Recipient Committee Campaign Statement Cover Page
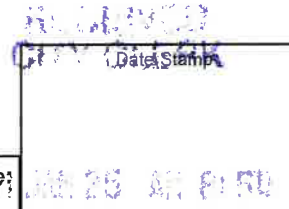
(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)		Page __1__ of __7__
from __07/01/2020__			For Official Use Only
through __12/31/2020__	NOV 6, 2018		

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
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1362486

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

GENNAWEY FOR LN COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA NIGUEL	CA	92677	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MARY F SMITH

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LAGUNA NIGUEL	CA	92677	

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	January 20 2021	By	_Signature of Treasurer or Assistant Treasurer_
Executed on	January 20 2021	By	_Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor_
Executed on	Date	By	_Signature of Controlling Officeholder, Candidate, State Measure Proponent_
Executed on	Date	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

ELAINE GENNAWEY

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

CITY COUNCIL MEMBER, LAGUNA NIGUEL, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
███████████████	LAGUNA NIGUEL	CA	92677

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?
	☐ YES ☐ 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?
	☐ YES ☐ 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	☐ SUPPORT ☐ 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	
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE
		☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

Statement covers period

from _____ 07/01/2020 _____

through _____ 12/31/2020 _____

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELAINE GENNAWEY

I.D. NUMBER

1362486

Contributions Received

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

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	$ 0	$ 0
21. Expenditures Made	$ 1109.92	$ 1548.37

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 1109.92	$ 1548.37
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 1109.92	$ 1548.37
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 1109.92	$ 1548.37

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	Previous Summary Page, Line 16	$ 7738.49
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	1109.92
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 6628.57

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	See instructions on reverse	$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1
Loans Received

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

Statement covers period	
from	07/01/2020
through	12/31/2020

CALIFORNIA FORM 460

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELAINE GENNAWEY

I.D. NUMBER

1362486

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 � LAGUNA NIGUEL, CA 92677 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FINANCIAL ADVISOR	$ 4003.00	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 4003.00 DATE DUE	0 % RATE $	$ 11003.0 2014 DATE INCURRED	CALENDAR YEAR $ 0 PER ELECTION** $ 11003.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ 0 $ 0 $ 0 $ 0

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

Schedule B Summary

1. Loans received this period .... $ 0
   (Total Column (b) plus unitemized loans of 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 $ 0
   Enter the net here and on the Summary Page, Column A, Line 2. *(May be a negative number)*

†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

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period		SCHEDULE D
from	07/01/2020	CALIFORNIA FORM **460**
through	12/31/2020	Page __5__ of __7__

NAME OF FILER

ELAINE GENNAWEY

I.D. NUMBER

1362486

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/26/20	Kelly Jennings for Laguna Niguel City Council ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	campaign support	200.00	200.00	200.00
08/26/20	John Park for Irvine City Council ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	campaign support	150.00	150.00	150.00
10/02/20	Orange County GOP 1422 Edinger Ave Suite 110 Tustin, CA 92780 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		200.00	200.00	200.00
			SUBTOTAL $	550.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .... $ __550.00__

2. Unitemized contributions and independent expenditures made this period of under $100 .... $ __0__

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .... **TOTAL** $ __550.00__

Schedule E
Payments Made

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

Statement covers period		CALIFORNIA FORM **460**
from	07/01/2020	
through	12/31/2020	Page __6__ of __7__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELAINE GENNAWEY

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.	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
CONSTANT CONTACT WWW.CONSTANTCONTACT.COM	WEB		EMAIL CONTACT	390.00
Zoom Video Communications	WEB		virtual meetings	119.92
Secretary of State Political Reform Division 1500 11th Street - Room 495 Sacramento, CA 95814	CMP		Annual Filing Fee	50.00

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

SUBTOTAL $ 559.92

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 1109.92

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 $ 1109.92

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period	CALIFORNIA FORM **460**
from 07/01/2020	
through 12/31/2020	Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELAINE GENNAWEY

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.	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
Kelly Jennings for Laguna Niguel City Council Laguna Niguel, CA 92677	CTB	campaign contribution	200.00
John Park for Irvine City Council Irvine, CA	CTB	campaign contribution	150.00
Orange County GOP	CTB	contribution	200.00

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

SUBTOTAL $ 550.00