

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

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FEB 02 2026

City Clerk's Office
City of Laguna Beach, CA

Statement covers period
from 07-01-2025
through 12-31-2025

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5)

- ☒ General Purpose Committee

- ☐ Sponsored
☒ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee

- ☐ Controlled
☐ Sponsored

(Also Complete Part 6)

- ☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1455392

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Advocates for Laguna Residents

STREET ADDRESS (NO P.O. BOX)

301 Forest Avenue

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Beach CA 92651

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 1214

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Beach CA 92652

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Alan Boinus

MAILING ADDRESS

P.O.Box 1214

CITY STATE ZIP CODE AREA CODE/PHONE

Laguna Beach CA 92652

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 1-31-2026
Date

Executed on
Date

Executed on
Date

Executed on
Date

By [Signature]
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

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 07-01-2025
through 12-31-2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Advocates for Laguna Residents

I.D. NUMBER

1455392

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ 300	\$ 322
2. Loans Received.....	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 300	\$ 322
4. Nonmonetary Contributions.....	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 300	\$ 322

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

6. Payments Made.....	Schedule E, Line 4	\$ 180.33	\$ 345
7. Loans Made.....	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 180.33	\$ 345
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 180.33	\$ 345

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 6.48
13. Cash Receipts.....	Column A, Line 3 above	300
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0
15. Cash Payments.....	Column A, Line 8 above	180.33
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 126.15

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 07-01-2025
through 12-31-2025

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Advocates for Laguna Residents

I.D. NUMBER

1455392

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/25	Gene & Johanna Felder [REDACTED] Laguna Beach, CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100	
9/2/2025	Jacob Cherub [REDACTED] Laguna Beach, CA 92651	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200	200	
5/28/2025	Montetary contributions reported 1/1/25-6/30/25	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			22	
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ 300						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 300
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 300

*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.

SCHEDULE E

Statement covers period from 09-25-2022 through 10-22-2022	CALIFORNIA FORM 460
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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Constant Contact	WEB	Maintenance	60
CCleaner	WEB	PC Maintenance	24.95
GoDaddy	WEB	Domain services	45.38

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

SUBTOTAL \$ 130.33

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 180.33
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 180.33

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Secretary of State	OFC	CA Secretary of State annual fees	50

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

SUBTOTAL \$ 50

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