

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <i>Rec'd 8/15/08 9:32am JK</i>	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>3</u>	
For Official Use Only	

Statement covers period from <u>JULY 1, 2008</u> through <u>JULY 30, 2008</u>	Date of election if applicable: (Month, Day, Year) _____
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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 <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small>	<input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small>
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>

2. Type of Statement:

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input checked="" type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small>	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	_____

3. Committee Information

I.D. NUMBER 12455781

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
LAURA B. Dietz

STREET ADDRESS (NO P.O. BOX)
3535 E. Coast Hwy. #180

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CORONA del Mar CA 92625

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS (949) 721-8035

Treasurer(s)

NAME OF TREASURER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 <u>August 10, 08</u> <small>Date</small>	By <u>Meagan B. Mariotte</u> <small>Signature of Treasurer or Assistant Treasurer</small>
Executed on <u>August 11, '08</u> <small>Date</small>	By <u>Laura B. Dietz</u> <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>
Executed on _____ <small>Date</small>	By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small>

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Laura B. Dietz

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Newport Beach,

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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? <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? <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 <input type="checkbox"/> OPPOSE
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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
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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 <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>JULY 1, '08</u>	CALIFORNIA FORM 460
through <u>JULY 31, '08</u>	
Page <u>3</u> of <u>3</u>	
I.D. NUMBER <u>12455781</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ _____
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ _____

**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	\$ _____	\$ _____

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ <u>0</u>	\$ _____
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ _____

**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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

	Column A	Column B
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0</u>	\$ _____
13. Cash Receipts Column A, Line 3 above	\$ <u>0</u>	\$ _____
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>	\$ _____
15. Cash Payments Column A, Line 8 above	\$ <u>0</u>	\$ _____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>	\$ _____
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u> </u>	\$ _____

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.

	Column A	Column B
18. Cash Equivalents See instructions on reverse	\$ <u> </u>	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u> </u>	\$ _____