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CITY OF COSTA MESA  
BY \_\_\_\_\_

COVER PAGE

**Recipient Committee  
Campaign Statement  
Cover Page**

|            |   |
|------------|---|
| Date Stamp | <b>CALIFORNIA FORM 460</b>                          |
|            | Page <u>1</u> of <u>22</u><br>For Official Use Only |

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br><br>through <u>09/21/24</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/5/24</u> |
|--|---|

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><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <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><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1469864

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
STEPHENS FOR COSTA MESA MAYOR 2024

STREET ADDRESS (NO P.O. BOX)

|                   |           |              |                     |
|-------------------|-----------|--------------|---------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-337-1872</u> |

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

Ronald Frankiewicz

MAILING ADDRESS

|               |           |              |                     |
|---------------|-----------|--------------|---------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Tustin</u> | <u>CA</u> | <u>92780</u> | <u>714-543-8385</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 9-25-24 Date

Executed on 9/25/24 Date

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

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

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

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

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

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

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

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| Page <u>2</u> of <u>22</u> |            |

**5. Officeholder or Candidate Controlled Committee**

|  |            |       |       |
|--|------------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE  |            |       |       |
| JOHN STEPHENS  |            |       |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |            |       |       |
| Costa Mesa Mayor   |            |       |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY       | STATE | ZIP   |
| [REDACTED]   | Costa Mesa | CA    | 92626 |

**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**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>22</u>     |
|  | I.D. NUMBER<br>1469864         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
STEPHENS FOR COSTA MESA MAYOR 2024

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 37,558.53   | \$ 85,029.57                               |
| 2. Loans Received..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 37,558.53   | \$ 85,029.57                               |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0.00   | 500.00                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 37,558.53   | \$ 85,529.57                               |

**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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 25,244.42   | \$ 27,441.42                               |
| 7. Loans Made..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 25,244.42   | \$ 27,441.42                               |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 0.00   | 500.00                                     |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 25,244.42   | \$ 27,941.42                               |

**Expenditure Limit Summary for State  
Candidates**

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

**Current Cash Statement**

|  |              |
|--|--------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 45,274.04 |
| 13. Cash Receipts..... Column A, Line 3 above                              | 37,558.53    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0.00         |
| 15. Cash Payments..... Column A, Line 8 above                              | 25,244.42    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 57,588.15 |

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

|  |          |
|--|----------|
| 18. Cash Equivalents..... See Instructions on reverse            | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA 460<br/>FORM</b> |
|  | Page <u>4</u> of <u>22</u>     |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/01/24      | Donald Dale Retired<br>[REDACTED]   | <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   | 500.00                      | 500.00   |                                       |
| 08/29/24      | Donald Dale Retired<br>[REDACTED]   | <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   | 300.00                      | 800.00   |                                       |
| 07/11/24      | Michele Leslie<br>[REDACTED]  | <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   | 100.00                      | 100.00   |                                       |
| 07/09/24      | William Go<br>[REDACTED]  | <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 | Asset Manager<br>Self Employed:<br>William Go   | 100.00                      | 100.00   |                                       |
| 07/02/24      | David Padua<br>[REDACTED]   | <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>Southside Towing   | 249.00                      | 249.00   |                                       |

**SUBTOTAL \$ 1,249.00**

**Schedule A Summary**

|  |                           |
|--|---------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 36,098.00              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 1,460.53               |
| 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 \$ 37,558.53</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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>22</u> |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/17/24      | Greg McConaughy<br>[REDACTED]   | <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>El Matador Restaurant  | 1,000.00                    | 1,000.00   |                                       |
| 07/17/24      | Jeffrey Corless<br>[REDACTED]   | <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>Venture Strategic  | 250.00                      | 250.00   |                                       |
| 07/23/24      | Ayn Cracium<br>[REDACTED]   | <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 | Climate Policy Director<br>Climate Action Campaign  | 100.00                      | 100.00   |                                       |
| 08/07/24      | So Ca Pipe Trades District Council #16<br>Committee# 760715<br>[REDACTED]                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   |                                       |
| 08/08/24      | CM Firefighters Assoc Local 1465 PAC<br>ID# 1377067<br>[REDACTED]                               | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 5,300.00                    | 5,500.00   |                                       |

**SUBTOTAL \$ 6,900.00**

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>6</u> of <u>22</u> |
|--|--|

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/07/24      | Cara Stewart<br>[REDACTED]  | <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 | Business Owner<br>Altalunas Inc.  | 250.00                      | 250.00 ✓   |                                       |
| 08/09/24      | Bob Ooten<br>[REDACTED]   | <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 | Politician/Comedian<br>CMSD/OCSD  | 100.00                      | 100.00 ✓   |                                       |
| 08/14/24      | Elizabeth Forbath - Retired<br>[REDACTED]   | <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   | 100.00                      | 100.00   |                                       |
| 08/10/24      | Mary Christine Sungalla<br>[REDACTED]   | <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 | Complex Appellate<br>Litigation Group<br>Attorney   | 250.00                      | 250.00   |                                       |
| 08/12/24      | Veterance Alliance of OC PAC ID# 1402626<br>[REDACTED]  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 750.00   |                                       |

**SUBTOTAL \$ 1,200.00**

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>7</u> of <u>22</u> |
|--|--|

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/18/24      | Florence N Martin - Retired<br>[REDACTED]   | <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   | 500.00                      | 1,000.00   |                                       |
| 08/20/24      | Yvone Holdren - Retired<br>[REDACTED]   | <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   | 100.00                      | 400.00   |                                       |
| 08/20/24      | Nicole Surratt<br>[REDACTED]  | <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 | The Sullivan Group of Court Reporters Sales   | 200.00                      | 300.00   |                                       |
| 08/22/24      | Winthrop Golubow Hollander, LLP<br>[REDACTED]   | <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 |   | 200.00                      | 200.00   |                                       |
| 08/22/24      | David Goodrich<br>[REDACTED]  | <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 | Golden Goodrich LLP<br>Lawyer/Trustee   | 200.00                      | 200.00   |                                       |

**SUBTOTAL \$ 1,200.00**

\*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**

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>8</u> of <u>22</u> |
| I.D. NUMBER<br>1469864   |  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/22/24           | Corey Udkoff<br>[REDACTED]  | <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 | Relocation Strategies<br>Project management   | 200.00                      | 200.00   |                                       |
| 08/22/24           | Erin Spivey<br>[REDACTED]   | <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 | Librarian   | 200.00                      | 300.00   |                                       |
| 08/23/24           | Ethhan Heathcoat<br>[REDACTED]  | <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 | REconn Realty Group<br>Real Estate Agent  | 200.00                      | 200.00   |                                       |
| 08/26/24           | Merry Neitlich<br>[REDACTED]  | <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 | EM Consulting<br>Consultant   | 100.00                      | 150.00   |                                       |
| 08/26/24           | Elizabeth White - Retired<br>[REDACTED]   | <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   | 100.00                      | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>800.00</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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>9</u> of <u>22</u><br>I.D. NUMBER<br>1469864 |
|--|--|

NAME OF FILER  
STEPHENS FOR COSTA MESA MAYOR 2024

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 08/26/24           | Mark Hayakawa<br>[REDACTED]  | <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 | Search 4 Integrity LLC<br>Executive Search  | 100.00                      | 100.00   |                                       |
| 08/26/24           | David Nola<br>[REDACTED]   | <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 | Vice Legal<br>Attorney  | 200.00                      | 200.00   |                                       |
| 08/26/24           | Building A Stronger California Spons by<br>Western States Rgnl Council of Carpenters<br>[REDACTED] | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | PAC#870169  | 4,000.00                    | 4,000.00   |                                       |
| 08/27/24           | Melinda Liu<br>[REDACTED]  | <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 | Self - Attorney   | 100.00                      | 200.00   |                                       |
| 08/28/24           | Richard Wilner<br>[REDACTED]   | <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 | Wilner & O'Reilly APLC<br>Attorney  | 100.00                      | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |  |   |   | 4,500.00                    |  |                                       |

\*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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>10</u> of <u>22</u> |
|--|---|

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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 (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 08/29/24           | Trish Walsh<br>[REDACTED]   | <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 | OCDE<br>Administrator   | 100.00                      | 100.00  |                                    |
| 08/29/24           | Dean Walsh<br>[REDACTED]  | <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 | Various<br>Insurance Agent  | 100.00                      | 100.00  |                                    |
| 08/29/24           | Jon Olsen<br>[REDACTED]   | <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 | ARRAY<br>Business owner   | 100.00                      | 100.00  |                                    |
| 08/29/24           | Michael Harris<br>[REDACTED]  | <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 | Aperture Payment<br>Solutions, LLC<br>Consultant  | 200.00                      | 200.00  |                                    |
| 08/29/24           | Michael Clem - Retired<br>[REDACTED]  | <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   | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | <b>600.00</b>               |   |                                    |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> |  | <b>CALIFORNIA FORM 460</b> |
|  |  |                            |
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024                        |  | I.D. NUMBER<br>1469864     |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
|                    |   | <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 |   |                             |  |                                       |
| 08/29/24           | Paul Martin<br>[REDACTED]   | <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 | Self Inspector  | 200.00                      | 200.00   |                                       |
| 08/29/24           | Jing Sun<br>[REDACTED]  | <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 | Self employed Realtor   | 100.00                      | 100.00   |                                       |
| 08/29/24           | Chelsea Kitahara<br>[REDACTED]  | <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 | Yummi Karma/High Gorgeous CFO   | 100.00                      | 100.00   |                                       |
| 08/29/24           | Kels Jorgenson<br>[REDACTED]  | <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 | NA  | 100.00                      | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>500.00</b>               |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> |  | <b>CALIFORNIA FORM 460</b> |
|  |  |                            |
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024                        |  | I.D. NUMBER<br>1469864     |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/29/24           | Cindy Hanson<br>[REDACTED]  | <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 | KW<br>Residential Real Estate   | 100.00                      | 100.00   |                                       |
| 08/29/24           | Terrence Dickinson<br>[REDACTED]  | <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 | Broadcom<br>Engineer  | 500.00                      | 500.00   |                                       |
| 08/30/24           | Timothy OBrien<br>[REDACTED]  | <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 | Legacy Partners<br>Real Estate Executive  | 249.00                      | 249.00   |                                       |
| 08/30/24           | Daniel Venegas<br>[REDACTED]  | <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 | WMS Equitable Pension<br>consultant   | 250.00                      | 250.00   |                                       |
| 08/28/24           | Rafael Durand<br>[REDACTED]   | <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 | Dxpat Consulting, LLC.<br>Founder and CEO   | 100.00                      | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1,199.00</b>             |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>13</u> of <u>22</u> |
| I.D. NUMBER<br>1469864   |   |

NAME OF FILER  
STEPHENS FOR COSTA MESA MAYOR 2024

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/29/24      | Valerie Amecua<br>[REDACTED]  | <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 | City of Santa Ana<br>Mayor  | 100.00                      | 100.00   |                                       |
| 08/29/24      | Raad Ghantous<br>[REDACTED]   | <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 | Self: Raad Ghantous<br>Interior Designer  | 100.00                      | 100.00   |                                       |
| 08/29/24      | Richard McNeil<br>[REDACTED]  | <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 | Self: Richard McNeil<br>Attorney  | 1,000.00                    | 1,000.00   |                                       |
| 08/29/24      | Rodrigo Torrico<br>[REDACTED]   | <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 | Kitsch Bar<br>Bar Manager   | 200.00                      | 200.00   |                                       |
| 08/29/24      | Andrea Pike<br>[REDACTED]   | <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 | CureDuchenne<br>Marketing.  | 250.00                      | 250.00   |                                       |

**SUBTOTAL \$ 1,650.00**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> |  | <b>CALIFORNIA FORM 460</b> |
|  |  |                            |
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024                        |  | I.D. NUMBER<br>1469864     |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/29/24           | David Worthington<br>[REDACTED]   | <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 | EGA Consultants<br>Geologist  | 100.00                      | 100.00   |                                       |
| 09/02/24           | Barry Menzel<br>[REDACTED]  | <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 | Training Funding Source<br>Business owner   | 100.00                      | 100.00   |                                       |
| 09/03/24           | Katie Porter for Senate FEC# 00831107<br>[REDACTED]   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00   |                                       |
| 09/03/24           | Touchpoint Services<br>[REDACTED]   | <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 |   | 100.00                      | 200.00   |                                       |
| 09/04/24           | Planned Parenthood Orange/San Bernardino<br>Com. Action Fund PAC 1282464<br>[REDACTED]          | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | PAC 1282464   | 1,000.00                    | 1,000.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1,800.00</b>             |  |                                       |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>15</u> of <u>22</u><br>I.D. NUMBER<br>1469864 |
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|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/09/24      | Jay Ware<br>[REDACTED]  | <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 | Ware Disposal<br>General Manager  | 500.00                      | 500.00   |                                       |
| 08/19/24      | Jay Ware<br>[REDACTED]  | <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 | Ware Disposal<br>General Manager  | 250.00                      | 750.00   |                                       |
| 09/09/24      | Christof Ballin<br>[REDACTED]   | <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 | GDS Group, Inc<br>CEO   | 250.00                      | 250.00   |                                       |
| 09/09/24      | Janet Ballin<br>[REDACTED]  | <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 | Housewife   | 250.00                      | 250.00   |                                       |
| 09/13/24      | Chandler Wonderly<br>[REDACTED]   | <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 | Olympus Property<br>Principal   | 5,500.00                    | 5,500.00   |                                       |

**SUBTOTAL \$ 6,750.00**

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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>16</u> of <u>22</u> |
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|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

| 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 (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 07/11/24           | Brenna Duncan<br>[REDACTED]   | <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 | Coast Community College District Instructor   | 50.00                       | 150.00  |                                    |
| 08/16/24           | Brenna Duncan<br>[REDACTED]   | <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 | Coast Community College District Instructor   | 100.00                      | 250.00  |                                    |
| 07/02/24           | Dolores J Del Francia<br>[REDACTED]   | <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   | 250.00                      | 250.00  |                                    |
| 09/24/24           | Dolores J Del Francia<br>[REDACTED]   | <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   | 250.00                      | 500.00  |                                    |
|                    |   | <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> |   |   |   | 650.00                      |   |                                    |

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>17</u> of <u>22</u> |
| I.D. NUMBER<br>1469864   |   |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/18/24      | Thomas Arnold - Retired<br>[REDACTED]   | <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   | 1,000.00                    | 4,500.00   |                                       |
| 09/21/24      | Thomas Arnold - Retired<br>[REDACTED]   | <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   | 1,000.00                    | 5,500.00   |                                       |
|               |   | <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            |   |                             |  |                                       |

**SUBTOTAL \$ 2,000.00**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |   |
|--|---|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b><br>Page <u>18</u> of <u>22</u> |
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|--|------------------------|
| NAME OF FILER<br><b>STEPHENS FOR COSTA MESA MAYOR 2024</b> | I.D. NUMBER<br>1469864 |
|--|------------------------|

| 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 (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 09/14/24           | Seymour Everett<br>[REDACTED]   | <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 | Everett Dorey LLP<br>Lawyer   | 2,000.00                    | 5,000.00  |                                    |
| 09/16/24           | Tak Sato<br>[REDACTED]  | <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 | Stifizy<br>President  | 2,500.00                    | 2,500.00  |                                    |
| 09/20/24           | Steven Allison<br>[REDACTED]  | <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 | Troutman Pepper Hamilton<br>Sanders LLP<br>Lawyer   | 100.00                      | 100.00  |                                    |
| 09/21/24           | Mark Easter<br>[REDACTED]   | <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 | Best Best. & Krieger<br>Attorney  | 250.00                      | 500.00  |                                    |
| 09/05/24           | NB Women Democratic Club<br>[REDACTED]  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00  |                                    |
| <b>SUBTOTAL \$</b> |   |   |   | <b>5,100.00</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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/24  
through 09/21/24

SCHEDULE E  
**CALIFORNIA  
FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

STEPHENS FOR COSTA MESA MAYOR 2024

I.D. NUMBER  
1469864

**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 |
|---|---------|--------------------------------------|-------------|
| R.C. Edwards and Company, LLP<br>[REDACTED]                         | PRO     | Accounting services                  | 3,100.00    |
| Impact Posting<br>[REDACTED]  | PRO     | Street Signs placing/removal service | 1,775.00    |
| The Franck Firm, Inc<br>[REDACTED]                                  | PRO     | Campaign consultant                  | 456.00      |

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

**SUBTOTAL \$ 5,331.00**

**Schedule E Summary**

|   |                           |
|---|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 25,194.42              |
| 2. Unitemized payments made this period of under \$100.....   | \$ 50.00                  |
| 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 \$ 25,244.42</b> |

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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>20</u> of <u>22</u>    |
|  | I.D. NUMBER<br>1469864         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEPHENS FOR COSTA MESA MAYOR 2024

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|   |   |   |
|---|---|---|
| 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                   |
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| 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 |
|---|---------|----------------------------------|-------------|
| Baker Party Rental<br>[REDACTED]                                    | FND     | Fundraising event exp            | 187.11      |
| El Matador Restaurant<br>[REDACTED]                                 | FND     | Fundraising event exp            | 300.00      |
| Senior Advocate<br>[REDACTED]                                       | LIT     | campaign literature and mailings | 2,877.00    |
| California Latino Voters Guide<br>[REDACTED]                        | LIT     | campaign literature and mailings | 885.00      |
| California Voter<br>[REDACTED]                                      | LIT     | campaign literature and mailings | 2,506.00    |

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

**SUBTOTAL \$ 6,755.11**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>21</u> of <u>22</u>    |
|  | I.D. NUMBER<br>1469864         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEPHENS FOR COSTA MESA MAYOR 2024

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|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
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| 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 |
|--|---------|-----------------------------------|-------------|
| Educate Your Vote<br>[REDACTED]  | LIT     | Campaign literature and mailings  | 358.00      |
| California Outdoor Graphic Service South - Reed Rothrock<br>[REDACTED] | CMP     | Marketing - lawn and street signs | 5,528.05    |
| Overland Strategies, LLC<br>[REDACTED]                                 | CMP     | Photoshoot                        | 1,565.00    |
| The Foley Group PLC<br>[REDACTED]                                      | ORC     | rent space                        | 1,600.00    |
| Domain Listings LLC<br>[REDACTED]                                      | WEB     | website domain listing            | 288.00      |

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

**SUBTOTAL \$ 9,339.05**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>07/01/24</u><br>through <u>09/21/24</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>22</u> of <u>22</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>STEPHENS FOR COSTA MESA MAYOR 2024 | I.D. NUMBER<br>1469864 |
|---|------------------------|

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- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
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| 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 |
|---|---------|---|-------------|
| Constant Contact  | WEB     | email platform expense                    | 152.00      |
| Numero fees   | OPC     | Donation platform website fees            | 1,117.26    |
| The Frank Firm, Inc.<br>[REDACTED]                                  | FND     | reimbursement for fundraise event expense | 2,500.00    |
|   |         |   |             |
|   |         |   |             |

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**SUBTOTAL \$ 3,769.26**