

Recipient Committee Campaign Statement Cover Page

Date Stamp
RECEIVED
SEP 27 2024
City Clerk's Office
City of Laguna Beach, CA

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

Corrected the address of a contributor from a P.O. Box to a physical address on page 16 of 20.

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 |
|---------------------|-----------|--------------|-------------------|
| <u>Laguna Beach</u> | <u>CA</u> | <u>92651</u> | <u>[REDACTED]</u> |

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Glenn Gray

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---------------------|-----------|--------------|-------------------|
| <u>Laguna Beach</u> | <u>CA</u> | <u>92651</u> | <u>[REDACTED]</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

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 9/27/2024
Date

Executed on 9/27/2024
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED]
Signature of Treasurer or Assistant Treasurer

By [REDACTED]
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



**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>16</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) |
|-----------------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 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 92651 | <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, 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 |
| | | <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

