Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	Date Stamp E-Filed 12/21/2018 14:34:59	CALIFORNIA 460 FORM of 14
SEE INSTRUCTIONS ON REVERSE	from	(Month, Day, Year) 	Filing ID: 175201827	For Official Use Only
1. Type of Recipient Committee: All Committees	s – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		I
 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee 	 Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) 	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain b) 	,	 Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	I.D. NUMBER 1407487	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT Taxpayers and Residents United for Newpo opposing Peotter and Duffield for Counci	TEE) rt Beach,a Committee	NAME OF TREASURER Jen Slater MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Irvine	STATE CA	ZIP CODE AREA CODE/PHONE 92618 (949)858-7448
CITY STATE Z	IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUF	RER, IF ANY	
Irvine CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR I	92614 (949)640-2006 P.O. BOX	MAILING ADDRESS		
	IP CODE AREA CODE/PHONE 92660	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS info@campaign-compliance.com		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4. Verification I have used all reasonable diligence in preparing and revi under penalty of perjury under the laws of the State of Cal	ifornia that the foregoing is true and correct.		rein and in the attached	schedules is true and complete. I certify
Executed on	- By <u>Jen Slate</u>	r Signature of Treasurer or Assistant	Treasurer	
Executed on Date	BySignature of C	Controlling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of	Sponsor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, SI	tate Measure Proponent	

Ву _

Executed on

Date

Page	2	of	14

5.	Officeholder	or	Candidate	Controlled	Committee
----	--------------	----	-----------	------------	-----------

NAME OF OFFICEHOLDER OR CAN	DIDATE			
OFFICE SOUGHT OR HELD (INCLUD	E LOCATION AND DIS	TRICT NUMB	ER IF APPLICABLE)	
RESIDENTIAL/BUSINESS ADDRESS	(NO. AND STREET)	CITY	STATE	ZIP

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. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			🗌 YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	ER
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			☐ YES	□ NO
]	
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD D	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 Marshall Duffield	OFFICE SOUGHT OR HELD City Council Member	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD City Council Member	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	U SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement							SUMMARY PAGE
Summary Page	Α	mounts may be round to whole dollars.	ded		Statement covers period		CALIFORNIA 460
					from	10/21/2018	FORM TOO
SEE INSTRUCTIONS ON REVERSE					through .	12/19/2018	Page3 of14
NAME OF FILER							I.D. NUMBER
Taxpayers and Residents United for Newport Beach, a Committee	oppo	osing Peotter and D	uff	ield for Cound	cil 2018		1407487
Contributions Received	(Column A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		Column E CALENDAR YEA TOTAL TO DAT	AR		nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	500.00	\$	70,6	50.00		
2. Loans Received Schedule B, Line 3		0.00			0.00	1/1 t	through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	500.00	\$	70,6	50.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		0.00			19.00	21. Expenditures	·
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	500.00	\$	70,6	69.00	Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	54,013.24	\$	70,7	63.00	Candidates	-
7. Loans Made Schedule H, Line 3		0.00			0.00	22 Cumulativ	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	54,013.24	\$	70,7	63.00		o Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00			0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			19.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	54,013.24	\$	70,7	82.00	///	\$
Current Cash Statement						//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	53,513.24	т	o calculate Colum	n B, add		
13. Cash Receipts Column A, Line 3 above		500.00		mounts in Column orresponding amo			
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fr	om Column B of y	our last	Amounts in this section r reported in Column B.	may be different from amounts
15. Cash Payments		54,013.24		eport. Some amou column A may be r			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00		gures that should ubtracted from pro			
If this is a termination statement, Line 16 must be zero.			р	eriod amounts. If the first report bein	this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar ye arry over the amo	ear, only		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, and ny).	d 9 (if		
18. Cash Equivalents See instructions on reverse	\$	0.00		• •			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00	1				
			1			I	FPPC Form 460 (Jan/201

Monetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from10/21/2018 CALIFORNIA 460 SEE INSTRUCTIONS ON REVERSE through _12/19/2018 Page _4_ of _14 NAME OF FILER I.D. NUMBER 1407487 Taxpayers and Residents United for Newport Beach, a Committee opposing Peotter and Duffield for Council 2018 I.D. NUMBER 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-EMPLOYDE, ENTER NAME OF BUSINESS) AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO DATE CALENDAR YEAR (IF REQUIRED)	Schedule	Α						SCHEDULE A	
Anount received this period – itemized monetary contributions of less than \$100					10/01/0	-	CALIFORNIA FORM 460		
UNUME OF FILER 10. NUMBER 10. NUMBER DOTE OF SEASTING CONTRIBUTOR CONTRINCONTRUCCONTRUCT SUCCONTRUCT CONTRIBUTOR CONTRIN	SEE INSTRUCTIO	ONS ON REVERSE			through	018	Page	4 of14	
DATE RECEIVED FULL NAME: STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATIONANDE BURGOTE PERCEIVED IP AN INDIVIDUAL ENTER CODE * AMOUNT COLUMITION OF BURGOTE CODE * AMOUNT COLUMITION COLUMITION COLUMITION OF BURGOTE PERCEIVED COUNT ID AT CALEMOR YEAR PER ELECTION CALEMOR YEAR 11/05/2018 Michael P. Jenn Mexport Beach, CA 92663 ISIND CONNULTANCE Consultance SSC 500.00 5.500.00 F.500.00 INPO COMM ISIND COMM Consultance SSC SSC SSC SSC SSC IND COMM COM COM SSC SSC SSC SSC Schedule A Summary (Include all Schedule A, subtatis). INND COM SSC SSC SSC SSC Schedule A Summary (Include all Schedule A, subtatis). Innotations of less than \$100 \$ 0.00 SCC SSC SSC 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00 SCC SSC SSC SSC 3. Total monetary contributions received this period – Unitemized monetary contributions of less than \$100 \$ 0.00 SCC SSC SSC SSC	NAME OF FILER						I.D. NI	JMBER	
Date Received (according) Production (according) Contribution (contribution) Contribution) Contribution Contribution <thcontribution< th=""> Contribution</thcontribution<>	Taxpayers a	nd Residents United for Newport Beach,a Committee	opposing Pe	otter and Duffield for Cour	ncil 2018		14074	487	
Newport Beach, CA 92663 COM Valhalla Associates O'TH O'TH PTY SCC COM COM O'TH PTY SCC IND COM COM O'TH PTY SCC IND COM COM O'TH PTY SCC SCC IND COM O'TH PTY SCC IND COM COM O'TH PTY SCC IND COM COM O'TH PTY SCC IND COM COM O'TH PTY SCC SCC SCC SUBTOTAL\$ Stobedule A Summary Scc Subatotals.) 1. Amount received this period – itemized monetary contributions. \$				OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YEAR		TO DATE	
Image: Commentation of the series of the	11/05/2018		☐COM ☐OTH ☐PTY		500.00	5,	500.00		
Image: Commentation of the prive sector of the prive se			□COM □OTH □PTY						
Image: Com orth Image: Com orth Image: Orthogon orthog			□COM □OTH □PTY						
Image: Amount received this period – itemized monetary contributions. \$ 500.00 Schedule A Summary \$ 500.00 1. Amount received this period – itemized monetary contributions. \$ 500.00 (Include all Schedule A subtotals.) \$ 500.00 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00 3. Total monetary contributions received this period. \$ 0.00			□COM □OTH □PTY						
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100 3. Total monetary contributions received this period.			☐COM ☐OTH ☐PTY						
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) IND – Individual COM – Recipient Committee (other than PTY or SCC) 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00 3. Total monetary contributions received this period. SCC – Small Contributor Committee				SUBTOTAL	500.00				
2. Another received this period – uniternized monetary contributions of less than \$100	1. Amount re	eceived this period – itemized monetary contributions.		\$	500.00	IND - COM	– Individua 1 – Recipie (other	al ent Committee than PTY or SCC)	
3. Total monetary contributions received this period.	2. Amount re	eceived this period – unitemized monetary contributions	s of less than	\$100\$	0.00	OTH PTY	- Other	(e.g., business entity)	
			mn A, Line 1.) TOTAL \$	500.00				

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

www.netfile.com

Supportin Candidate SEE INSTRUCTION	r of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may b to whole do	ollars.	Statement covers from		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Marshall Duffield City Council Member Newport Beach District: 3	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Printing & Mailing Costs	4,921.14	29,136.96	
10/22/2018	Scott Peotter City Council Member Newport Beach District: 6	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	4,921.15	34,329.29	
10/23/2018	Marshall Duffield City Council Member Newport Beach District: 3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	4,744.68	29,136.96	
			SUBTOTAL	\$ 14,586.97		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	50,333.45
2. Unitemized contributions and independent expenditures made this period of under \$100	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	50,333.45

		Amounts may to whole c		Statement covers from 10/21/20 through 12/19/20	Image: light control CALIF 18 FO 18 Page	CALIFORNIA 460		
Taxpayers a	nd Residents United for Newport Beach,a Commi	ttee opposing Peot	ter and Duffield for Counc:	il 2018	14074	87		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/23/2018	Scott Peotter City Council Member Newport Beach District: 6	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	Printing & Mailing Costs	4,744.69	34,329.29			
10/25/2018	Marshall Duffield City Council Member Newport Beach District: 3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	6,901.28	29,136.96			
10/25/2018	Scott Peotter City Council Member Newport Beach District: 6	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	6,901.28	34,329.29			
10/30/2018	Marshall Duffield City Council Member Newport Beach District: 3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Digital Ads	1,550.00	29,136.96			
		<u> </u>	SUBTOTAL S	\$ 20,097.25				

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Expenditures Amounts may be rounded to whole dollars.				SCHEDULE D (CONT. CORNIA RM 460 7 of 14
	nd Residents United for Newport Beach,a Commi	ttoo opposing Dect	tor and Duffield for Counc	÷1 2018	I.D. NUM	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2018	Scott Peotter City Council Member Newport Beach District: 6	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Digital Ads	1,550.00	34,329.25	
11/01/2018	Marshall Duffield City Council Member Newport Beach District: 3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	3,903.46	29,136.96	
11/01/2018	Scott Peotter City Council Member Newport Beach District: 6	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	5,192.31	34,329.29	
11/01/2018	Scott Peotter City Council Member Newport Beach District: 6	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	Printing & Mailing Costs	3,903.46	34,329.25	
			SUBTOTAL	\$ 14,549.23		

(Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		mary of Expenditures Amounts may be routed to whole dollar to whole dollar			018	CALIFOI FORI Page	M	460
NAME OF FILER				through 12/19/20		I.D. NUMBE		
Taxpayers a	and Residents United for Newport Beach,a Commi	ttee opposing Peotter	and Duffield for Cou	uncil 2018		1407487	7	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE 1 CALENDAR (JAN. 1 - DEC	YEAR	TO I	LECTION DATE QUIRED)
11/16/2018	Jeff Herdman City Council Member City of Newport Beach X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 		1,100.00	1,	,100.00		
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						

Schedule E	Amounts may be rounded	Statem	ent covers period		
Payments Made	to whole dollars.	from	10/21/2018	FORM	400
SEE INSTRUCTIONS ON REVERSE		through	12/19/2018	Page9	of14
NAME OF FILER	I.D. NUMBER				
Taxpayers and Residents United for Newport Beach	1407487				

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

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The O'Farrill Group Sun Valley, CA 91352		LIT			9,842.29
The O'Farrill Group Sun Valley, CA 91352		LIT			9,489.37
The O'Farrill Group Sun Valley, CA 91352		LIT			13,802.56
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL				_\$ 33,134.22	

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	54,013.24
2. Unitemized payments made this period of under \$100 \$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$	54,013.24

Schedule E			SCHEDULE E (CONT.)				
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460				
Payments Made	to whole dollars.	from10/21/2018	FORM 400				
SEE INSTRUCTIONS ON REVERSE		through <u>12/19/2018</u>	Page of4				
NAME OF FILER	I.D. NUMBER						
Taxpayers and Residents United for Newport Beach, a Committee opposing Peotter and Duffield for Council 2018 1407487							
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 productior	n costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions					
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	6				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	duction costs				

TRC

TRS

TSF

VOT voter registration

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

AMOUNT PAID

3,100.00

480.00

35.13

5,192.31

LIT campaign literature and mailings	PRT print ads	`````		WEB information technology costs (internet,	e-mail)
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUM	EE BER)	CODE	OR	DESCRIPTION OF PAYMENT	AN
Jobob LLC Rancho Cucamonga, CA 91730		WEB			
Campaign Compliance Group Irvine, CA 92618		PRO			
Capitol Tech Solutions Sacramento, CA 95816		OFC			
The O'Farrill Group		LIT			

phone banks

polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PHO

POL

Sun Valley, CA 91352		
	LIT	7,806.92

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

SUBTOTAL \$ 16,614.36

FIL

FND

IND

LEG

candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

fundraising events

legal defense

Schedule E			SCHEDULE E (CONT.)		
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460		
Payments Made	,		FORM 400		
SEE INSTRUCTIONS ON REVERSE		through <u>12/19/2018</u>	Page <u>11</u> of <u>14</u>		
NAME OF FILER			I.D. NUMBER		
Taxpayers and Residents United for Newport Bea	ach,a Committee opposing Peotter and Duffield for	Council 2018	1407487		
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code.	Otherwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	i 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 pro	duction costs		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an	nd meals		
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals		

- POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)
- PRT print ads

legal defense LEG campaign literature and mailings LIT

independent expenditure supporting/opposing others (explain)*

IND

- TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor
- VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Good Morning Newport Newport Beach, CA 92660	cvc		1,000.00
Herdman for City Council 2020 Newport Beach, CA 92662	СТВ		1,100.00
Campaign Compliance Group Irvine, CA 92618	PRO		500.00
The O'Farrill Group Sun Valley, CA 91352	CNS	Bonus	1,600.00
Bank of America Irvine, CA 92618	OFC		29.95
* Payments that are contributions or independent expenditures must also be sun	nmarized on Schedule D.	SUBTO)TAL \$ 4,229.95

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from10/21/2018	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/19/2018</u>	Page <u>12</u> of <u>14</u>
NAME OF FILER			I.D. NUMBER
Taxpayers and Residents United for Newport 1	Beach,a Committee opposing Peotter and Duffield fo	or Council 2018	1407487
CODES: If one of the following codes accurate	tely describes the payment, you may enter the cod	e. Otherwise, describe the payment	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	6

petition circulating

polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PHO phone banks

PET

POL

LIT campaign literature and mailings	PRT print ads	s WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	R DESCRIPTION (DF PAYMENT	AMOUNT PAID
Bank of America Irvine, CA 92618		OFC				34.71

TEL t.v. or cable airtime and production costs

staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

TRC candidate travel, lodging, and meals

TRS

VOT voter registration

CVC civic donations

candidate filing/ballot fees

independent expenditure supporting/opposing others (explain)*

fundraising events

legal defense

FIL

FND

IND

LEG

Schedule G			SCHEDU	
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded	Statement covers period	CALIFORNIA 46	
	to whole dollars.	from10/21/2018	FORM 40	
SEE INSTRUCTIONS ON REVERSE		through <u>12/19/2018</u>	Page <u>13</u> of <u>14</u>	
NAME OF FILER			I.D. NUMBER	
Taxpayers and Residents United for Newport Beach,a Committ	ee opposing Peotter and Duffield fo	or Council 2018	1407487	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
Jobob LLC				
CODES: If one of the following codes accurately describes	the payment, you may enter the cod	le. Otherwise, describe the paymer	nt.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs	
1 0	MTG meetings and appearances	RFD returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries		

- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- independent expenditure supporting/opposing others (explain)* IND
- LEG legal defense
- campaign literature and mailings LIT

- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	C	DR DESCRIPTION OF PAYMENT	AMOUNT	F PAID
Facebook Inc Menlo Park, CA 94025	WEB				3,100.00
	1				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,100.00

* 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.

JLE G

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
		from10/21/2018
SEE INSTRUCTIONS ON REVERSE		through <u>12/19/2018</u>

Taxpayers and Residents United for Newport Beach, a Committee opposing Peotter and Duffield for Council 2018 NAME OF AGENT OR INDEPENDENT CONTRACTOR

The O'Farrill Group

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CODE	ES: If one of the following codes accurately	describes the payment, you may e	enter the code. Otherwise, describe the payment.
CMP c	ampaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS c	ampaign consultants	MTG meetings and appearance	es RFD returned contributions
CTB c	contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries

- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- PET petition circulating
- PHO phone banks
- PHO priore banks
- POL polling and survey research
- POS postage, delivery and messenger services PRO professional services (legal, accounting)
- PRT print ads

- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
USPS Newport Beach, CA 92658	POS				3,403.71
USPS Newport Beach, CA 92658	POS				3,218.80
USPS Newport Beach, CA 92658	POS				1,083.26
USPS Newport Beach, CA 92658	POS				2,091.72
Attach additional information on appropriately labeled continuation sheets.				TOTAL* \$	9,797.49

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

SCHEDULE G

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CALIFORNIA

FORM

I.D. NUMBER

1407487

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