

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA FORM **460**

Page **1** of **1**

For Official Use Only

07/2024 DEC 6 AM 11:51

Statement covers period
from 10/20/2024
through 11/26/2024

Date of election if applicable:
(Month, Day, Year)
11/05/2024

Date Stamp

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"/> State Candidate Election Committee	<input type="checkbox"/> Controlled
<input type="checkbox"/> Recall	<input type="checkbox"/> Sponsored
(Also Complete Part 5)	
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="checkbox"/> Sponsored	(Also Complete Part 7)
<input type="checkbox"/> Small Contributor Committee	
<input type="checkbox"/> Political Party/Central Committee	

2. Type of Statement:

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

3. Committee Information

ID. NUMBER
1343645

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

Carol Gamble for RSM City Council 2024

STREET ADDRESS (NO P.O. BOX)

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

Treasurer(s)

NAME OF TREASURER

Carol A. Gamble

MAILING ADDRESS

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 11/26/24 Date

By Signature of Treasurer or Assistant Treasurer

Executed on 11/26/24 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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 10/20/2024

through 11/26/2024

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Carol A. Gamble

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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>	\$ 0.00	\$ 16,250.00
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 0.00	\$ 16,250.00

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 76,648.44	\$ 81,086.93
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 76,648.44	\$ 81,086.93
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	<i>Schedule G, Line 3</i>	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 76,648.44	\$ 81,086.93

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 76,639.57
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 0.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 8.87
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 76,648.44
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0.00

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).

**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)	Total to Date
Date of Election (mm/dd/yy)	\$ _____
/ /	\$ _____

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 10/20/2024

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through 11/26/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

ID. NUMBER
1343645

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
Orange County Prof Firefighters Assoc PAC 950925 [REDACTED], Tustin, CA 92780	RFD		Contribution Return/Refund	5,500.00
Apartment Assoc of Orange County PAC 980470 [REDACTED], Anaheim, CA 92805	RFD		Contribution Return/Refund	1,000.00
Assoc of Orange County Deputy Sheriffs PAC 782021 [REDACTED], Santa Ana, CA 92618	RFD		Contribution Return/Refund	2,000.00

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

SUBTOTAL \$ 8,500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>76,648.44</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ <u>76,648.44</u>

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

SCHEDULE E (CONT.)

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Statement covers period
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from _____
through 11/26/2024

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I.D. NUMBER

1343645

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
The Lincoln Club of Orange County State PAC 970861 [REDACTED], Irvine, CA, 92618	RFD		Contribution Return/Refund	1,000.00
OCTax PAC 1288619 [REDACTED], Sacramento, CA 95814	RFD		Contribution Return/Refund	500.00
Mike Conte [REDACTED], Mission Viejo, CA 92692	RFD		Contribution Return/Refund	500.00
JBieber Direct, LLC [REDACTED], Lake Forest CA 92630	LIT		Campaign Mailer	5,865.46
Mike Ameel, Mike Ameel Properties [REDACTED], Rancho Santa Margarita, CA 92688	RFD		Contribution Return/Refund	250.00

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

SUBTOTAL \$ 8,115.46

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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Amounts may be rounded
to whole dollars.

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through <u>11/26/2024</u>	Page <u>5</u> of <u>6</u>
	I.D. NUMBER 1343645

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
California Real Estate PAC 890106 [REDACTED], Los Angeles, CA 90071	RFD		Contribution Return/Refund	5,500.00
Duane Cave for Director MNWD 2024 ID #1381997 [REDACTED], Mission Viejo, CA 92691	CTB			4,532.98
Carol A. Gamble [REDACTED], Mission Viejo, CA 92691			Repaid loan to Campaign Account	50,000.00

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

SUBTOTAL \$ 60,032.98

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/31/2024	Bank of Southern California [REDACTED] Rancho Santa Margarita, CA 92688	Interest earned on 10/31/2024	8.87

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 8.87

Schedule I Summary

1. Itemized increases to cash this period. \$ 8.87
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 8.87**