Recipient Committee Campaign Statement Cover Page

Date Stamp

2024 JUL 30 PM 3:30

CITY OF LAGUNA NIGUEL

Page __1__ of __5__

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __1/1/24__	
through __6/30/24__	

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
1441642

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

Ray Gennawey for Laguna Niguel City Council 2022

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

ray@raygennawey.com

Treasurer(s)

NAME OF TREASURER

Rachel Gennawey

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 __7/30/24__   By _*Rachel Gennawey*_
           Date   Signature of Treasurer or Assistant Treasurer

Executed on __7/30/24__   By _*(signature)*_
           Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____   By _____
           Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____   By _____
           Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

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www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Ray Gennawey

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

Laguna Niguel City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

█████████████   Laguna Nigu   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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from __1/1/24__

through __6/30/24__

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ray Gennawey for Laguna Niguel City Council 2022

I.D. NUMBER

1441642

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

Expenditures Made

6.	Payments Made	Schedule E, Line 4	$ 146.00	$ 146.00
7.	Loans Made	Schedule H, Line 3	0	0
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 146.00	$ 146.00
9.	Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10.	Nonmonetary Adjustment	Schedule C, Line 3	0	0
11.	TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 146.00	$ 146.00

Current Cash Statement

12.	Beginning Cash Balance	Previous Summary Page, Line 16	$ 480.15
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	146.00
16.	**ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 334.15

If this is a termination statement, Line 16 must be zero.

17.	LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ _____

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	$ 500.00

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).

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	$ _____	$ _____

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
___/___/___	$ _____
___/___/___	$ _____

*Amounts in this section may be different from amounts reported in Column B.

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period	
from 1/1/24	**CALIFORNIA FORM 460**
through 6/30/24	Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ray Gennawey for Laguna Niguel City Council 2022

I.D. NUMBER
1441642

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
Ray Gennawey _____ Laguna Niguel 92677 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney, County of Orange	$ 500.00	$ 0	☐ PAID $ 0 ☐ FORGIVEN $ 0	$ 500.00 DATE DUE	0 % RATE $ 0	$ 500.00 10/31/23 DATE INCURRED	CALENDAR YEAR $ 0 PER ELECTION** $ ____
† ☐ 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 $ 500.00 $ 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.

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Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Statement covers period	
from	1/1/24
through	6/30/24

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ray Gennawey for Laguna Niguel City Council 2022

I.D. NUMBER
1441642

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

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

SUBTOTAL $

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 0

2. Unitemized payments made this period of under $100 .... $ 146.00

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** $ 146.00

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