

**Recipient Committee
Campaign Statement
Cover Page**

| | | | |
|------------|-------------------------------------------------------------------------------------------|---------------------------|-----------------|
| Date Stamp | RECEIVED SEP 26 2016 City Clerk's Office City of Laguna Beach, CA | CALIFORNIA | FORM 460 |
| | | Page <u>1</u> of <u>9</u> | |
| | | For Official Use Only | |

| | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Statement covers period from <u>July 1, 2016</u> through <u>Sept 24, 2016</u> | Date of election if applicable: (Month, Day, Year) <u>November 8, 2016</u> |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

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 |
|------|-------|----------|-----------------|

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 September 25, 2016
Date

Executed on September 25, 2016
Date

Executed on _____
Date

Executed on _____
Date

By Matt Lawson
Signature of Treasurer or Assistant Treasurer

By [Signature]
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 July 1, 2016 through Sept 24, 2016 | CALIFORNIA FORM 460 |
| | Page 2 of 9 |
| | I.D. NUMBER 1342344 |

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 | \$ 4,689.00 | \$ 38,153.99 |
| 2. Loans Received..... Schedule B, Line 3 | \$ 4,689.00 | \$ 38,153.99 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 4,689.00 | \$ 38,153.99 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 4,689.00 | \$ 38,153.99 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 4,689.00 | \$ 38,153.99 |

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 | \$ 9,002.25 | \$ 15,139.77 |
| 7. Loans Made..... Schedule H, Line 3 | \$ 9,002.25 | \$ 15,139.77 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 9,002.25 | \$ 15,139.77 |
| 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 | \$ 9,002.25 | \$ 15,139.77 |

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 | \$ 29,174.11 |
| 13. Cash Receipts..... Column A, Line 3 above | \$ 4,689.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ 9,002.25 |
| 15. Cash Payments..... Column A, Line 8 above | \$ 24,860.86 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ _____ |

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.

| | |
|------------------------------------------------------|----------|
| 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.

| | |
|-----------------------------------------------------------------------|----------------------------|
| Statement covers period from July 1, 2016 through Sept 24, 2016 | CALIFORNIA FORM 460 |
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| 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) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 7/22/16 | Elizabeth Pearson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Non Profit Executive Pacific Chorale | 100.00 | 100.00 | 100.00 |
| 9/11/16 | Anders Lasater | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect Anders Lasater, Architect | 100.00 | 100.00 | 100.00 |
| 9/13/16 | William O'Hare | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Snell & Wilmer | 360.00 | 360.00 | 360.00 |
| 9/13/16 | Marijane Jacobs | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 350.00 | 350.00 | 350.00 |
| 9/13/16 | Robert Blumenthal | <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 |
| SUBTOTAL \$ | | | | 1,010.00 | | |

Schedule A Summary

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ 4,439.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ 250.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ 4,689.00 |

***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>July 1, 2016</u> through <u>Sept 24, 2016</u> | CALIFORNIA FORM 460 |
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| | |
|-----------------------------------------------------|-------------------------------|
| 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) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 9/20/16 | Nick Shahrestany | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 350.00 | 350.00 | 350.00 |
| 9/21/16 | Heidi Shahrestany | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor HOM | 360.00 | 360.00 | 360.00 |
| 9/22/16 | Ben Frvdmn | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Stradling Yocca Carlson & Routh | 360.00 | 360.00 | 360.00 |
| 9/22/16 | Keith Swayne | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 360.00 | 360.00 | 360.00 |
| 9/22/16 | Christopher Caves | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Executive The Floor Company | 350.00 | 350.00 | 350.00 |
| SUBTOTAL \$ | | | | 1,780.00 | | |

*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>July 1, 2016</u> through <u>Sept 24, 2016</u> | CALIFORNIA FORM 460 |
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| 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) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 9/23/16 | Joel Harrison | <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 |
| 7/5/16 | Dr. Thomas Bent | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Laguna Beach Community Clinic | 99.00 | 199.00 | 199.00 |
| 9/24/16 | Richard H. Packard | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 360.00 | 360.00 | 360.00 |
| 9/24/16 | Lauren G. Packard | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 360.00 | 360.00 | 360.00 |
| 9/24/16 | Dennis White | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Jeffer Mangels Butler & Mitchell LLP | 350.00 | 350.00 | 350.00 |
| SUBTOTAL \$ | | | | 1,269.00 | | |

*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>July 1, 2016</u> through <u>Sept 24, 2016</u> | CALIFORNIA FORM 460 |
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| 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) |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 9/24/16 | Scott Thompson | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sweetwater Original, LLC | 360.00 | 360.00 | 360.00 |
| 9/24/16 | Anne Johnson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 20.00 | 120.00 | 120.00 |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 380.00 | | |

*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 July 1, 2016 through Sept 24, 2016 | CALIFORNIA FORM 460 |
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| | 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 |
|---------------------------------------------------------------------------|---------|------------------------|-------------|
| Firebrand Media LLC 385 Second Street Laguna Beach CA 92651 | PRT | | 1,930.00 |
| 4S Publishing, LLC 668 N. Coast Highway #1125 Laguna Beach CA 92651 | WEB | | 2,362.00 |
| COPS Voter Guide Inc. 705-2 E. Bidwell Street #370 Folsom CA 95630 | PRT | | 733.00 |

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

SUBTOTAL \$ 5,025.00

Schedule E Summary

| | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ 8,893.84 |
| 2. Unitemized payments made this period of under \$100..... | \$ 108.41 |
| 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 \$ 9,002.25 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|-------------------------------------------------------------------------------------|----------------------------|
| Statement covers period from <u>July 1, 2016</u> through <u>Sept 24, 2016</u> | CALIFORNIA FORM 460 |
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| | 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 |
|--------------------------------------------------------------------------------------------------------|---------|------------------------|-------------|
| Continuing the Republican Revolution 1300 Bristol Street North, Suite 100 Newport Beach CA 92660 | PRT | | 280.00 |
| CalSal Voter Guide 1954 W. Carson Street, Suite B Torrance CA 90501 | PRT | | 503.00 |
| Election Digest 1954 W. Carson Street, Suite B Torrance CA 90501 | PRT | | 572.00 |
| Budget Watchdogs Newsletter 1954 W. Carson Street, Suite B Torrance CA 90501 | PRT | | 807.00 |
| California Voter Guide 1954 W. Carson Street, Suite B Torrance CA 90501 | PRT | | 358.00 |

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

SUBTOTAL \$ 2,520.00

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

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2016
through Sept 24, 2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Whalen for Council 2016

I.D. NUMBER
1342344

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 |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| City of Laguna Beach 505 Forest Avenue Laguna Beach CA 92651 | FIL | | | 1000.00 |
| Laguna Digital 1705 S. Coast Highway Laguna Beach CA 92651 | LIT | | | 348.84 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 1,348.84