

Recipient Committee Campaign Statement Cover Page

Date Stamp RECEIVED OCT 28 2020 City of Del Mar Administrative Services Dept	CALIFORNIA FORM 460
Page <u>1</u> of <u>7</u>	
For Official Use Only	

Statement covers period
from 09/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
November 3, 2020

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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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
<i>(Also Complete Part 7)</i> |

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
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1428448

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

Dan Quirk for Del Mar City 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

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

Treasurer(s)

NAME OF TREASURER

Daniel Quirk

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

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.

Executed on 10/22/2020
Date

Executed on 10/22/2020
Date

Executed on _____
Date

Executed on _____
Date

By _____

By _____
Signature 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>09/20/2020</u>		CALIFORNIA FORM 460
through <u>10/17/2020</u>		
Page <u>3</u> of <u>7</u>		I.D. NUMBER 1428448

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dnaiel Quirk

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>5,150</u>	\$ <u>12,000</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>5,150</u>	\$ <u>12,000</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>5,150</u>	\$ <u>12,000</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

6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>2,198.01</u>	\$ <u>10,216.05</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	_____	_____
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>2,198.01</u>	\$ <u>10,216.05</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	_____	_____
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	_____	_____
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>2,198.01</u>	\$ <u>10,216.05</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..... <i>Previous Summary Page, Line 16</i>	\$ <u>4,651.99</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>5,150.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	_____
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>8,018.04</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1,783.95</u>

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Daniel Quirk	I.D. NUMBER 1428448
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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)
9/21/2020	Lee Larcher ██████████ 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	Student NYU	200	200	
9/21/2020	Ella Quirk ██████████ Bensalem PA19020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150	150	
9/21/2020	Alexis Archer ██████████ 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	Event Coordinator Art Felur	200	200	
9/21/2020	Jay Larcher ██████████ 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	Executive Vestar	200	200	
9/21/2020	Lori Larcher ██████████ 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	Retired	200	200	
SUBTOTAL \$ 950						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 5000
- Amount received this period – unitemized monetary contributions of less than \$100\$ 150
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 5,150.00

*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 - Continued
 Monetary Contributions Received

Date	Full Name	Type	Street #	Street	City	State	Zip	Occupation	Employer	Amount this Period	Cumulative to Date
9/23/2020	Dan Quirk	Individual			Del Mar	CA	92014	finance professional	SageView	1000	1100
9/25/2020	Richard Levak	Individual			Del Mar	CA	92014	psychiatrist	Self	200	200
9/29/2020	Brittany Rhodes	Individual			Del Mar	CA	92014	nurse	Phoenix Children's Hospital	200	200
9/29/2020	J Paul Rhodes	Individual			Del Mar	CA	92014	principal	Vestar	200	200
9/29/2020	Brooke Rhodes	Individual			Del Mar	CA	92014	marketing professional	Kora Organics	200	200
9/29/2020	Amy Rhodes	Individual			Del Mar	CA	92014	retired		200	200
9/29/2020	Ryan Rhodes	Individual			Del Mar	CA	92014	student	University of Arizona	200	200
9/29/2020	Nicolette Moyes	Individual			Del Mar	CA	92014	student	Xavier College Prep	200	200
9/29/2020	Natalie Moyes	Individual			Del Mar	CA	92014	student	Arizona State	200	200
9/29/2020	Garrett Stinson	Individual			Huntington Beach	CA	92646	investment advisor	SageView	100	100
10/4/2020	Jennifer Ryker	Individual			Garden City	NY	11530	teacher	Garden City School District	200	200
10/4/2020	Sean Ryker	Individual			Garden City	NY	11530	banker	Capital One	200	200
10/9/2020	Ken Olson	Individual			Del Mar	CA	92014	retired		200	200
10/9/2020	Goldie Claus	Individual			Del Mar	CA	92014	retired		200	200
10/9/2020	John Claus	Individual			Del Mar	CA	92014	retired		200	200
10/13/2020	Kevin Kileen	Individual			Grand Rapids	MI	49546	lawyer	Alticor	200	200
10/17/2020	Dan Walter	Individual			Del Mar	CA	92014	builder	Munsch Homes Corp.	150	150
										4050	

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/20/2020	
through	10/17/2020	Page 6 of 7
NAME OF FILER		I.D. NUMBER
Daniel Quirk		1428448

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Daniel Quirk

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
U.S. Post Office [REDACTED] Del Mar , CA 92014	POS	Stamps and mail supplies	550.00
Del Mar Blue Print [REDACTED] Del Mar , CA 92014	PRT	Print Materials, flyers	389.87
PJ Graphics [REDACTED] Oceanside, CA 92054	PRT	Door hangers	683.60

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

SUBTOTAL \$ 1,623.47

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 7,862.42
2. Unitemized payments made this period of under \$100.....	\$ 155.62
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 \$ 8,018.04

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1428448

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NAME OF FILER

Daniel Quirk

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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
Kostedt Design & Marketing	PRO	Design work for mailers	800.00
San Diego County Republican Party [REDACTED] San Diego, CA 92127	POL	Voter database subscription	400.00
T-shirt Mart	CMP	Campaign t-shirts	120.68
Action Mail	LIT	Mailings	4,918.27

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

SUBTOTAL \$ 6,238.95