Recipient Committee Campaign Statement Cover Page		Section of the sectio	Date Stamp	COVER PAGE CALIFORNIA 460 FORM		
	Statement covers period from1/1/19	Date of election if applicable: (Month, Day, Year)	JUL 3 0 2019	Page of		
SEE INSTRUCTIONS ON REVERSE	6/30/19	-	ATM OF MISSION ME IS	Region of the second of the se		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.		2. Type of Statement:				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	ermination)	rarterly Statement ecial Odd-Year Report		
	NUMBER	Treasurer(s)				
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	382478	NAME OF TREASURER				
Brian Goodell for City Council		Victoria Avery				
•		MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)						
		Mission Viejo		CODE AREA CODE/PHONE		
CITY STATE ZIP COD	E AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	CA 926	891		
Mission Viejo CA 92692						
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP (CODE AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS			
I. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Control of Date Executed on Date Executed on Date	By Bien	knowledge the information contained sorrect.		chedules is true and complete. I		
Date	Signature of Sontro	olling Officeholder, Candidate, State Méasure Pro	ponent or Responsible Officer of Spor	isor		
Executed onDate	ByS	gnature of Controlling Officeholder, Candidate, S	itate Measure Proponent			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ____

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMA	RY	PAGE
SOMINA	L Z	PAGE

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CALIFORNIA ACO

Statement covers period

		f	from	1/1/19	FORM 400
SEE INSTRUCTIONS ON REVERSE		t	through	6/30/19	Page of
NAME OF FILER					I.D. NUMBER
Brian Goodell for City Council					1382478
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	AR E		mary for Candidates e State Primary and
 Monetary Contributions Loans Received Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 	\$	\$ \$ \$	0 0	20. Contributions Received \$	\$\$
Expenditures Made 6. Payments Made	\$150	\$	150	Expenditure Limit Summary for State Candidates	
8. SUBTOTAL CASH PAYMENTS	\$150	\$	150	(If Subject to	ve Expenditures Made* Voluntary Expenditure Limit)
10. Nonmonetary Adjustment	÷	\$	150	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement					- \$
12. Beginning Cash Balance	150 \$ 1396	To calculate Column add amounts in Colu A to the correspondir amounts from Column of your last report. S amounts in Column A be negative figures the should be subtracted previous period amouthis is the first report filed for this calendar only carry over the all from Lines 2, 7, and sany).	umn ing nn B Some A may that d from ounts. If t being ir year, amounts	*Amounts in this section r reported in Column B.	nay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$			FPPC Advice: adv	FPPC Form 460 (Jan/2016) ice@fppc.ca.gov (866/275-3772)

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** 1/1/19 from Candidates, Measures and Committees 6/30/19 through Page _____ of . NAME OF FILER I.D. NUMBER Brian Goodell for City Council 1382478 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION CUMULATIVE TO DATE DATE PER ELECTION TYPE OF PAYMENT AMOUNT THIS MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) CALENDAR YEAR TO DATE PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ✓ Monetary Greg Raths for Congress Contribution 150.00 ■ Nonmonetary Contribution Independent □ Oppose Expenditure ☐ Support ☐ 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 \$

150.00