Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink,	UIII ULLI	COVER PAG LIFORNIA 460 FORM	
	Statement covers period from07/01/2013	Date of election if application (Month, Day, Year)	Hand Delivered. 14 JAN 21 PM 4: 3!	of _5	
SEE INSTRUCTIONS ON REVERSE	through12/31/2013	11/04/2014	CITY OF COSTA MESA BY	ifficial Use Only	
Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	imarily Formed Ballot Measure immittee Controlled Sponsored io Complete Part 6) marily Formed Candidate/ ficeholder Committee io Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410	Quarterly St Comparison Quarterly St Special Odd Supplement	atement I-Year Report al Preelection Attach Form 495	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Righelmer for City Council 2014 STREET ADDRESS (NO P.O. BOX)	NUMBER 1309846	Treasurer(s) NAME OF TREASURER Lysa Ray MAILING ADDRESS 603 E Alton Avenue Su			
2973 Harbor Blvd #641 CITY STATE ZIP COD Costa Mesa, CA 92626 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO 603 E Alton Ave STE II CITY STATE ZIP COD	949-939-2447 X	Santa Ada, CA 9270 NAME OF ASSISTANT TREASU MAILING ADDRESS	S RER, IF ANY	AREA CODE/PHONE 714-540-2295	
Santa Ans. CA 92705 OPTIONAL: FAX: E-MAIL ADDRESS 949-313-5079		OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CODE	AREA CODE/PHONE	
4. Verification I have used all reasonable diligence in preparing and reviewing to under penalty of perjury under the laws of the State of California to Executed on	ByByBy	The second state of the property of the second state of the second	Treasurer ponent or Responsible Officer of Sponsor tale Measure Proponent	e and complete. I certify	

ponent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 865/ASK-FPPC (856/275-3772)
State of California

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA
Page 2 of 5

5. Officeholder or Candidate Controlled Cor	umittaa						GI
NAME OF OFFICEHOLDER OR CANDIDATE	en et	6.	Primarily Formed Ballo	ot Measure	Committee		
James Righeimer			NAME OF BALLOT MEASURE				· · · · · · · · · · · · · · · · · · ·
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS City Council Member City of Costa Mesa	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE 715	-					OPPOSE
3050 Capri In Costa Mesa, CA 92626	CITY STATE ZIP		Identify the controlling off	iceholder, ca	ndidate, or sta	ite measure	proponent if any
			NAME OF OFFICEHOLDER, CAN	JOIDATE OR PE	PONENT		
Related Committees Not Included in this	Statement: 15tan-14				(OI ONLIN)		
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	WILL BOW WIND MINE TO BE A		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
	T. HOWDER		_				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cane	didate/Offic	eholder Co	nmi ll oc (
	☐ YES ☐ NO		officeholder(s) or candidate(s) for which thi	s committee is	primarily form	ist names of red.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR O				
	•			THIS IDA I E	OFFICE SOUG	HI OR HELD	SUPPORT
CITY . STATE 7	P CODE AREA CODE/PHONE						OPPOSE
	AREA CODE PHONE		NAME OF OFFICEHOLDER OR O	ANDIDATE	OFFICE SOUG	HT OR HELD	
COMMITTEE NAME.					ŀ		SUPPORT
COMMITTEE NAME.	LD. NUMBER	-	-				☐ OPPOSE
			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUG	HT OR HELD	El cumpony
NAME OF TREASURER			•				SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	A NEVEN A TEL			
	YES NO		. The or of the check of the	ANDIDATE	OFFICE SOUG	HT OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	D. BOX)						☐ OPPOSE
					. 3		
CITY STATE ZI	P CODE AREA CODE/PHONE						
			Attac	h continuație	on sheets if ne	cessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

\$\text{Statement covers period} \text{CALIFORNIA 460} \\
\text{from } \begin{pmatrix} 07/01/2013 & Page \frac{3}{2} & of \frac{5}{2} \\
\text{LD. NUMBER} \end{pmatrix}

Righeimer for City Council 2014		A.1				1309846	
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B calendar year total to date	Calendar Year Sun Running in Both th	nmary for Candidates	
Monetary Contributions	\$	0.00	¢.	0.00	General Elections	,	
2. Loans Received	•	0.00	Ψ	21.008.27	1/1 :	through 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	21,008.27	20. Contributions		
4. Nonmonetary Contributions	•	0.00	4r -	0.06	Received \$	\$	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$_	21,008.27	21. Expenditures Made \$	\$	
Expenditures Made							
6. Payments Made	\$	123.13	\$_	285.13	Expenditure Limit Candidates	Summary for State	
7. Loans Made		0.00		0.00			
3. SUBTOTAL CASH PAYMENTS	\$	123.13	\$ · _	285.13	22. Cumulatio	ve Expenditures Made" o Voluntary Expenditure Limit)	
3. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election		
10. Nonmonetary Adjustment		0.00			(mm/dd/yy)	Total to Date	
11. TOTAL EXPENDITURES MADE	\$	123.13	\$ _	285.13		\$	
Current Cash Statement			-				
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2,690.54	Ī_			\$	
13. Cash Receipts		0.00	amo	alculate Column B, add unts in Column A to the			
4. Miscellaneous Increases to Cash		. 0.00	COITE	esponding amounts Column B of your last	*Amounts in this section r	may be different from amounts	
15. Cash Payments		123.13	геро	rt. Some amounts in	reported in Column B.		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	2,567.41	figur	mn A may be negative es that should be		•	
If this is a termination statement, Line 16 must be zero.			perio	racted from previous od amounts. If this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2			for the	irst report being filed his calendar year, only			
Cash Equivalents and Outstanding Debts		and the Company of th	from	over the amounts Lines 2, 7, and 9 (if			
18. Cash Equivalents See instructions on reverse	\$	0.00	any)	-			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	21,008.27			FPPC Toli-Free Heinlin	FPPC Form 460 (Janua) na: 866/ASK-FPPC (856/275-	

Schedule B – Part 1 Loans Received					Statement co	vers period	CALIFORNIA		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through12/3		Page 4	_ of5_	
Righeimer for City Council 2014							I.D. NUMBER 1309846		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (FCOMMITTEE, ALSO ENTER LD. NUMBER) LMC Management Group, LLC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-BURLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	EN CLOSE OF THE	(e) INTEREST PAID THIS PERIOD	(F) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION	
4040 MacArthur St 250 Newport Beach, Ca 92660 † ND COM MOTH PTY SCC		3,500.00	D.90	PAID S0.0 FORGIVEN 0.0	0 \$ 3,50D.08		\$ 23,400.00	TO DATE CALENDAR YEAR \$ 0. PER ELECTION GL0 15,308.	
LMC Management Group, LLC 4040 MacArthur St 250				PAID 0.0	DATEDUE	\$	12/03/2008 DATE INCURRED	CALENDAR YEAR	
Newport Beach, Ca 92660		\$	\$\$	FORGIVEN	\$	RATE 0.00	1,200.09	\$	
LMC Management Group, LLC 4040 MacArthur St 250	-			PAID 0.0	DATE DUE		DATE INCURRED	CALENDARYEAR	
Newport Beach, Ca 92660		16,308.27 \$	\$	FORGIVEN	5	RATE 0.00	16,308.27 \$	\$ 0.0 PER ELECTION ^a	
		SUBTOTALS \$	0.00 \$	0.0	DATE DUE 0 \$ 21,008.27	\$ 0.00	DATE INCURRED	CC 0	
1. Loans received this period						(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period	paid or forgiven.) are also itemized on Schedu	ule A.)	·	\$	0.00	INI CO OT PT	uniributor Codes - Individual - Recipient Co (offier than F H — Other (e.g., Y — Political Party C — Small Contrib	PTY or SCC) business entity)	

FPPC Form 460 (January/65) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

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

Schedule E Payments Made
SEE INSTRUCTIONS OF DE

Type or print in ink. Amounts may be rounded

Statement covers period

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Uniternized payments made this period of under \$100	Payments Made	Amounts may to whole	be rounded dollars.	N _p	Statement covers pe		FORNIA 460
NAME OF FLER Rispositions of City Council 2 2014 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. COMP compaging paraphanellatinise. COMP comp	-				from07/01/2013		
Rigorianar zer city council 2014 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. ARR member communications CODE campaign paraphematalamiae. MRR member communications CODE compaign paraphematalamiae. MRR member communications CODE commonity CODE control of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MRR member communications CODE commonity and appearances CODE code code code code accurately describes the payment. MRR member communications CODE code code code accurately describes the payment. MRR member communications CODE code code code accurately production codes CODE code code code code code code code code					12/24/24		
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CAP CAP CAP CAP CAP CAP CAP CAP CAP CA	Righeimer for City Council 2014						
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MER member communications CODE compliagin consultants CODE controlled in nonmonetary)* CODE controlled in nonmonetary controlled in nonmone						13098	
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OTB contribution (ceptain normonetary)* OFF Coffice express STAL candidate information (appearances of the period of under \$100 and appearances of the period of under \$100 and appearance of the period of under \$100 an	OVP campaign paragraphs—and i	s the payment, yo	ou may ente	the code Other	tipo deserta at		
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Code of containing the contributions or independent expenditures must also be summarized on Schedule E Summary Internized payments made this period of under \$100	CTB contribution (explain componeton)*	MTG meetings an	id appearances	1	RAD radio airlime and pro	duction costs	
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PAD independent expenditure supporting/opposing others (explain)* FOC polling and survey research PCS postage, defivery and messenger services (legal, accounting) PCS postage	Fil. candidate filing/ballot fees	PET petition circu	lating		SAL campaign workers's	salaries	
No. independent expenditure supporting/opposing others (explain)* PCS postage, deflevery and messenger services (legal, accounting) PCS postage, deflevery and messenger services PCS postage, deflevery and messenger s	HND fundraising events	PHO phone banks	s		Ly or cable sirtime a	and production cos	ts
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