

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp

CALIFORNIA FORM 460

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For Official Use Only

CITYRSM 24DEC 6AM 11:51

SEE INSTRUCTIONS ON REVERSE

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

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

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

3. Committee Information

I.D. 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 STATE ZIP CODE AREA CODE/PHONE
Mission Viejo CA 92691 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 STATE ZIP CODE AREA CODE/PHONE
Mission Viejo CA 92691 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

Executed on 11/26/24
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

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

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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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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

I.D. NUMBER

1343645

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 0.00 | \$ 16,250.00 |
| 2. Loans Received..... Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | 0.00 | 0.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | 0.00 | 16,250.00 |

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

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

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

| | |
|--|----------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ _____ |
|--|----------|

Cash Equivalents and Outstanding Debts

| | |
|--|----------|
| 18. Cash Equivalents..... See instructions on reverse | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ _____ |

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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period

from 10/20/2024

through 11/26/2024

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I.D. NUMBER

1343645

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from 10/20/2024 through 11/26/2024 | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

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 Ameal, Mike Ameal 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

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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

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Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>10/20/2024</u> through <u>11/26/2024</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carol A. Gamble

I.D. NUMBER

1343645

| 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

- Itemized increases to cash this period. \$ 8.87
- Unitemized increases to cash of under \$100 this period. \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- 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**

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