

**Recipient Committee
Campaign Statement
Cover Page**

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City of Del Mar
Administrative Services Dept.

CALIFORNIA FORM 460

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For Official Use Only

Statement covers period
from 01/01/2020
through 09/19/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

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

Amendment #2-to properly disclose contributions/expenditures associated w/reimbursements to Candidate per instructions from FPPC Advice Service.

3. Committee Information

I.D. NUMBER
1429014

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
BOB GANS FOR COUNCIL 2020

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Del Mar	CA	92014	[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Del Mar	CA	92014	[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Joel O. Holliday

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Del Mar	CA	92014	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Bob Gans

MAILING ADDRESS
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Del Mar	CA	92014	[REDACTED]

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 10/22/2020
Date

Executed on 10/22/2020
Date

Executed on _____
Date

Executed on _____
Date

By _____
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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER BOB GANS FOR COUNCIL 2020	I.D. NUMBER 1429014

SEE INSTRUCTIONS ON REVERSE

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2020	Betty Wheeler ██████████ Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	200	200	
7/31/2020	Dwight D. Worden ██████████ Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	200	200	
7/28/2020	Joel O. Holliday ██████████ Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO - Charles Lee Powell Foundation	200	200	
7/28,2020	Rosanne Holliday ██████████ Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	200	200	
8/5/2020	Katherine Sohn ██████████ Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	200	200	

SUBTOTAL \$ 1,000

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 14,043
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 14,043

*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 - MONETARY CONTRIBUTION RECEIVED (Continued)

BOB GANS FOR COUNCIL 2020			Statement cover period	Date of election:	Page 12 of 15 (Rev.)
			from: 01/01/2020 to: 09/19/2020	11/3/2020	ID Number 1429014
Date Received	Full Name, Street Address and Zip of Contributor	Contributor Code-Form 460	Occupation and Employer	Amount Received This Period	Cumulative to Date Calendar Year (Jan 1- Dec 31)
9/14/2020	Maryka Hoover ██████████ Del Mar 92014	IND	None	\$200.00	\$200.00
9/15/2020	Mel Katz ██████████ Del Mar 92014	IND	Executive / Manpower	\$200.00	\$200.00
9/15/2020	Randee Warren ██████████ Del Mar 92014	IND	None	\$200.00	\$200.00
9/15/2020	Glen Warren ██████████ Del Mar 92014	IND	None	\$200.00	\$200.00
8/3/2020	Bob Gans ██████████ Del Mar 92014	IND	Attorney / ShiftPixy, Inc. (paid for Votebuilder license) - Reimbursed 9/19/2020	\$500.00	\$554.00
9/15/2020	Bob Gans ██████████ Del Mar 92015	IND	Attorney / ShiftPixy, Inc. (paid for slate mailer) - Reimbursed 9/19/2020	\$110.00	\$664.00
8/2020	Bob Gans ██████████ Del Mar 92016	IND	Attorney / ShiftPixy, Inc. (paid for items less than \$75) - Reimbursed 9/19/2020)	\$79.00	\$743.00
SUBTOTAL				\$1,489.00	

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	09/19/2020	Page 14 (REV) of 15
NAME OF FILER		I.D. NUMBER
BOB GANS FOR COUNCIL 2020		1429014

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
San Diego County Democratic Party [REDACTED] San Diego, CA 92123		VoterBuilder data license	250
Del Mar Print Co. [REDACTED] CA 92014-0925	LIT	Election Signs	1,495
San Diego U.T. Community Press [REDACTED] CA 90074-0065	PRT	Ad	926

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

SUBTOTAL \$ 2,671

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 7,258
2. Unitemized payments made this period of under \$100 ^{\$175}	\$ 252
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 \$ 7,510

SCHEDULE E - PAYMENTS MADE (Continuation Sheet)

BOB GANS FOR COUNCIL 2020		Date of election:	Revised Page 15 of 15
		11/3/2020	ID Number 1429014
Name and Address of Payee	CODE	Description of Payment	Cumulative to Date Calendar Year (Jan 1- Dec 31)
Election Digest ██████████ Torrence, CA 90505	LIT	2020 General Election Program - Mailing	\$127
Budget Watchdogs Newsletter ██████████ Torrence, CA 90505	LIT	2020 General Election Program	\$200
Cal Sal Voter Guide ██████████ Torrence, CA 90505	LIT	2020 General Election Program	\$104
Vertical Printing & Graphics ██████████ Encinitas, CA 92024	LIT	Mailings	\$1,870
PayPal	WEB	Paypal Fee - Various	\$137
Bob Gans ██████████ Del Mar, CA 92014	LIT	Reimb for: S.D. County Democratic Party (VoteBuilder) \$500; City of Del Mar (candidate stmt fee) \$850; SD Democratic Party (slate mailer) \$110; and various misc (under \$75) \$79	\$1,539
S.D. County Democratic Party ██████████ San Diego, CA 92123		VoteBuilder	\$500
S.D. County Democratic Party ██████████ San Diego, CA 92124		Slate Mailer	\$110
Various		Various Misc. Under \$75	\$79
SUBTOTAL			\$4,666