              | STATE | ZIP   |  |
| 562 Vista Flora  | Newport Beach, CA |       | 92660 |  |

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |                              |   |                 |  |
|-------------------|------------------------------|---|-----------------|--|
| COMMITTEE NAME    |                              | I.D. NUMBER   |                 |  |
| NAME OF TREASURER |                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                 |  |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |   |                 |  |
| CITY              | STATE                        | ZIP CODE  | AREA CODE/PHONE |  |

|                   |                              |   |                 |  |
|-------------------|------------------------------|---|-----------------|--|
| COMMITTEE NAME    |                              | I.D. NUMBER   |                 |  |
| NAME OF TREASURER |                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                 |  |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |   |                 |  |
| CITY              | STATE                        | ZIP CODE  | AREA CODE/PHONE |  |

**6. Primarily Formed Ballot Measure Committee**

|   |                     |   |
|---|---------------------|---|
| NAME OF BALLOT MEASURE  |                     |   |
| BALLOT NO. OR LETTER  | JURISDICTION        | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. |                     |   |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT   |                     |   |
| OFFICE SOUGHT OR HELD   | DISTRICT NO. IF ANY |   |

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>July 1, 2014</u><br>through <u>Sept. 30, 2014</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>3</u> of <u>18</u> |
|  | I.D. NUMBER<br>1360420     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>16971</u>  | \$ <u>27818</u>                            |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | \$ <u>-895</u>   | \$ <u>5343</u>                             |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>16076</u>  | \$ <u>33161</u>                            |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | \$ <u>2100</u>   | \$ <u>3200</u>                             |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>18176</u>  | \$ <u>36361</u>                            |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A        | Column B        |
|--|-----------------|-----------------|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>29353</u> | \$ <u>30971</u> |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | \$ <u>0</u>     | \$ <u>0</u>     |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>29353</u> | \$ <u>30971</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | \$ <u>0</u>     | \$ <u>0</u>     |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | \$ <u>2100</u>  | \$ <u>3200</u>  |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>31453</u> | \$ <u>34171</u> |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                 |
|--|-----------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>19741</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | \$ <u>16076</u> |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | \$ <u>0</u>     |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | \$ <u>29353</u> |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>6464</u>  |

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

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|--|-------------|

**Cash Equivalents and Outstanding Debts**

|  |                |
|--|----------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ <u>6464</u> |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>6106</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u><br>through <u>September 30, 2014</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>4</u> of <u>17</u>            |

SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Tim Brown for Council 2014</b> | I.D. NUMBER<br><b>1360420</b> |
|--|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 7/3/2014      | Donald Lawrenz   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Best Life Insurance   | 450                         | 450   | 700                                |
| 7/11/2014     | Pat Zartler  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250                         | 250   | 250                                |
| 7/15/2014     | Jeff Greenman  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Greenman Law   | 300                         | 300   | 300                                |
| 7/20/2014     | Trudy Naman  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Educator<br>Rancho santiago Comm.<br>College Dist.   | 100                         | 100   | 100                                |
| 7/26/2014     | Ralph Wallace  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 200                         | 200   | 200                                |

**SUBTOTAL \$ 1300**

**Schedule A Summary**

|   |                 |       |
|---|-----------------|-------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | 16575 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | 396   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 16971 |

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

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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><u>Tim Brown for Council 2014</u> | I.D. NUMBER<br><u>1360420</u> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/30/2014          | Davey's Locker  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1100                        | 1100   | 1100                                  |
| 7/30/2014          | Newport Landina Sportfishing  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1100                        | 1100   | 1100                                  |
| 7/31/2014          | Lloyd Rasner  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Dentist<br>Knolls Dental Group  | 100                         | 100  | 100                                   |
| 8/12/2014          | Gina Rosansky   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker   | 500                         | 500  | 500                                   |
| 8/12/2014          | Rush Hill   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Architect<br>NRM Associates   | 500                         | 500  | 500                                   |
| <b>SUBTOTAL \$</b> |   |   |   | <b>3300</b>                 |  |                                       |

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

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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><u>Tim Brown for Council 2014</u> | I.D. NUMBER<br><u>1360420</u> |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/15/2014          | Theodore Robbins Jr  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President Robbins Ford   | 250                         | 250   | 250                                |
| 8/19/2004          | Michael Stephens   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 200                         | 200   | 200                                |
| 8/25/2014          | Farrokh Ameri  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 1100                        | 1100  | 1100                               |
| 8/25/2014          | Firouzeh Ameri   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 1100                        | 1100  | 1100                               |
| 8/25/2014          | Curtis Hopper  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pres. Sales & Mkt. Aestus LLC.   | 1100                        | 1100  | 1100                               |
| <b>SUBTOTAL \$</b> |  |   |  | <b>3750</b>                 |   |                                    |

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

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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
| Page <u>7</u> of <u>18</u>                          |                                |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><u>Tim Brown for Council 2014</u> | I.D. NUMBER<br><u>1360420</u> |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/29/2014          | Laurel Zaeske  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Brown & Ridick LLP.  | 150                         | 250   | 600                                |
| 8/29/2014          | Dennis O'Neil  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>O'neil LLP   | 125                         | 375   | 375                                |
| 8/29/2014          | Thais O'Neil   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 125                         | 125   | 125                                |
| 8/30/2014          | Tod Ridgeway   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Ridgeway Developmt. Co.   | 250                         | 350   | 350                                |
| 9/2/2014           | David Bahnsen  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Wealth Advisor<br>Morgan Stanley   | 750                         | 750   | 750                                |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1400</b>                 |   |                                    |

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

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

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
| Page <u>8</u> of <u>18</u>                          |                                |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><u>Tim Brown for Council 2014</u> | I.D. NUMBER<br><u>1360420</u> |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/3/2014           | Patrick Mahoney  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>West Coast Aborists   | 800                         | 800   | 800                                |
| 9/3/2014           | Ralph Rodheim  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Manager<br>Boat Rentals of America   | 250                         | 250   | 350                                |
| 9/3/2014           | Paul Watkins   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Watkins Blakely &<br>Torgeson  | 250                         | 500   | 750                                |
| 9/4/2014           | Larry Tucker   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real estate investor<br>Grant Tucker Properties  | 1100                        | 1100  | 1100                               |
| 9/6/2014           | Kathy Hamilton   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker  | 1100                        | 1100  | 1100                               |
| <b>SUBTOTAL \$</b> |  |   |  | <b>3500</b>                 |   |                                    |

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



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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
| Page <u>9</u> of <u>18</u>                          |                                |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Tim Brown for Council 2014</b> | I.D. NUMBER<br><b>1360420</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/8/2014           | Karen Yelsey   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Media Spot  | 250                         | 250   | 250                                |
| 9/11/2014          | Joe Stapleton  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Financial Advisor<br>Signature Resources   | 500                         | 500   | 500                                |
| 9/11/2014          | Chandler Bell  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director of marine<br>operations, Hornblower<br>Cruises                                    | 125                         | 125   | 125                                |
| 9/11/2014          | Steve Bender   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Agent<br>Newport Homes   | 125                         | 125   | 125                                |
| 9/11/2014          | Hugh Logan   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 250                         | 250   | 250                                |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1250</b>                 |   |                                    |

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

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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
| Page <u>10</u> of <u>18</u>                         |                                |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Tim Brown for Council 2014</b> | I.D. NUMBER<br><b>1360420</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/11/2015          | Keith Curry  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br>Ctr. for Public Policy,<br>Concordia University                                | 125                         | 125   | 125                                |
| 9/11/2014          | Thomas Guilioni  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director food and bev.<br>Newport Dunes Resort   | 125                         | 125   | 125                                |
| 9/11/2014          | Andrew Theodorou   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | General Manager<br>Newport Dunes Resort  | 125                         | 125   | 125                                |
| 9/12/2014          | John Pomer   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br>Stream Realty  | 200                         | 200   | 200                                |
| 9/16/2014          | Antonella Castro   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Self Employed  | 250                         | 250   | 250                                |
| <b>SUBTOTAL \$</b> |  |   |  | <b>825</b>                  |   |                                    |

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

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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
| Page <u>11</u> of <u>18</u>                         |                                |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Tim Brown for Council 2014</b> | I.D. NUMBER<br><b>1360420</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/18/2014          | Paul Blank  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | IT Executive<br>Urban Decay cosmetics   | 100                         | 100  | 100                                   |
| 9/19/2014          | Clarence Turner   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Agent<br>Tricor Realty  | 200                         | 200  | 200                                   |
| 9/19/2014          | Herb Fisher   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100                         | 100  | 100                                   |
| 9/28/2014          | Linda Leonhard  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | President<br>Corona del Mar Chamber of Commerce   | 100                         | 100  | 100                                   |
| 9/29/2014          | VIP Cleaners  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500                         | 500  | 500                                   |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1000</b>                 |  |                                       |

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

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

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

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>September 30, 2014</u>                   |                                |
| Page <u>12</u> of <u>18</u>                         |                                |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><u>Tim Brown for Council 2014</u> | I.D. NUMBER<br><u>1360420</u> |
|--|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/30/2014          | Scott Pollard  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Self Employed  | 250                         | 250   | 250                                |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>250</b>                  |   |                                    |

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

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from July 1, 2014  
through Sept. 30, 2014

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

I.D. NUMBER

1360420

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN          | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE               |
|--|---|--|------------------------------------|--|--|----------------------------------|---|---|
| Tim Brown<br>562 Vista Flora<br>Newport Beach, CA 92660<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Candidate District #4<br>Full Professor,<br>Riverside College<br>Riverside Calif.             | \$ 5000  | \$ 0                               | <input checked="" type="checkbox"/> PAID<br>\$ 5000<br><input type="checkbox"/> FORGIVEN | \$ 0<br><br>12-31-16<br>DATE DUE                   | 0 %<br>RATE<br>\$ 0              | \$ 5000<br><br>6-29-14<br>DATE INCURRED | CALENDAR YEAR<br>\$ 5000<br>PER ELECTION**<br>\$ 5000 |
| Tim Brown<br>562 Vista Flora<br>Newport Beach, CA 92660<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Candidate District #4<br>Full Professor,<br>Riverside College<br>Riverside Calif.             | \$ 2001  | \$ 4105                            | <input type="checkbox"/> PAID<br>\$ 0<br><input type="checkbox"/> FORGIVEN               | \$ 6106<br><br>12-31-16<br>DATE DUE                | 0 %<br>RATE<br>\$ 0              | \$<br><br>various<br>DATE INCURRED      | CALENDAR YEAR<br>\$ 5343<br>PER ELECTION**<br>\$ 6106 |
| <br><br><br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC   |   | \$   | \$                                 | <input type="checkbox"/> PAID<br>\$<br><input type="checkbox"/> FORGIVEN                 | \$<br><br>DATE DUE                                 | %<br>RATE<br>\$                  | \$<br><br>DATE INCURRED                 | CALENDAR YEAR<br>\$<br>PER ELECTION**<br>\$           |
| <b>SUBTOTALS \$</b>  |   |  | 4105 \$                            | 5000 \$  | 6106 \$  | 0                                |   |   |

(Enter (e) on  
Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 4105  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 5000  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ -895**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

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

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u><br>through <u>Sept. 30, 2014</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>14</u> of <u>18</u>    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

I.D. NUMBER

1360420

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 9-11-14       | Newport Dunes Resort and Marina  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | Food and beverage                | 1000                      | 1000  | 1000                               |
| 9-30-14       | Case Communications  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marie Case<br>Self Employed  | Marketing consulting services    | 1100                      | 1100  | 1100                               |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2100**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 2100
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 2100

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

**Schedule E  
Payments Made**

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

SCHEDULE E

|  |                                       |
|--|---------------------------------------|
| Statement covers period<br>from <u>July 1, 2014</u><br>through <u>Sept. 30, 2014</u> | <b>CALIFORNIA<br/>FORM</b> <b>460</b> |
|  | Page <u>15</u> of <u>18</u>           |
| NAME OF FILER<br><u>Tim Brown for Council 2014</u>                                   | I.D. NUMBER<br><u>1360420</u>         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

I.D. NUMBER

1360420

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID              |
|---|---------|------------------------|--------------------------|
| Staples Office Supply<br>4343 MacArthur Blvd<br>Newport Beach, CA 92660                                     | OFC     | Toner & Paper          | 150                      |
| California Outdoor Graphic Services<br>3309 S. Main St.<br>Santa Ana, CA 92707                              | CMP     | Lawn signs             | 3581                     |
| Scott Hart and Associates<br>1300 Bristol St. N.<br>Newport Beach, CA 92660                                 | CNS     | Campaign Manager       | 8000                     |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |         |                        | <b>SUBTOTAL \$ 11731</b> |

**Schedule E Summary**

|  |                              |
|--|------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ <u>28588</u>              |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>765</u>                |
| 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. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$ <u>29353</u></b> |

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

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

SCHEDULE E (CONT.)

|                            |                |                             |
|----------------------------|----------------|-----------------------------|
| Statement covers period    |                | <b>CALIFORNIA FORM 460</b>  |
| from                       | July 1, 2014   |                             |
| through                    | Sept. 30, 2014 | Page <u>16</u> of <u>18</u> |
| NAME OF FILER              |                | I.D. NUMBER                 |
| Tim Brown for Council 2014 |                | 1360420                     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT                          | AMOUNT PAID |
|--|------|----|---|-------------|
| Bieber Communications<br>3609 W. MacArthur<br>Santa Ana, CA 92704  | LIT  |    | Printing  | 237         |
| Budget Watchdogs Newsletter<br>1954 W. Carson St. #B<br>Torrance, CA 90501                                   | PRT  |    | Slate ads supporting Tim Brown for Council 2014 | 3131        |
| COPS<br>705-2 E. Bidwell St #370<br>Folsom, CA 95630   | PRT  |    | Slate ads supporting Tim Brown for Council 2014 | 1381        |
| California Voters Guide<br>1954 W. Carson St. #B Torranc, CA 90501<br>Torrance, CA 90501                     | PRT  |    | Slate ads supporting Tim Brown for Council 2014 | 1998        |
| Continuing the Republican Revolution<br>Hart & Associates<br>1300 Bristol St. North, Newport Beach, CA 92660 | PRT  |    | Slate ads supporting Tim Brown for Council 2014 | 1400        |

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

**SUBTOTAL \$ 8147**



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

SCHEDULE E (CONT.)

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

|                            |                |                            |
|----------------------------|----------------|----------------------------|
| Statement covers period    |                | <b>CALIFORNIA FORM 460</b> |
| from                       | July 1, 2014   |                            |
| through                    | Sept. 30, 2014 | Page 17 of 18              |
| NAME OF FILER              |                | I.D. NUMBER                |
| Tim Brown for Council 2014 |                | 1360420                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)          | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| The City of Newport Beach<br>100 Civic Center Dr.<br>Newport Beach, CA 92663 | FIL     | Candidate filing fees  | 1500        |
| Mark Rosen<br>600 W./ Santa Ana Blvd Ste 815<br>Santa Ana, CA 92701          | LEG     | Attorney fees          | 3000        |
| Impact Placement<br>3313 S. Main St #526<br>Santa Ana, CA 92707              | LIT     | Yard sign placement    | 475         |
| Designed to Win<br>2973 Harbor #383<br>Costa Mesa, CA 92626                  | LIT     | Printing               | 1751        |
| Transfirst LLC<br>1202 Airport Wy Suite 100<br>Broomfield CO 80021           | OFC     | Credit card fees       | 378         |

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

**SUBTOTAL \$ 7104**

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

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

SCHEDULE E (CONT.)

|                            |                |                            |
|----------------------------|----------------|----------------------------|
| Statement covers period    |                | <b>CALIFORNIA FORM 460</b> |
| from                       | July 1, 2014   |                            |
| through                    | Sept. 30, 2014 | Page 18 of 18              |
| NAME OF FILER              |                | I.D. NUMBER                |
| Tim Brown for Council 2014 |                | 1360420                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tim Brown for Council 2014

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                            | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Bold Screen Printing<br>0743 Lurline Ave<br>Chatsworth CA 91311                                | LIT  |    | Printing               | 512         |
| Smart Levels Media<br>16 Hammond<br>Irvine, CA 92618   | LIT  |    | Printing               | 302         |
| Quad Graphics Inc.<br>15342 Graham St Huntington Beach, CA 92649<br>Huntington Beach, CA 92649 | LIT  |    | Printing               | 559         |
| Bieber Communications<br>3609 W. MacArthur Blvd.<br>Santa Ana, CA 92704                        | LIT  |    | Printing               | 233         |
|  |      |    |                        |             |

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

**SUBTOTAL \$ 1606**