

## Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

<p>SEE INSTRUCTIONS ON REVERSE</p> <p><b>1. Type of Recipient Committee:</b> All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee</p> <p><input type="checkbox"/> State Candidate Election Committee</p> <p><input type="checkbox"/> Recall</p> <p>(Also Complete Part 5)</p> <p><input type="checkbox"/> General Purpose Committee</p> <p><input type="checkbox"/> Sponsored</p> <p><input type="checkbox"/> Small Contributor Committee</p> <p><input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee</p> <p><input type="checkbox"/> Controlled</p> <p><input type="checkbox"/> Sponsored</p> <p>(Also Complete Part 6)</p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee</p> <p>(Also Complete Part 7)</p>		<p><b>Statement covers period</b> from <u>7/1/25</u> through <u>12/31/25</u></p> <p><b>Date of election if applicable:</b> (Month, Day, Year) <u>2026 FEB - 1 PM 4:27</u></p> <p><b>CITY OF LAGUNA NIGUEL</b></p> <p><b>2. Type of Statement:</b></p> <p><input checked="" type="checkbox"/> Preelection Statement</p> <p><input type="checkbox"/> Semi-annual Statement</p> <p><input type="checkbox"/> Quarterly Statement</p> <p><input type="checkbox"/> Termination Statement</p> <p><input type="checkbox"/> Special Odd-Year Report</p> <p><input type="checkbox"/> (Also file a Form 410 Termination)</p> <p><input type="checkbox"/> Amendment (Explain below)</p>	<p><b>Page</b> <u>1</u> <b>of</b> <u>5</u></p> <p>For Official Use Only</p>
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<b>3. Committee Information</b>	
COMMITTEE NAME OR CANDIDATE'S NAME IF NO COMMITTEE	I.D. NUMBER
	1441642
<b>Treasurer(s)</b>	
NAME OF TREASURER	

STREET ADDRESS (NO P.O. BOX)			
CITY		STATE ZIP CODE	
<u>Laguna Niguel</u>		CA	92677
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
CITY			
STATE ZIP CODE AREA CODE/PHONE			
<u>Laguna Niguel</u> CA 92677			
NAME OF ASSISTANT TREASURER, IF ANY			
MAILING ADDRESS			

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

ray@raygennawey.com

#### 4. Verification

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

Executed on \_\_\_\_\_  
Data \_\_\_\_\_  
By \_\_\_\_\_  
Signature of Notarized \_\_\_\_\_  
Date \_\_\_\_\_

Executed on \_\_\_\_\_  
Date \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**CALIFORNIA 460**  
COVER PAGE - PART 2  
FORM

Page	<u>2</u>	of	<u>5</u>
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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ray Gennaway

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 Nigl 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 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

**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 PROPOSER

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.

ATTACH CONTINUATION SHEETS IF NECESSARY

**Campaign Disclosure Statement**  
**Summary Page**

Amounts may be rounded  
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ray Gennaway for Laguna Niguel City Council 2022

**SUMMARY PAGE**  
**CALIFORNIA FORM 460**

Statement covers period from <u>7/1/25</u>	through <u>12/31/25</u>
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1441642</u>

**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 \$ 500	\$ 500
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 500	\$ 500
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 500	\$ 500

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 \$ 96.00	\$ 242.00
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 96.00	\$ 242.00
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 \$ 96.00	\$ 242.00

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 76.15	
13. Cash Receipts	Column A, Line 3 above \$ 500.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 96.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 496.15	

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

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEEES RECEIVED	Schedule B, Part 2 \$ 0	
18. Cash Equivalents	See instructions on reverse \$ 0	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 1000.00	

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).

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

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

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).

FPPC Form 460 (Jan/2016)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

# Schedule B – Part 1 Loans Received

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Ray Gennawey for Laguna Niguel City Council 2022

Statement covers period from <u>7/1/25</u>	through <u>12/31/25</u>	Page <u>4</u> of <u>5</u>
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I.D. NUMBER  
1441642

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING <sup>(a)</sup> BALANCE RECEIVED THIS PERIOD	AMOUNT <sup>(b)</sup> PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING <sup>(c)</sup> BALANCE AT CLOSE OF THIS PERIOD	INTEREST <sup>(d)</sup> PAID THIS PERIOD	ORIGINAL <sup>(e)</sup> AMOUNT OF LOAN	CUMULATIVE <sup>(f)</sup> CONTRIBUTIONS TO DATE
<b>Ray Gennawey</b> [REDACTED] Laguna Niguel 92677	Attorney, County of Orange	\$ <u>500.00</u>	\$ <u>0</u>	\$ <u>500.00</u>	0 RATE	\$ <u>500.00</u>	\$ <u>0</u> PER ELECTION**
<b>Ray Gennawey</b> [REDACTED] Laguna Niguel 92677	Attorney, County of Orange	\$ <u>500</u>	\$ <u>500</u>	\$ <u>0</u>	0 RATE	\$ <u>500</u>	\$ <u>0</u> PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTV <input type="checkbox"/> SCC							

**SUBTOTALS** \$ 0 \$ 0 \$ 1000.00 \$ 0

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

## Schedule B Summary

1. Loans received this period .....  
(\$Total Column (b) plus unitemized loans of less than \$100.) \$ 500.00
2. Loans paid or forgiven this period .....  
(\$Total Column (c) plus loans under \$100 paid or forgiven.) \$ 0
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** \$ 500.00  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

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

<sup>t</sup>Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other (e.g., business entity)  
PTV – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Ray Gennawey for Laguna Niguel City Council 2022

Statement covers period from <u>7/1/25</u> through <u>12/31/25</u>	CALIFORNIA FORM <b>460</b> SCHEDULE E
I.D. NUMBER <u>1441642</u>	Page <u>5</u> of <u>5</u>

<b>CODES:</b> 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
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 0
2. Unitemized payments made this period of under \$100.....	\$ 96.00
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.)	<b>TOTAL \$ 96.00</b>