

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Date Stamp

COVER PAGE

**CALIFORNIA 460  
FORM**

Page 1 of 4

For Official Use Only

CITYRSM 24JAN29AM10:46

Statement covers period  
from 7/1/2023  
through 12/31/2023

Date of election if applicable:  
(Month, Day, Year)  
11/3/2020

**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"/> Primarily Formed Ballot Measure Committee	<input type="checkbox"/> Quarterly Statement
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled	<input type="checkbox"/> Special Odd-Year Report
<input type="radio"/> Recall	<input type="radio"/> Sponsored	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	<input type="checkbox"/> Amendment (Explain below)
<input type="radio"/> Sponsored	(Also Complete Part 7)	
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

**3. Committee Information**

I.D. NUMBER  
13453845

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

Carol Gamble for RSM City Council 2020

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY Mission Viejo STATE CA ZIP CODE 92691 AREA CODE/PHONE 949-459-8300

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Type of Statement:**

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Quarterly Statement
<input checked="" type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	<input type="checkbox"/> Special Odd-Year Report
<input type="radio"/> Sponsored	<input type="checkbox"/> Amendment (Explain below)	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="radio"/> Small Contributor Committee	<input type="checkbox"/> (Also Complete Part 7)	
<input type="radio"/> Political Party/Central Committee		

**Treasurer(s)**

NAME OF TREASURER

Carol Gamble

MAILING ADDRESS

[REDACTED] CITY Mission Viejo STATE CA ZIP CODE 92691 AREA CODE/PHONE 949-459-8300

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

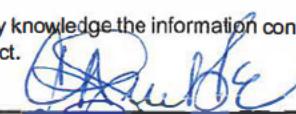
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 1/29/2024  
Date \_\_\_\_\_

By \_\_\_\_\_   
*Signature of Treasurer or Assistant Treasurer*

Executed on 1/29/2024  
Date \_\_\_\_\_

By \_\_\_\_\_   
*Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or Sponsor*

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

By \_\_\_\_\_   
*Signature of Controlling Officeholder, Candidate, State Measure Proponent*

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

By \_\_\_\_\_   
*Signature of Controlling Officeholder, Candidate, State Measure Proponent*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/2023</u>	CALIFORNIA FORM <b>460</b>
through <u>12/31/2023</u>	Page <u>2</u> of <u>4</u>
I.D. NUMBER <u>13453845</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol Gamble for RSM City Council 2020

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	<i>Schedule A, Line 3</i>	\$ 0.00	\$ 0.00
2. Loans Received .....	<i>Schedule B, Line 3</i>	\$ 50,000.00	\$ 50,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	<i>Add Lines 1 + 2</i>	\$ 50,000.00	\$ 50,000.00
4. Nonmonetary Contributions .....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	<i>Add Lines 3 + 4</i>	\$ 50,000.00	\$ 50,000.00

**Expenditures Made**

6. Payments Made .....	<i>Schedule E, Line 4</i>	\$ 0.00	\$ 50.00
7. Loans Made .....	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS .....	<i>Add Lines 6 + 7</i>	\$ 0.00	\$ 50.00
9. Accrued Expenses (Unpaid Bills) .....	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment .....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE .....	<i>Add Lines 8 + 9 + 10</i>	\$ 0.00	\$ 50.00

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ 14,748.39
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ 50,000.00
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ 11.16
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ 0.00
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 64,759.55

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

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).

**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	\$ _____

**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
	/ /	\$ _____
	/ /	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule B – Part 1**  
**Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 7/1/2023  
through 12/31/2023

CALIFORNIA  
FORM  
**460**

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NAME OF FILER

Carol Gamble for RSM City Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Carol A. Gamble [REDACTED] Mission Viejo, CA 92691	President CA Gamble & Associates	\$ <u>-0-</u>	\$ <u>50,000</u>	<input type="checkbox"/> PAID \$ <u>-0-</u> <input type="checkbox"/> FORGIVEN \$ <u>-0-</u>	\$ <u>50,000</u>	<u>0</u> % RATE	\$ <u>50,000</u>	CALENDAR YEAR \$ _____ PER ELECTION** 12/28/23 DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								CALENDAR YEAR \$ _____ PER ELECTION ** DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ <u>-0-</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	<u>  </u> % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** DATE INCURRED
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	<u>  </u> % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** DATE INCURRED
<b>SUBTOTALS</b> \$ <u>      </u> \$ <u>      </u> \$ <u>      </u>								

**Schedule B Summary**

1. Loans received this period ..... \$ 50,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period ..... \$ -0-  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$ 50,000.00  
(May be a negative number)  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

**†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE I

**460**

Statement covers period from <u>7/1/2023</u>	CALIFORNIA FORM
through <u>12/31/2023</u>	Page <u>4</u> of <u>4</u>

I.D. NUMBER  
13453845

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NAME OF FILER

Carol Gamble for RSM City Council 2020

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/31/2023	Bank of Southern California [REDACTED]	Interest Earned 7/1/23 through 12/31/2023	11.16

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 11.16**

**Schedule I Summary**

1. Itemized increases to cash this period. .... \$ 11.16
2. Unitemized increases to cash of under \$100 this period. .... \$ -0-
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ -0-
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .... **TOTAL \$ 11.16**

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)