Posinient Committee				COVER PAGE
Recipient Committee			Date Stamp	CALIFORNIA 160
Campaign Statement			RECEIVE	CALIFORNIA 460
Cover Page			THULIV -	T OKW
				Page 1 of 12
	Statement covers period	Date of election if applicable:		
	from 07/01/2018	(Month, Day, Year)	SEP 2 5 2018	For Official Use Only
				E .
SEE INSTRUCTIONS ON REVERSE	09/22/2018	11/06/2018		
SEE INSTRUCTIONS ON REVERSE	through		CITY OF MISSION VI	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
_		Preelection Statement		
	Primarily Formed Ballot Measure Committee	Semi-annual Statement	the state of the s	Quarterly Statement
	O Controlled			Special Odd-Year Report
	O Sponsored	Termination Statement (Also file a Form 410 T		
()	Also Complete Part 6)	E	· ·	
General Purpose Committee	Primarily Formed Candidate/	Amendment (Explain b	pelow)	
	Officeholder Committee	Y		
	Also Complete Part 7)			
O Tomical Farty/Contral Committee				
3 COMMUNE INTORMATION	D. NUMBER 1405057	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1403037	NAME OF TREASURER		
Greg Raths For City Council 2018		Greg Raths		
Grog Ratio For Oity Courion 2010		MAILING ADDRESS		
		MAILING ADDRESS		
STREET ADDRESS (NO BO DOV)				
STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE AREA CODE/PHONE
		Mission Viejo		92692
STATE ZIP CO		NAME OF ASSISTANT TREASURE	ER, IF ANY	
Mission Viejo CA 92692	2			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	*	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
)				
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	<del></del>
greg0912@aol.com				
4. Verification				
I have used all reasonable diligence in preparing and reviewing	ng this statement and to the heat of my	coupedon the information and pro-	4 handin and in the attack	ad ask adulas (la tour and a constato). I
certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct	u nerein and in the attach	ed schedules is true and complete. I
A A	a summarian and and according to a do disc			
Executed on 09/25/2018	Ву	My 191		
Date		Signature of Treasurer or havistan	nt Treasurer	
Executed on 07/25/2018	Ву	17 / / / / / /h		
Date	Signature of Contr	ölling Officeholder, Candidate, State Measure P	roponent or Responsible Officer of	of Sponsor
Executed on	Ву			
Date	s	Ignature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву			
Date	Š	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	· —

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

CALIFORNIA FORM	460
_ 2	. 17-

5.	Officeholder or Candidate Controlle	ed Committee			6.	.	Primarily Formed Ballot	Measure	Committee	•	
	NAME OF OFFICEHOLDER OR CANDIDATE				-	i	NAME OF BALLOT MEASURE				
	Greg Raths										
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	ND DISTRICT NUMB	ER IF APPLIC	ABLE)	-		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
	Mission Viejo City Council										OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY	STA	ATE ZIP	-		Identify the controlling office	holder candi	date or state	messure nr	ononent if any
		Mission Viejo	CA	92692	_		NAME OF OFFICEHOLDER, CAND	•		- Incasure pr	oponent, if any.
	•				-		NAME OF OFFICEHOLDER, CANL	JIDATE, OR PR	OPONENT		
	Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf the contributions of the contributions o	ed by you or are pri				;	OFFICE SOUGHT OR HELD			DISTRICT N	O. IF ANY
	COMMITTEE NAME	I.D. NI	JMBER		-						
					- 7.		Primarily Formed Cand	idate/Offic	eholder Co	mmittee	List names of
	NAME OF TREASURER		ROLLED COM				officeholder(s) or candidate(s)	for which this	committee is	primarily for	med.
	COMMITTEE ADDRESS STREET ADDRESS		YES	NO	-	i	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HEL	
		3 (1101.0.80%)									SUPPORT OPPOSE
	CITY STAT	E ZIP CODE	AREA	CODE/PHONE	-	i	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HEL	D
		·			_				1		SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NU	JMBER		-		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE COLU	GHT OR HELI	
					_		NAME OF OFFICEHOLDER OR CA	INDIDALE	OFFICE SOU	IGH FOR HELI	SUPPORT OPPOSE
	NAME OF TREASURER	CONT	ROLLED COM	MMITTEE?	•	i	NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HEL	D [
	COMMITTEE ADDRESS STREET ADDRESS	S (NO P.O. BOX)	YES	NO	-						SUPPORT OPPOSE
		, ,				•					
	CITY STAT	E ZIP CODE	AREA	CODE/PHONE	-		Atta	h continueti	on sheets if n	00000000	
							Attac	n conunu <b>at</b> i	un sneets It N	ecessary	

## **Campaign Disclosure Statement Summary Page**

**Cash Equivalents and Outstanding Debts** 

 18. Cash Equivalents
 See instructions on reverse
 \$

 19. Outstanding Debts
 Add Line 2 + Line 9 in Column B above
 \$

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

Juliary Lage		from	07/01/2018 FORM 46U
SEE INSTRUCTIONS ON REVERSE		through	
NAME OF FILER Greg Raths For City Council 2018			1.D. NUMBER 1405057
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       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3	\$ 7174.00	\$ 17540.00 \$ 17540.00	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 7174.00	\$17540.00	Made \$ \$
Expenditures Made  6. Payments Made	\$9974.09	\$15581.93	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 9974.09	\$ 15581.93	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
10. Nonmonetary Adjustment		\$ 15581.93	Date of Election Total to Date (mm/dd/yy) /
Current Cash Statement  12. Beginning Cash Balance	\$ <u>4758.16</u> 7174.00	To calculate Column B,	\$
13. Cash Receipts	9974.09	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	*Amounts in this section may be different from amounts reported in Column B.
If this is a termination statement, Line 16 must be zero.	œ.	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).

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

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement cover	ers period /2018	california 460		
	NO ON DELICIOS			through09/2	22/2018	. Page	4 of 12	
NAME OF FILER  Greg Raths	s For City Council 2018					1.D. NO.	JMBER 057	
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 CALENDAR (JAN. 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
07/02/2018	John Bergman Vista, CA 92081	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200.00	20	00.00		
07/06/2018	Larry Rannals San Clemente, CA 92671	☑IND □COM □OTH □PTY □SCC	Retired	250.00	25	60.00		
07//09/2018	Thomas Benton Newport Beach, CA 92626	☑IND □COM □OTH □PTY □SCC	Retired	100.00	10	00.00		
07/10/2018	Jeanettte Costa Tempe, AZ 85282	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	10	00.00		
07/12/2018	James Hansen Mission Viejo, CA 92692	IND COM OTH PTY	Retired	100.00	10	00.00		
			SUBTOTAL	\$ 750.00				
	A Summary ceived this period – itemized monetary contributions	•	4			ontributor ( D – Individ		

(Include all Schedule A subtotals.) .....\$ \_

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......TOTAL \$ \_

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

3. Total monetary contributions received this period.

E . .

FPPC Form 460 (Jan/2016)

SCC - Small Contributor Committee

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

(other than PTY or SCC)

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

PTY - Political Party

COM - Recipient Committee

6877.00

299.00

7174.00

# Schedule A (Continuation Sheet) Monetary Contributions Received

\* 2 × ×

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole	dollars.	Statement covers period from07/01/2018		california 46	
				through09/2	2/2018	Page	5 of 12
NAME OF FILER						I.D. NU	MBER
Greg Raths	For City Council 2018					14050	57
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/28/2018	Bill Brough 2018 9070 Irvine Center Drive # 150 Irvine, CA 92618	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CA Assemblyman	500.00	500.	.00	
08/01/2018	Shea Homes LP 8800 N. Gainey Center Drive #350 Scottsdale, AZ 85258	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.	00	
08/14/2018	Edward Psheidt Laguna Hills, CA 92653	IND COM OTH SCC	Computer Repairman Self Employed	125.00	125.	00	
08/16/2018	Mary Lee Robinson Mission Viejo, CA 92692	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.	00	
08/22/2018	CREPAC 525 South Virgil Avenue Los Angeles, CA 90020	□IND □COM □OTH □PTY □SCC		1500.00	1500.	00	
			SUBTOTAL	2725.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

## Schedule A (Continuation Sheet) Monetary Contributions Received

591 550 36 K

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIEODNIA 4 AA

Statement covers period

monotar y				from07/01.	/2018	FC	ORM 460
				through09/2	2/2018	Page _	6 of 12
NAME OF FILER						I.D. NUI	MBER
Greg Raths	For City Council 2018					14050	57
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)
08/30/2018	ORCO Block & Hardscape 11100 Beach Blvd Staton, CA 90680	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300	.00	
09/05/2018	Waste Management 9081 Tujunga Avenue Sun Valley, CA 91352	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2000.00	2000	.00	
09/19/2018	Miles McLennan Mission Viejo, CA 92692	☑IND □COM □OTH □PTY □SCC	Allergan	100.00	200	.00	
09/19/2018	Jacyln Tran Mission Viejo, CA 92692	DIND COM OTH PTY SCC	Self employed for a non-profit Simple Palate	100.00	100	.00	
09/19/2018	Freelife Logistics 30 N. Gould Street #7817 Sheridan, WY 82810	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100	.00	
			SUBTOTAL	\$ 2600.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

#### **Schedule A (Continuation Sheet)** Amounts may be rounded SCHEDULE A (CONT.) **Monetary Contributions Received** to whole dollars. Statement covers period **CALIFORNIA** 07/01/2018 **FORM** from Page 7 of 12 09/22/2018 through NAME OF FILER I.D. NUMBER Greg Raths For City Council 2018 1405057 IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE AMOUNT PER ELECTION DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **☑** IND Kurt Varricchio Attorney Self Employed Псом 09/19/2018 100.00 100.00 □отн RSM. CA 92688 ☐ PTY SCC Scott Walker **IND** Walker Financial СОМ 09/19/2018 100.00 100.00 □отн San Clemente, CA 92673 ☐ PTY SCC **☑** IND Stella Guinta Retired Псом 09/19/2019 100.00 100.00 Потн Mission Viejo, CA 92692 ☐ PTY □ scc **☑** IND **Noel Stone** Retired □сом 09/19/2018 200.00 400.00 □отн **Tustin, CA 92782** □ PTY □ scc

**COM** 

□отн

☐ PTY ☐ SCC

\*Contributor Codes

IND - Individual

09/19/2018

10 x x

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

South Orange County Economic Coalition PAC

9070 Irvine Center Drive #150

Irvine, CA 92618

PTY - Political Party

SCC - Small Contributor Committee

250.00

250.00

750.00

**SUBTOTAL \$** 

## Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole (	dollars.	Statement covers period from 07/01/2018		FORM 460		
through09/22/2018							8 of 12	
NAME OF FILER		7				I.D. NU	IMBER	
Greg Raths	For City Council 2018					14050	57	
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)	
09/19/2018	James Froling San Clemente, CA 92673	DIND COM OTH PTY SCC	(949) Local Internet Marketing	100.00	100	.00		
09/19/2018	Hatam Restaurant 25800 Jeronimo #402 Mission Viejo, CA 92691	☐IND ☐COM ☑OTH ☐PTY ☐SCC		300.00	300	.00		
09/19/2018	High Park Tap House 23641 Via Linda Mission Viejo, CA 92691	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100	.00		
9/19/2018	Thomas Farrell Youngwood, PA 15697	☑IND □COM □OTH □PTY □SCC	Sleif Employed Tax Preparer	300.00	300	.00	3+;	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 800.00				

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

				SCHEDULE E					
Schedule E	e rounded ollars.		Stater	nent covers period	CALIFO	IFORNIA 460			
Payments Made				from	07/01/2018	FORI	v 400		
SEE INSTRUCTIONS ON REVERSE				through.	09/22/2018	Page 9	of 12_		
NAME OF FILER						I.D. NUMBE	R		
Greg Raths For City Council 2018					8	1405057			
CODES: If one of the following codes accurately described 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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating urvey researe very and mes	es ch	RAD radio RFD retur SAL cam TEL t.v. o TRC canc TRS staff. TSF trans VOT vote	ribe the payment.  o airtime and production of the contributions paign workers' salaries or cable airtime and production to the cable airtime and production of the cable airtime airtime airtime and production of the cable airtime airtime airtime and production of the cable airtime airtime airtime airtime and production of the cable airtime airtime airtime airtime and production of the cable airtime	action costs I meals Ind meals of the same o	•		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF F	PAYMENT		AMOUNT PAID		
ALCA Printing 689 E. Valencia Street Anaheim, CA 92805		LIT	Doorhanger Print	ting			580.00		
City of Mission Viejo 200 Civic Center Drive Mission Viejo, CA 92691		FIL	Candidate Staten	nent Fee			1000.00		
Kwik Kopy Printinら 25272 Marguerite Parkway #108 Mリードルーランとのレ		LIT	Campaign Literat	ture Printing	)		450.00		
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	dule D.			SUI	BTOTAL \$	2030.00		
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)		•••••			\$	9222.28		
2. Unitemized payments made this period of under \$100					***************************************	\$	751.81		
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pai	t 1, Colum	nn (e).)	******		\$			

9974.09

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

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through 09/22/2018	Page 10 of 12
	I.D. NUMBER
	1405057

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **Greg Raths For City Council 2018** 

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 TRC candidate travel, lodging, and meals PHO phone banks FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration 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) Farmers Publications Mailers PO Box 7058 LIT 275.00 Laguna Niguel, CA 92607 Republican Revolution Slate Mailers 1300 Bristol Street North Suite 100 LIT 550.00 Newport Beach, CA 92660 **USPS** Postage CA 97690 POS 100.00 **ALCA Printing** Literature Printing 689 E. Valencia Street LIT 945.00 Anaheim, CA 92805 Sandy Catering Catering for Fundraiser 26282 Ibeza **FND** 500.00 Mission Viejo, CA 92692 \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 2370.00

www.fppc.ca.gov

### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

MBR member communications

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

Statement covers period	CALIFORNIA 460
from07/01/2018	FORM 400
through 09/22/2018	Page 11 of 12
	I.D. NUMBER
	1405057

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

Greg Raths For City Council 2018

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

CTB CVC FIL FND IND LEG LIT	campaign constitaints contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mallings	OFC PET PHO POL POS	office expens petition circul phone banks polling and si postage, deli- professional print ads	es ating urvey resea very and m	arch	SAL campaign workers' salaries t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals h TRS staff/spouse travel, lodging, and meals senger services TSF transfer between committees of the san	e candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	0	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
2857	Kopy Printing '0 Marguerite Parkway #108 ion Viejo, CA 92692			LIT		Printing Literature	1795.80
224	get Watchdogs 0 Hawthorne Blvd #5 ance, CA 90505		_	LIT		Slate Mailers	100.00
2241	/oter's Guide IO Hawthrone Blvd #5 ance, CA 90505			LIT		Slate Mailers	1162.00
2241	tion Digest 0 Hawthorne Blvd #5 ance, CA 90505			LIT		Slate Mailers	1165.00
5111	Inside Coup N. Scottsdale Road #202 tsdale, AZ 85250			PRT		Print Ads	400.00

4622.28

**SUBTOTAL \$** 

SCHEDULE E (	CONT
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Schedule E Amounts may be rounded to whole dollars.			SCHEDULE E (CONT.)			
		Statement covers period	CALIFO			
Payments Made				from07/01/2018	FORI	VI
SEE INSTRUCTIONS ON REVERSE				through 09/22/2018	Page1	2 of 12
NAME OF FILER					I.D. NUMBI	ER
Greg Raths For City Council 2018					1405057	
CODES: If one of the following codes accurately describes	the payment, yo	ou may ent	er the code. Other	rwise, describe the payment		
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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si PRT print ads	l appearances es ating urvey researc very and mes	h senger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and production trace candidate travel, lodging, staff/spouse travel, lodging transfer between committed voter registration WEB	s oduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
John Scott Evans Mission Viejo, CA 92692		FND	Music for Fundra	sier		200.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.	<u> </u>		SUBTOTAL \$	200.00