

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM **460**

Date Stamp  
**RECEIVED**  
JAN 30 2019  
CITY OF MISSION VIEJO  
CITY CLERK

Statement covers period  
from 10/20/18  
through 12/31/18

Date of election if applicable:  
(Month, Day, Year)

Page 1 of 2  
For Official Use Only

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  
**1342603**

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

Wendy Bucknum

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Mission Viejo	CA	926912	

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

Victoria Avery

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Mission Viejo	CA	92691	

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 1-29-19 Date

Executed on 1-29-19 Date

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

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

By [Signature] Signature of Treasurer or Assistant Treasurer

By Wendy Bucknum 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 <u>10/21/18</u> through <u>12/31/18</u>	CALIFORNIA FORM <b>460</b> Page <u>2</u> of <u>7</u>
I.D. NUMBER 1342603	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wendy Bucknum

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>2934</u>	\$ <u>39848</u>
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>2934</u>	\$ <u>39848</u>
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>2934</u>	\$ <u>39848</u>

**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	Column B
6. Payments Made..... Schedule E, Line 4	\$ <u>18735</u>	\$ <u>35353</u>
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>18735</u>	\$ <u>35353</u>
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	\$ <u>18735</u>	\$ <u>35353</u>

**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	\$ <u>22175</u>
13. Cash Receipts..... Column A, Line 3 above	<u>2934</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	<u>18735</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6374</u>

*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

**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.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/18	
through	12/31/18	Page <u>3</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Wendy Bucknum</b>	I.D. NUMBER <b>1342603</b>
---------------------------------------	-------------------------------

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)
10/28/18	Lisa Barlett [REDACTED] Dana Point, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OC Supervisor	485		
10/28/18	Patrick Prendiville [REDACTED] San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Prendiville Insurance	500		
10/28/18	So Cal Edison PO Box 700 Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500		
10/28/18	Smith Public Affairs 1517 West Braden Orange, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150		
10/28/18	Apartment Assoc of OC PAC 525 N Cabrillo Park Dr. #125 Santa Ana, CA 92701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID#980470	500		

**SUBTOTAL \$ 2135**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	2835
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$</b>	<b>2934</b>

\*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>10/20/18</u> through <u>12/31/18</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>7</u>

NAME OF FILER <b>Wendy Bucknum</b>	I.D. NUMBER <b>1342603</b>
---------------------------------------	-------------------------------

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)
10/28/18	Mohannad S Malas TTEE ██████████ Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Predident IRA Capital	100		
10/28/18	Akhter Family Trust ██████████ Mission Viejo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pres. Ascend Tools Inc Administrator Saddleback college.	150		
10/28/18	Dr. Taha Hamoui ██████████ Laguna Beach, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150		
10/28/18	Moutia M. Assaf ██████████ Lake Forest, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman	150		
10/28/18	FR Elkasm Trust ██████████ Irvine, CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farid El Kasm Businessman/Investor	150		
<b>SUBTOTAL \$</b>				<b>700</b>		

\*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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM <b>460</b>
from	10/21/18	
through	12/31/18	Page <u>5</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Wendy Bucknum		1342603

SEE INSTRUCTIONS ON REVERSE

**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
Sandy Grudzis 28026 St. Kitts Mission Viejo, CA 92692	FND	Caterer for fundraising event	120
Venture Strategic 1 Corporate Park #101 Irvine, CA 92606	LIT	Doorhanger and mailers	12700
City of Mission Viejo	FIL	sign cleanup returned deposit	(240)

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

**SUBTOTAL \$ 12580**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	17274
2. Unitemized payments made this period of under \$100	\$	1461
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.)	<b>TOTAL \$</b>	<b>18735</b>

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

Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/20/18	
through	12/31/18	Page <u>6</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
Wendy Bucknum		1342603

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wendy Bucknum

**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
Julie Ackman Consulting 3750 San Ramon Dr. Corona, CA 92882	CNS	Consultant/Fundraising service	2,543
Constant Contact	WEB	emails	140
Facebook Ads	WEB	ads	170
Peppinos Mission Viejo, CA	FND	Campaign Lunch discussion	150
Shutterfly	LIT	Thank you print	318.

**SUBTOTAL \$ 3321**

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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>10/21/18</u> through <u>12/31/18</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER <b>1342603</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wendy Bucknum

**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
Steinmart Marguerite Parkway Mission Viejo	MBR	Volunteer Thank yous	135
PCOM Marguerite Parkway Mission Viejo, CA	CVC	Donation	120
Kwik Copy Marguerite Parkway Mission Viejo	PRT	Brochure Printing	1118

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

**SUBTOTAL \$ 1373**