

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Date Stamp

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SEP 26 2024

City Clerk's Office
City of Laguna Beach, CA

Page 1 of 25

For Official Use Only

Statement covers period
from 7/1/24
through 9/21/24

Date of election if applicable:
(Month, Day, Year)
11/5/24

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
1473513

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

Bob Whalen for Council 2024

STREET ADDRESS (NO P.O. BOX)

| | | | |
|--------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Laguna Beach | CA | 92651 | |

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

| | | | |
|--------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Laguna Beach | CA | 92652 | |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Glenn Gray

MAILING ADDRESS

| | | | |
|--------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Laguna Beach | CA | 92651 | |

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 9-25-2024
Date

Executed on 9/25/2024
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bob Whalen

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council for the City of Laguna Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Laguna Beach CA 92651

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 |
|----------------------|--------------|---|

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 <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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|----------------------------|
| Statement covers period from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>20</u> |
| I.D. NUMBER 1473513 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Whalen for Council 2024

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ 25,180.00 | \$ 25,180.00 |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ 25,180.00 | \$ 25,180.00 |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 25,180.00 | \$ 25,180.00 |

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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ 4,374.72 | \$ 4,374.72 |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ 4,374.72 | \$ 4,374.72 |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | 12,186.75 | 12,186.75 |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ 16,561.47 | \$ 16,561.47 |

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..... <i>Previous Summary Page, Line 16</i> | \$ 0.00 |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | 25,180.00 |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | 0.00 |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | 4,374.72 |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 20,805.28 |

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* \$ 0

Cash Equivalents and Outstanding Debts

| | |
|---|------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ 0 |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 0 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>20</u> |
| I.D. NUMBER 1473513 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bob Whalen for Council 2024

| 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) |
|-----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/23/24 | Cody Engle [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/23/24 | Deborah Engle [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/25/24 | Katharine Brown [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/25/24 | Rebecca Visconti [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/25/24 | Steve Edwards [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | attorney Manatt, Phelps, Phillips | 250.00 | 250.00 | 250.00 |
| SUBTOTAL \$ 2,330.00 | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 24,064.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,116.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 25,180.00

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>20</u> |
| I.D. NUMBER 1473513 | |

NAME OF FILER
Bob Whalen for Council 2024

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/25/24 | Matt Lawson [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 8/25/24 | Mary Lawson [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 8/25/24 | Barbara MacGillivray [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Research MacGillivray & Freeman Films | 520.00 | 520.00 | 520.00 |
| 8/25/24 | George Orff [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/25/24 | Sharon Orff [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| SUBTOTAL \$ | | | | 2,060.00 | | |

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IND – Individual
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(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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
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| | |
|---|-------------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|---|-------------------------------|

| 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) |
|-----------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/25/24 | Leanne Englander [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | housing consultant Englander Company | 500.00 | 500.00 | 500.00 |
| 8/25/24 | Francine Scinto [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager Orange County Associates, Inc. | 520.00 | 520.00 | 520.00 |
| 8/25/24 | Wendy Aird [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 500.00 | 500.00 | 500.00 |
| 8/25/24 | Kathleen Abel [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed architectural designer | 250.00 | 250.00 | 250.00 |
| 8/25/24 | Diane Osilich Kloke [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 100.00 | 100.00 | 100.00 |
| SUBTOTAL \$ 1,870.00 | | | | | | |

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
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| | |
|---|-------------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|---|-------------------------------|

| 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) |
|-----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/25/24 | Development & Conservation Management [REDACTED] Laguna Beach, CA 92651 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | n/a | 249.00 | 249.00 | 249.00 |
| 8/25/24 | Morris Skenderian & Associates [REDACTED] Laguna Beach, CA 92651 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | n/a | 250.00 | 250.00 | 250.00 |
| 8/25/24 | Kathryn Burton [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed / owner Seniors Capital LLC | 250.00 | 250.00 | 250.00 |
| 8/25/24 | Glenn Gray [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Pacific Marine Mammal Center | 250.00 | 250.00 | 250.00 |
| 8/26/24 | Christopher Quilter [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed writer | 520.00 | 520.00 | 520.00 |
| SUBTOTAL \$ 1,519.00 | | | | | | |

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>20</u> |
| I.D. NUMBER 1473513 | |

NAME OF FILER
Bob Whalen for Council 2024

| 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) |
|-----------------------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/27/24 | Cheryl Sykes [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/27/24 | Sue Kempf [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/24/24 | Thomas Addis [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President BazaarVoice.com | 520.00 | 520.00 | 520.00 |
| 8/28/24 | Thomas Gibbs [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed attorney | 250.00 | 250.00 | 250.00 |
| 8/30/24 | Jeffrey Benedick [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 150.00 | 150.00 | 150.00 |
| SUBTOTAL \$ 1,960.00 | | | | | | |

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>20</u> |
| I.D. NUMBER 1473513 | |

NAME OF FILER
Bob Whalen for Council 2024

| 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) |
|-----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/30/24 | Paula Hornbuckle [REDACTED] Henderson, NV 89052 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/30/24 | Steve Chadima [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 8/31/24 | David Krinsky [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 8/31/24 | Cathy Krinsky [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 9/3/24 | Mark Porterfield [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 520.00 | 520.00 | 520.00 |
| SUBTOTAL \$ 2,060.00 | | | | | | |

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>20</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|---|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/3/24 | Robert Zur Schmiede [REDACTED] Kingston, WA 98346 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 9/4/24 | Mary Clifford [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 150.00 | 150.00 | 150.00 |
| 9/5/24 | George Heed [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/5/24 | Michael Johnson [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner - realtor Mike Johnson Group / Compass | 520.00 | 520.00 | 520.00 |
| 9/8/24 | Jane Hanauer [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Laguna Beach Books | 250.00 | 250.00 | 250.00 |

SUBTOTAL \$ 1,690.00

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
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| | |
|---|-------------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|---|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/8/24 | Joe Hanauer [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed investor Combined Investments | 250.00 | 250.00 | 250.00 |
| 9/8/24 | Susan Whitin [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Urban Design & Landscape Architecture Whitin Giroux Works | 100.00 | 100.00 | 100.00 |
| 9/9/24 | Donald Crevier [REDACTED] Irvine CA 92614 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 175.00 | 175.00 | 175.00 |
| 9/9/24 | Ben Frydman [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/10/24 | Gary Monroe [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 150.00 | 150.00 | 150.00 |

SUBTOTAL \$ 1,195.00

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>20</u> |

| | |
|--|------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|--|------------------------|

| 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) |
|-----------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 9/11/24 | Jeff Tomei [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed interior designer | 150.00 | 150.00 | 150.00 |
| 9/12/24 | Eric Wills [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/12/24 | David Braff [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | attorney Sullivan & Cromwell | 250.00 | 250.00 | 250.00 |
| 9/12/24 | Ivan Spiers [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Mozambique restaurant | 520.00 | 520.00 | 520.00 |
| 9/12/24 | Wendy Schirripa [REDACTED] Fairlawn, OH 44333 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| SUBTOTAL \$ 1,960.00 | | | | | | |

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>20</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|---|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/12/24 | Timothy Carlyle [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | attorney Songstad, Randall, Coffee & Humphrey | 250.00 | 250.00 | 250.00 |
| 9/12/24 | Lyn Carlyle [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 9/12/24 | Frederick Balzer [REDACTED] Laguna Niguel, CA 92677 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 250.00 | 250.00 | 250.00 |
| 9/12/24 | Robert Mister [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/12/24 | Ranney Draper [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |

SUBTOTAL \$ 1,790.00

*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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>14</u> of <u>20</u> |

| | |
|--|------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|--|------------------------|

| 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) |
|-----------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 9/13/24 | Joan Gladstone [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed artist Vibrant Beach Paintings | 250.00 | 250.00 | 250.00 |
| 9/13/24 | Seahorse International, LLC [REDACTED] Laguna Beach, CA 92651 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | n/a | 300.00 | 300.00 | 300.00 |
| 9/13/24 | Nancy Gibbs [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/14/24 | Jeff Meberg [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed investor | 520.00 | 520.00 | 520.00 |
| 9/14/24 | Carla Meberg [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed artist | 520.00 | 520.00 | 520.00 |
| SUBTOTAL \$ 2,110.00 | | | | | | |

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(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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>15</u> of <u>20</u> |

| | |
|--|------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 4173513 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/15/24 | Gregory Mech [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Director & Client Advisor Caprock Group, LLC | 520.00 | 520.00 | 520.00 |
| 9/15/24 | Jerry Hornbeak [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/17/24 | Anne Petronave [REDACTED] Grass Valley, CA 95945 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner Anne's Bookkeeping LLC | 150.00 | 150.00 | 150.00 |
| 9/18/24 | Thomas Magill [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/19/24 | Angie Miller [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | self-employed investor Angie Miller Ventures | 150.00 | 150.00 | 150.00 |
| SUBTOTAL \$ | | | | 1,860.00 | | |

*Contributor Codes
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(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 from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
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| | |
|--|------------------------|
| NAME OF FILER Bob Whalen for Council 2024 | I.D. NUMBER 1473513 |
|--|------------------------|

| 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) |
|-----------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/20/24 | Karen Ellis [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/20/24 | Leslie Ray [REDACTED] Laguna Beach, CA 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 520.00 | 520.00 | 520.00 |
| 9/21/24 | Greg MacGillivray [REDACTED] Laguna Beach, CA 92652 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner film maker MacGillivray Freeman | 520.00 | 520.00 | 520.00 |
| 9/21/24 | Anne Johnson [REDACTED] Laguna Beach, 92651 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | retired | 100.00 | 100.00 | 100.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ 1,660.00 | | | | | | |

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>17</u> of <u>20</u> |
| NAME OF FILER Bob Whalen for Council 2024 | |
| I.D. NUMBER 1473513 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Whalen for Council 2024

I.D. NUMBER

1473513

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 |
|--|---------|------------------------|-------------|
| Secretary of State 1500 11th. Street; Sacramento, CA 95814 | FIL | | 50.00 |
| Laguna Graphic Arts 2990 Airway Avenue; Suite A; Costa Mesa, CA 92626 | CMP | | 468.71 |
| 2S Publishing 668 No. Coast Highway; Suite 1125; Laguna Beach, CA 92651 | PRT | | 1,500.00 |

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

SUBTOTAL \$ 2,018.71

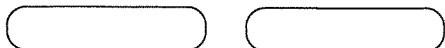
Schedule E Summary

- | | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 4,374.72 |
| 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 \$ 4,374.72 |

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov



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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>15</u> of <u>20</u> |
| | I.D. NUMBER 1473513 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Whalen for Council 2024

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 |
|--|---------|---|-------------|
| Laguna Graphic Arts 2990 Airway Avenue; Suite A; Costa Mesa, CA 92626 | CMP | | 1,249.90 |
| Laguna Graphic Arts 2990 Airway Avenue; Suite A; Costa Mesa, CA 92626 | CMP | | 193.95 |
| Stripe, Inc South San Francisco, CA | | credit card processing fees for contributions made on-line via Stripe | 912.16 |
| | | | |
| | | | |

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

SUBTOTAL \$ 2,356.01

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

| | |
|---|-----------------------------|
| Statement covers period from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>19</u> of <u>20</u> |
| I.D. NUMBER 1473513 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bob Whalen for Council 2024

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|----------------------------------|---|------------------------------------|--|--|
| 2S Publishing, LLC 668 N. Coast Hwy, #1125; Laguna Beach, CA | ad in digital issues of Stu News | 0.00 | 4,750.00 | 1,500.00 | 3,250.00 |
| Firebrand Media LLC 900 Glenneyre St. Ste. B; Laguna Beach, CA | PRT | 0.00 | 3,440.00 | 0 | 3,440.00 |
| Mary Clifford [REDACTED] Laguna Beach, CA | list of registered voters | 0.00 | 1,000.00 | 0 | 1,000.00 |

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

SUBTOTALS \$ 0.00 \$ 9,190.00 \$ 1,500.00 \$ 7,690.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 15,130.60**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 2,943.85**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 12,186.75**

May be a negative number

FPPC Form 460 (Jan/2016))

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

www.fppc.ca.gov



**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/24</u> through <u>9/21/24</u> | CALIFORNIA FORM 460 |
| | Page <u>20</u> of <u>20</u> |
| NAME OF FILER Bob Whale for Council 2024 | I.D. NUMBER 1473513 |

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) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Laguna Graphic Arts 16782 Redhill Ave, Ste A; Irvine, CA 92606 | CMP | 0.00 | 5,940.60 | 1,443.85 | 4,496.75 |
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| SUBTOTALS \$ | | 0.00 | \$ 5,940.60 | \$ 1,443.85 | \$ 4,496.75 |

