COVER PAGE Recipient Committee Date Stamp **Campaign Statement** CALIFORNIA **Cover Page FORM** SEP 2 7 2018 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 1/1/2018 from TO YOF MISSION VIETO 9/22/2018 SEE INSTRUCTIONS ON REVERSE 11/6/2018 CITY CLERK through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) ☐ General Purpose Committee Amendment (Explain below) O Sponsored Primarily Formed Candidate/ O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1409866 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Michael McConnell Michael McConnell for Mission Viejo City Council 2018 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE Mission Vieio CA 92692 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Mission Viejo CA 92692 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS mikemcconnell18@gmail.com 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 o Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2									
CALIFORNIA 460									
Page 2 of 17									

Officeholder or Candidate Controlled Co	mmittee		6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE				
Michael McConnell								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ON	Tr	SUPPORT
City Council Member, City of Mission Viejo	•						–	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP		Identify the controlling office	-1-1-1			
Mis	ssion Viejo	CA 92692	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT					onent, if any.
		<u></u>		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PF	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by your contributions or make expenditures on behalf of your	ou or are primarily:	st any committees formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. II	FANY
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLE	D COMMITTEE?	7.	Primarily Formed Canofficeholder(s) or candidate(s	didate/Offic	eholder Commit	tee Lis	t names of
	YES	□ NO		omeonoides (a) or candidate(a	, ioi winch gas	committee is primari	ry tortile	.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)			NAME OF OFFICEHOLDER OR (ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	O COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO I	P.O. BOX)							LI OPPOSE
CITY STATE	ZIP CODE	AREA CODE/PHONE		Atta	nch continuati	on sheets if necessa	nry	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 1/1/2018 FORM from _ 9/22/2018 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michael McConnell for Mission Viejo City Council 2018 1409866

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 825 325	\$ 825 325	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
6. Payments Made	\$ 606.53 0 325	\$ 606.53 0 325	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 25 0 606.53 \$ 218.47 \$ 0	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. FPPC Form 460 (Jan/2016)
		1	FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from 1/1/2018		CALIFORNIA 460 FORM		
	ONS ON REVERSE			through9/2	2/2018	Page	4 of 17	
NAME OF FILER Michael M	cConnell for Mission Viejo City Council 2018					1.D. NU 14098		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/6/2018	Michael McConnell Mission Viejo, CA 92692	ZIND COM OTH PTY SCC	Attorney, Law Office of Michael McConnell	\$275	\$2	75		
9/15/2018	Leevon McConnell Mission Viejo, CA 92692	ZIND COM OTH PTY SCC	Broker, Sawyer & Co.	\$300	\$300			
9/20/18	Linda Aldinger Dana Point, CA 92629	☑IND □COM □OTH □PTY □SCC	Office Manager, T.A. Welding	\$50	\$4	50		
9/22/2018	Kim Shiffman Mission Viejo, CA 92692	☑IND □COM □OTH □PTY □SCC	Nurse, Saddleback Hospital	\$200	\$20	00		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	\$725				
l. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	\$50	IND -		al ent Committee	
3. Total mone	ceived this period – unitemized monetary contribution tary contributions received this period.			\$775	PTY-	- Òther (· Politica	than PTY or SCC) e.g., business entity) I Party Contributor Committee	
(Add Lines	1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1	.)TOTAL \$	\$825	<u></u>			

Schedule Monetary	Ichedule A (Continuation Sheet) Alonetary Contributions Received		be rounded dollars.		ers period 2018 2/2018	SCHEDULE A (CONCAPINA CONCAPINA A CONCAPIN		
NAME OF FILER						I.D. NU		
Michael Mo	Connell for Mission Viejo City Council 2018					14098	866	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □ COM □ OTH □ PTY □ SCC						
		□IND □COM □OTH □PTY □SCC						

SUBTOTAL \$

*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 B - Part 1 Amounts may be rounded to whole delices Statement covers period					SCHEDULE B - PART 1			
Loans Received		to whole dollar	S.		Statement cov		CALIFORN	^{IA} 460
Loans Received					from1/1.	/2018	FORM	400
SEE INSTRUCTIONS ON REVERSE					through 9/2	22/2018	Page 6	of 17
NAME OF FILER					<u>, , , , , , , , , , , , , , , , , , , </u>		I.D. NUMBER	
Michael McConnell for Mission Viejo City	Council 2018						1409866	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				☐ PAID			*	CALENDAR YEAR
				\$	_ \$	RATE	\$	\$
				FORGIVEN	ļ	RAIE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$. \$	% RATE	\$	\$
				FORGIVEN	İ	1000		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$. \$	RATE %	\$	\$
				FORGIVEN		RAIL	+	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		•	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period	***************************************	***************************************	• • • • • • • • • • • • • • • • • • • •	\$	0			
(Total Column (b) plus unitemized loan	s of less than \$100.)					(†	Contributor Codes	
2. Loans paid or forgiven this period	***************************************			\$	0	10	ID - Individual	
(Total Column (c) plus loans under \$10	0 paid or forgiven.)					C	OM - Recipient Co other than I	ommittee PTY or SCC)
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)					TH – Òther (e.g., I	business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)	***************************************	*******************	NET \$	0		TY – Political Party CC – Small Contri	
Enter the net here and on the Summar	y Page, Column A, Line 2.				May be a negative number)	_		

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

** If required.

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Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.	nay be rounded			Statement covers period CALIFOR			460
SEE INSTRUCTIONS ON REVERSE				through _	9/22/2018	Pa	ige	7	of 17
NAME OF FILER						I.D.	NUMBI	ER	
Michael McConnell for Mission Viejo City Co	ouncil 2018					14	09866	3	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMUL TO D		OI	BALANCE UTSTANDING TO DATE
	□IND □COM		LENDER			CALEND	AR YEAR		
	□отн □рту		DATE				ECTION (UIRED)		
	□scc					\$			
	□IND □COM		LENDER			CALENDA \$	AR YEAR		
	□OTH □PTY □SCC		DATE			PER ELI (IF REQ	ECTION UIRED)		
						<u> </u>			
	☐ IND		LENDER			\$	UR YEAR		
	□отн □рту		DATE			PER ELI (IF REQ			
	□scc					\$			
	□IND		LENDER			CALENDA	IR YEAR		
	□COM □OTH □PTY		DATE			PER ELE (IF REQ			
	scc					\$			
			SUB	TOTAL \$		Enter Summary Line 17	/ Page,		

Schedule C			Amounts may be rounded to whole dollars.						SCHEDULE
Nonmoi	netary Contributions Received		to whole donars.			statement covers 1/1/201			ORNIA 460
					fron	1/1/201	0		RIVI
SEE INSTRUCT	TIONS ON REVERSE				thro	ugh9/22/20	2018 Page 8 of 17		
NAME OF FILE	r.							I.D. NUM	BER
Michael M	McConnell for Mission Viejo City Council 20	18						140986	66
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND/	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/14/2018	Michael McConnell 28102 Tamarind Mission Viejo, CA 92692	☑IND □COM □OTH □PTY □SCC	Attorney, Law Office of Michael McConnell	WordPress Website		\$350		\$350	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					100.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						3	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	itional information on appropriately labeled	continuation s	sheets.	SUBTO	TAL \$				
Schodula	C Summary								
1. Amount r	received this period – itemized nonmonetary all Schedule C subtotals.)	/ contribution	S	***************************************	\$	\$350	IND -		nt Committee
	received this period – unitemized nonmonet						отн	- Other (e.	an PTY or SCC) .g., business entity)
3. Total non	monetary contributions received this period s 1 and 2. Enter here and on the Summary	•	·		, _	\$350	PTY	- Political F	Party ontributor Committee

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Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be n to whole dolla		Statement covers period 1/1/2018		CALIFORNIA 46(
SEE INSTRUCTIO NAME OF FILER Michael Mc	NS ON REVERSE Connell for Mission Viejo City Council 2018	·		through 9/22/2	2018	Page		
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 CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$		= 0		
1. Itemized co	Summary Intributions and independent expenditures made contributions and independent expenditures made			•				

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) **Summary of Expenditures** to whole dollars. Statement covers period CALIFORNIA **Supporting/Opposing Other FORM** 1/1/2018 Candidates, Measures and Committees from Page 10 of 17 9/22/2018 through NAME OF FILER I.D. NUMBER Michael McConnell for Mission Viejo City Council 2018 1409866 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE TYPE OF PAYMENT DESCRIPTION PER ELECTION CUMULATIVE TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, **AMOUNT THIS** (IF REQUIRED) CALENDAR YEAR TO DATE PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ■ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support Expenditure ☐ Oppose ■ Monetary Contribution Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ■ Support Oppose ☐ Monetary Contribution ■ Nonmonetary Contribution Independent ☐ Support Expenditure Oppose

SUBTOTAL \$

SCHEDULE E Schedule E Amounts may be rounded Statement covers period to whole dollars. **CALIFORNIA Payments Made FORM** 1/1/2018 from 9/22/2018 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER I.D. NUMBER Michael McConnell for Mission Viejo City Council 2018 1409866 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications

MTG meetings and appearances

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and a OFC office expenses PET petition circulati PHO phone banks POL polling and surv POS postage, deliver PRO professional ser PRT print ads	ing /ey resea ry and me	rch essenger services	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and producti TRC candidate travel, lodging, and m Staff/spouse travel, lodging, and m TSF transfer between committees of VOT voter registration WEB information technology costs (in	neals I meals Tthe same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Facebook 1 Hacker Way, Menlo Park, CA 94025			Instagram A	dvertisement		\$26.36
Signs.com		CMP				\$330.41
PayPal.com			Payment Se	rvice Fees		\$9.76
* Payments that are contributions or independent expenditures must also	be summarized on Schedul	le D.		SUBT	OTAL \$	336.53
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)				\$	\$570.41
2. Unitemized payments made this period of under \$100	***************************************	••••••	•••••		\$	\$36.12
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Part 1	, Colun	nn (e).)		\$	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on the	e Sumn	nary Page, Colu	umn A, Line 6.)TOTA	L \$	\$606.53

RAD radio airtime and production costs

RFD returned contributions

Schedule E SCHEDULE E (CONT.) Amounts may be rounded Statement covers period (Continuation Sheet) to whole dollars. **CALIFORNIA Payments Made FORM** 1/1/2018 from Page 12 of 17 9/22/2018 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER I.D. NUMBER Michael McConnell for Mission Viejo City Council 2018 1409866 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/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 CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) City of Mission Viejo Sign Deposit 200 Civic Center \$240 Mission Viejo, CA 92691

SUBTOTAL \$

\$240

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

S	CH	F	וח	Л	LF.	F

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be rounded to whole dollars.			ers period 2018 2/2018	CALIFORNIA 460 FORM 17
NAME OF FILER					I.D. NUMBER
Michael McConnell for Mission Viejo City Council 2018					1409866
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and appearances RFI office expenses SAI petition circulating TEI phone banks TRR polling and survey research TRR postage, delivery and messenger services TSR PRO professional services (legal, accounting) VO print ads WE				ts on costs eals meals the same candidate/sponsor ernet, 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 PA THIS PERIO (ALSO REPORT O	D BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	;	\$	3	\$
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 			INCL	JRRED TOTAL	s \$0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)	edule F, Column (c) subtot payments on accrued expe	als for payments on enses under \$100.).	•••••	PAID TOTAL	.s \$0
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	***************************************		NE	ET \$ 0

Schedule F (Continuation Sheet)	Amounts may be round to whole dollars.	ded	Statement covers period CALIFORNIA 460				
Accrued Expenses (Unpaid Bills)			from1/1/2 through9/22	2/2018 Pag	14 17		
Michael McConnell for Mission Viejo City Council 2018		<u> </u>		1409	9866		
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	nces earch messenger services legal, accounting)	RAD radio airtime al RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate travi TRS staff/spouse transfer betwee VOT voter registration	nd production costs ibutions kers' salaries time and production co el, lodging, and meals avel, lodging, and mea en committees of the s	ls ame candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		

8%							
Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	; Amoui to	nts may be i			Statement covers period from 1/1/2018	CALIF(FOF	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		, , , , , , , , , , , , , , , , , , ,			through 9/22/2018	- Page _	5 of 17
Michael McConnell for Mission Viejo City Council 2018						1.D. NUMB 140986	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
CODES: If one of the following codes accurately describes 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)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be seen the campaign of the contributions or independent expenditures must also be seen the campaign of the contributions or independent expenditures must also be seen the campaign of the contributions or independent expenditures must also be seen the campaign of the camp	MBR member co MTG meetings a OFC office experiments PHO phone band POL polling and POS postage, de PRO professional PRT print ads	ommunication and appearan anses culating ks survey resea elivery and m al services (le	ns ces	RI SA TE TE TE TS	AD radio airtime and production returned contributions AL campaign workers' salaries EL t.v. or cable airtime and pro RC candidate travel, lodging, at staff/spouse travel, lodging,	duction costs nd meals and meals so of the same	·
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIP	TION OF PAYMENT		AMOUNT PAID
		l	1				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		<u></u>		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} 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 H
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement confrom 1/1	vers period /2018	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	1		- 111 ₂		through9/2	22/2018	Page 16	of 17
Michael McConnell for Mission Viejo Cit	y Council 2018						1.D. NUMBER 1409866	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	\$	PER ELECTION**
		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	RATE	\$	PER ELECTION**
		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive	or committee must n must also be							
reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)	••••••	•••••••••	••••••	\$	0	- 1	**If Required
Payments received on loans (Total Column (c) plus unitemized paym		••••••	•••••••••••••••••••••••••••••••••••••••	••••••	\$	0	-	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	? from Line 1.)y Page, Column A, Line 7.)		•••••••••	•••••		y be a negative number)		

Schedule I		Amounts may be rounded			SCHE			
Miscellaneous Ir	ncreases to Cash	to whole dollars.			nt covers period	CALIFORNIA 460		
CEE INICEDIUCTIONIC ON COM					9/22/2018	Page 17 of 17		
SEE INSTRUCTIONS ON REVI NAME OF FILER	ERSE		L	through		I.D. NUMBER		
Michael McConnell fo	r Mission Viejo City Council 2018					1409866		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESC	RIPTION OF RI	ECEIPT	AMOUNT OF INCREASE TO CASH		
								
		ĺ						
								
			***************************************	······································				
Attach additional infor	mation on appropriately labeled continuation sheets.				SUBTOTA	L\$		
Schedule I Summ	ary							
	o cash this period				\$	0		
	es to cash of under \$100 this period					0		
3. Total of all interest re	eceived this period on loans made to others. (Sche	edule H, Column (e).)				0		
	increases to cash this period. (Add Lines 1, 2, and	i 3. Enter here and on the	•	TOTAL 9	.	0		

FPPC Form 460 (Jan/2016)
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