

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

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COVER PAGE

CALIFORNIA
2001/02
FORM

460

2014 JUL 28 AM 8:1

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For Official Use Only

CITY OF LAGUNA NIGUEL

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Ballot Measure Committee	<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Primarily Formed	<input checked="" type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="radio"/> Recall	<input type="radio"/> Controlled	<input type="checkbox"/> Termination Statement	<input type="checkbox"/> Supplemental Preelection
(Also Complete Part 5)	<input type="radio"/> Sponsored	<input type="checkbox"/> Amendment (Explain below)	Statement - Attach Form 495
<input type="checkbox"/> General Purpose Committee	<input checked="" type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee		
<input type="radio"/> Sponsored	(Also Complete Part 7)		
<input type="radio"/> Small Contributor Committee			
<input type="radio"/> Political Party/Central Committee			

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1362486

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

Gennawey For Laguna Niguel Council 2014

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Mary Smith

MAILING ADDRESS

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 July 24, 2014

Date

Executed on July 24, 2014

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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Elaine Gennawey

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Laguna Niguel City Council

[REDACTED]

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. 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 PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed 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
Elaine Gennawey	LN City Council	
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

Schedule A
Monetary Contributions Received

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

SCHEDULE A

460

Statement covers period
from 0/01/2014
through 06/30/2014

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

I.D. NUMBER
1362486

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)
02/26/2014	Daniel Abrams [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent Abrams California Health Insurance Agence	250.00	250.00	
03/13/2014	Sheryl Bailen [REDACTED]	<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	
03/17/2014	Jo Berman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	130.00	130.00	
03/10/2014	Susan Bialek [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	180.00	180.00	
03/17/2014	Susan Bock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	homemaker	100.00	100.00	
SUBTOTAL \$ 760						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 11375.00
- Amount received this period – unitemized contributions of less than \$100 \$ 1310.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 12685.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	through <u>06/30/2014</u>	CALIFORNIA FORM 460
		Page <u>5</u> of <u>15</u>
		I.D. NUMBER <u>1362486</u>

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)
03/17/2014	John Braganza [REDACTED]	<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	
03/10/2014	Dana Burding [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor BERKSHIRE HATHAWAY	1000.00	1000.00	
03/10/2014	Denise Carter [REDACTED]	<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	
02/26/2014	Harry Cheshire [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	1000.00	1000.00	
05/29/2014	Marilyn Cravy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant MELLOTTI & Kosmiesen	100.00	100.00	
				SUBTOTAL \$ <u>2850</u>		

*Contributor Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	Page <u>6</u> of <u>15</u>
I.D. NUMBER <u>1362486</u>	

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)
05/30/2014	CREPAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	
04/21/2014	Solveig Darner [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	150.00	150.00	
02/11/2014	Louise Dawson [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	1000.00	1000.00	
02/10/2014	Mirta Feinberg [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	160.00	160.00	
03/10/2014	Karen Ferlauto [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	125.00	125.00	
				SUBTOTAL \$ <u>2435</u>		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	Page <u>7</u> of <u>15</u>

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

I.D. NUMBER

1362486

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)
03/10/2014	Debra Garnreiter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	homemaker	525.00	525.00	
02/26/2014	Richard Glasscock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor UCLA	250.00	250.00	
02/26/2014	Edward and Alice Gowen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	125.00	125.00	
02/26/2014	Sonja Kehler [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	125.00	125.00	
02/10/2014	Audrey Kieckhefer [REDACTED]	<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	
SUBTOTAL \$ <u>1525</u>						

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>		CALIFORNIA FORM 460	
through <u>06/30/2014</u>		Page <u>8</u> of <u>15</u>	
		I.D. NUMBER <u>1362486</u>	

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)
02/26/2014	Jeanette Krembas [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor J Group	180.00	180.00	
05/30/2014	June Lange [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Paul M Lange & Assoc	100.00	100.00	
03/17/2014	Bill Leber [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	reverse mortgage Spec. Security One Lending	125.00	125.00	
04/21/2014	Linda Lindholm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor City of Laguna Niguel	250.00	250.00	
03/17/2014	Jane Luppi [REDACTED]	<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	
SUBTOTAL \$				755		

*Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other

PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	Page <u>9</u> of <u>15</u>
I.D. NUMBER <u>1362486</u>	

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)
03/17/2014	Richard Motske [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner THE DENTALIST	125.00	125.00	
03/10/2014	Donna Mulvaney [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner TSI	500.00	500.00	
03/17/2014	Margaret Nelson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Realty One	250.00	250.00	
02/26/2014	Ronald Neuhoff [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	125.00	125.00	
03/17/2014	Elena Nguyen [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	125.00	125.00	
SUBTOTAL \$				1125		

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 (other than PTY or SCC)

OTH – Other

PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	Page <u>10</u> of <u>15</u>

NAME OF FILER Elaine Gennawey for Laguna Niguel City Council 2014	I.D. NUMBER 1362486
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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)
03/17/2014	Verne Potter [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Prudential California Realty	100.00	100.00	
05/30/2014	John and Marcia Reid [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Investor	250.00	250.00	
03/16/2014	Michelle Richardson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business owner ACR Builders	100.00	100.00	
03/08/2014	Robin Ricketts [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner	125.00	125.00	
02/26/2014	Robert Robeson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	125.00	125.00	

SUBTOTAL \$

700

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 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	CALIFORNIA FORM 460
through <u>06/30/2014</u>	Page <u>11</u> of <u>15</u>
I.D. NUMBER <u>1362486</u>	

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)
02/10/2014	Mary Smith [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Allen Family Automotive	175.00	175.00	
02/26/2014	Cecil Spearman [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Laguna Niguel Raquet Club	125.00	125.00	
04/30/2014	Suzanne Stavert [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Touchstone Essentials	125.00	125.00	
03/10/2014	Miles Sterling [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Sterling Properties	125.00	125.00	
05/21/2014	Gregory Stone [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Stone Building Corp	100.00	100.00	
SUBTOTAL \$				<u>650</u>		

*Contributor Codes

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 (other than PTY or SCC)

OTH – Other

PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period from <u>0/01/2014</u>	through <u>06/30/2014</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>15</u>		I.D. NUMBER <u>1362486</u>

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)
03/17/2014	Mike Whipple [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	100.00	100.00	
03/10/2014	Paul Whitelock [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Re-Max	125.00	125.00	
05/30/2014	Thomas Wilson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant	100.00	100.00	
04/24/2014	Karen Augey [REDACTED]	<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	
06/24/2014	Boe Davis Enterprises [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL ADVISORS	150.00	150.00	
SUBTOTAL \$				575		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

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

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Elaine Gennawey [REDACTED]	Financial Advisor Basdakis Wealth Management	\$ 5000.00	\$ 3.00	PAID \$ _____ FORGIVEN	\$ 5003.00	% RATE	\$ 5000.00	CALENDAR YEAR \$ 5003.00 PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE	\$ _____	DATE INCURRED	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				PAID \$ _____ FORGIVEN	\$ _____	% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				PAID \$ _____ FORGIVEN	\$ _____	% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ 3.00 \$ 0 \$ 5003.00 \$ 0								

Schedule B Summary

1. Loans received this period \$ 3.00
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 3.00**
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

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

** If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>0/01/2014</u>	through <u>06/30/2014</u>	CALIFORNIA FORM 460
Page <u>14</u> of <u>15</u>		I.D. NUMBER <u>1362486</u>

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
02/14/2014	Mary F Smith [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Allen Family Automotive	food	50.00	50.00	
05/28/14	Mary F Smith [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Allen Family Automotive	food	81.00	81.00	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
 (Include all Schedule C subtotals.) \$ 131.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 131.00**

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elaine Gennawey for Laguna Niguel City Council 2014

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

Statement covers period		CALIFORNIA FORM	
from	0/01/2014	460	
through	06/30/2014	Page	15 of 15
		I.D. NUMBER	
		1362486	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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
DeSnoo & DeSnoo [REDACTED]	CNS			3500.00
Jay Mitchell Associates [REDACTED]	WEB		Website Development	500.00

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

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 4000.00
2. Unitemized payments made this period of under \$100	\$ 772.85
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 \$ 4772.85