

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|--|-------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| Received City of Mission Viejo JAN 31 2020 | Page <u>1</u> of <u>3</u> |
| For Official Use Only | |

| | |
|--|---|
| Statement covers period from <u>7/1/19</u> through <u>12/31/19</u> | Date of election if applicable: (Month, Day, Year) |
|--|---|

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: City Clerk

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> 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 | 92691 | |

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 | 92692 | |

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 1/30/2020
Date

Executed on 1/30/2020
Date

Executed on _____
Date

Executed on _____
Date

By _____
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>7/1/19</u> | CALIFORNIA FORM 460 |
| through <u>12/31/19</u> | |
| Page <u>2</u> of <u>3</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>0</u> | \$ <u>0</u> |
| 2. Loans Received..... Schedule B, Line 3 | <u> </u> | <u> </u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u> </u> | <u> </u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>0</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 | \$ <u> </u> | \$ <u> </u> |
| 21. Expenditures Made | \$ <u> </u> | \$ <u> </u> |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>1078</u> | \$ <u>1078</u> |
| 7. Loans Made..... Schedule H, Line 3 | <u> </u> | <u> </u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u> </u> | \$ <u> </u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u> </u> | <u> </u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | <u> </u> | <u> </u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>1078</u> | \$ <u>1078</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 |
|--------------------------------|--------------------------------|
| <u> / / </u> | \$ <u> </u> |
| <u> / / </u> | \$ <u> </u> |

Current Cash Statement

| | |
|--|-----------------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>5100</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u> </u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u> </u> |
| 15. Cash Payments..... Column A, Line 8 above | <u>1078</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>4022</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 | \$ <u> </u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u> </u> |

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/19 | |
| through | 12/31/19 | Page <u>3</u> of <u>3</u> |
| NAME OF FILER | | I.D. NUMBER |
| Wendy Bucknum | | 1342603 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 | WEB | | email | 420 |
| Mission Viejo High School Boosters 25108 Marguerite Parkway #507 Mission Viejo, CA 92692 | CVC | | | 155 |
| Campaign materials 333 Brannan St. San Francisco, CA 94107 | CMP | | | 120 |

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

SUBTOTAL \$ 695

Schedule E Summary

| | | |
|---|-----------------|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 695 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 383 |
| 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 \$ | 1078 |