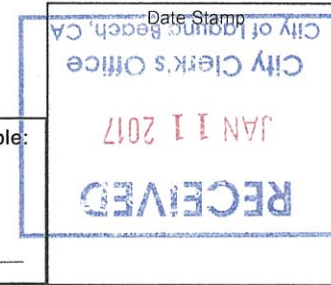


Recipient Committee Campaign Statement Cover Page

For Official Use Only



Statement covers period
from October 23, 2016
through December 31, 2016

Date of election if applicable:
(Month, Day, Year)
November 8, 2016

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
1342344

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Bob Whalen for Council 2016

STREET ADDRESS (NO P.O. BOX)
477 Holly Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92651</u>	<u>949-715-9800</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 567

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92652</u>	

OPTIONAL: FAX / E-MAIL ADDRESS
mattlawson7@hotmail.com

Treasurer(s)

NAME OF TREASURER
Matt Lawson

MAILING ADDRESS
PO Box 567

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LAGUNA BEACH</u>	<u>CA</u>	<u>92652</u>	<u>949-715-9800</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

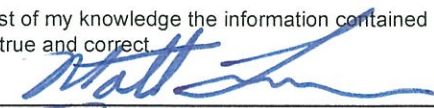
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 10, 2017
Date

Executed on January 10, 2017
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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>October 23, 2016</u>	CALIFORNIA FORM 460
through <u>December 31, 2016</u>	
Page <u>2</u> of <u>8</u>	I.D. NUMBER <u>1342344</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bob Whalen for Council 2016

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ 3,545.00	\$ 46,842.99
2. Loans Received.....	Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 3,545.00	\$ 46,842.99
4. Nonmonetary Contributions.....	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 3,545.00	\$ 46,842.99

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.....	Schedule E, Line 4	\$ 13,428.38	\$ 45,035.38
7. Loans Made.....	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 13,428.38	\$ 45,035.38
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3		
10. Nonmonetary Adjustment.....	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 13,428.38	\$ 45,035.38

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		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 14,036.63
13. Cash Receipts.....	Column A, Line 3 above	3,545.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	465.00
15. Cash Payments.....	Column A, Line 8 above	13,428.38
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,619.25

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>October 23, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>8</u>	I.D. NUMBER 1342344

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bob Whalen for Council 2016

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)
10/23/16	Robin ZurSchmiede	<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
10/23/16	Karen Rubel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Irvine Unified School District	100.00	100.00	100.00
10/23/16	Elizabeth Innins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Saddleback College	100.00	100.00	100.00
10/23/16	Wendy Schirripa	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Executive Dennis J. Scumer, DDS	360.00	360.00	360.00
10/23/16	Larry Nokes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Nokes & Quinn	360.00	360.00	360.00

SUBTOTAL \$ 1,020.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 3,470.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 75.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ 3,545.00

*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>October 23, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>8</u>
I.D. NUMBER 1342344	

NAME OF FILER
Bob Whalen for Council 2016

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)
10/23/16	John Meehan	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JRM Company LLC	300.00	300.00	300.00
10/24/16	William Shopoff	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Executive Shopoff Realty Investments	360.00	360.00	360.00
11/3/16	Carlos Reesberg 1	<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
11/6/16	John Ginger 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner J. Ginger Masonery	360.00	360.00	360.00
11/6/16	Toni Ginger 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed	360.00	360.00	360.00
SUBTOTAL \$				1,480.00		

*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>October 23, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>8</u>
NAME OF FILER Bob Whalen for Council 2016	I.D. NUMBER 1342344

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)
11/6/16	Irene Hobbs	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	260.00	260.00	260.00
11/6/16	American Kennel Club PAC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	350.00	350.00
11/7/16	Steve Kawaratani	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Kawaratani Consulting	360.00	360.00	360.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				970.00		

*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.

Statement covers period from <u>October 23, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>
	I.D. NUMBER 1342344

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Whalen for Council 2016

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
YES on Measure LL PO Box 515 Laguna Beach CA 92652	IND		500.00
Seven Degrees 891 Laguna Canyon Rd. Laguna Beach CA 92651	MTG		3,000.00
Laguna Digital 1705 S. Coast Highway Laguna Beach CA 92651	LIT		9,343.10

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

SUBTOTAL \$ 12,843.10

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	13,605.90
2. Unitemized payments made this period of under \$100.....	\$	71.48
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	13,677.38

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>October 23, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>8</u>	I.D. NUMBER 1342344

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Whalen for Council 2016

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
Anne Johnson 526 Oak St. Laguna Beach CA 92651	POS			512.80

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

SUBTOTAL \$ 512.80

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>October 23, 2016</u> through <u>December 31, 2016</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Whalen for Council 2016

I.D. NUMBER
1342344

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/31/16	City of Laguna Beach 505 Forest Avenue Laguna Beach, CA 92651	Partial refund of filing fee	465.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 465.00

Schedule I Summary

1. Itemized increases to cash this period.	\$ <u>465.00</u>
2. Unitemized increases to cash of under \$100 this period.	\$ _____
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ _____
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ <u>465.00</u>