Recipient Committee		Date Stamp	CALIFORNIA 160
Campaign Statement		RECEIVED	FORM 460
Cover Page	Statement covers period	Date of election if applicable:	
	from07/01/2020	(Month, Day, Year) 020 SEP 22 PM 12: 2	
	through09/19/2020	11/03/2020 CITY OF DANA POINT CITY CLERK'S DEPARTMENT	For Official Use Only
1. Type of Recipient Committee: All Committee	s - Complete Parts 1, 2, 3, and 4	2. Type of Statement:	
X 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)	23 recoder catement	terly Statement ial Odd-Year Report
3. Committee Information	I.D. NUMBER 1429391	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMM	AITTEE)	NAME OF TREASURER	
Newkirk For Dana Point City Council 202	20	Norm L. Heidner MAILING ADDRESS	
		WALING ADDITION	
STREET ADDRESS (NO P.O. BOX)		CITY STATE	ZIP CODE AREA CODE/PHONE
CITY	PTATE ZID CODE AREA CODERNAME	NAME OF ACCIONAL TREACHERS IF ANY	
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	P.O. BOX	MAILING ADDRESS	Α.
CITY	STATE ZIP CODE AREA CODE/PHONE	CITY STATE	ZIP CODE AREA CODE/PHONE
OTTOWN FAY / F MAIL ADDRESS		ODTIONAL SAVIS MAN ADDRESS	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	
4. Verification I have used all reasonable diligence in prepari complete. I certify under penalty of perjury under penalty of pen	By_ By_ Sig		the attached schedules is true and
DATE	Ву	Signature of Controlling Officerfolder, Candidate, State Measure Pr	oponent
Executed onDATE	Ву	Signature of Controlling Officeholder, Candidate, State Measure Pr	oponent

Recipient Committee Campaign Statement Cover Page - Part 2

	PAGE - PART 2
CALIFORNIA FORM	460
Page2	of23

		6. Primarily Formed B	laliot Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Gary Newkirk					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER I	F APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
City Council Member Dana Point	4				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	-			• • • • • • • • • • • • • • • • • • • •
		Identify the controlling	officeholder, can	didate, or state measure pr	oponent, if any.
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PROPONE	NT	
Related Committees Not included in this Statement: List any					
not included in this statement that are controlled by you or are primarily to or make expenditures on behalf of your candidacy	formed to receive contributions	OFFICE SOUGHT OR HELD		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	•			
	1				
IAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed (andidate/Officeh	older Committee List n	names of
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	· · · · · · · · · · · · · · · · · · ·		older Committee List no committee is primarily forme	
IAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.C	YES NO	· · · · · · · · · · · · · · · · · · ·	ate(s) for which this		d.
	YES NO	officeholder(s) or candid	ate(s) for which this	s committee is primarily forme	d.
	YES NO	officeholder(s) or candid	ate(s) for which this Candidate	G COMMITTEE IS PRIMARILY FORMA OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)	officeholder(s) or candid	ate(s) for which this Candidate	s committee is primarily forme	SUPPORT OPPOSE
OMMITTEE ADDRESS (NO P.C	D. BOX)	officeholder(s) or candid	ate(s) for which this Candidate	G COMMITTEE IS PRIMARILY FORMA OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.C	D. BOX) ZIP CODE AREA CCDE/PHONE	officeholder(s) or candid	ate(s) for which this Candidate Candidate	G COMMITTEE IS PRIMARILY FORMA OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
OMMITTEE ADDRESS (NO P.C. ITY STATE OMMITTEE NAME	YES NO D. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	ate(s) for which this Candidate Candidate	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
OMMITTEE ADDRESS (NO P.C	YES NO D. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFFICEHOLDER OR	ate(s) for which this Candidate Candidate Candidate	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS (NO P.C	ZIP CODE AREA CODE/PHONE 1.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	ate(s) for which this Candidate Candidate Candidate	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C. STATE COMMITTEE NAME AME OF TREASURER	ZIP CODE AREA CODE/PHONE 1.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	ate(s) for which this Candidate Candidate Candidate	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period

from _____07/01/2020

through

09/19/2020

CALIFORNIA 460

SUMMARY PAGE

www.fppc.ca.gov

Page 3 of 23

I.D. NUMBER

Newkirk For Dana Point City Council 2020					1429391
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B CALENDAR YEAR TOTAL TO DATE		mmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	7,729.00	\$	7,729.00	General Elections	ie State Philiary and
2. Loans ReceivedSchedule B, Line 3	.00		.00		ough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$	7,729.00	\$	7,729.00	20. Contributions	.00 \$.00
4. Nonmonetary Contributions	759.00		759.00	Received *	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	8,488.00	\$	8,488.00	21. Expenditures \$.00 \$.00
Expenditures Made					t Summary for State
6. Payments Made Schedule E, Line 4	\$ 4,481.14	\$	4,481.14	Candidates	
7. Loans Made Schedule H, Line 3	.00	_	.00		ttive Expenditures Made* Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	\$ <u>4,481.14</u>	\$_	4,481.14	(,, cas,ca. s	Totalian and and
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	.00	_	.00		Table Bata
10. Nonmonetary Adjustment	759.00		759.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$5,240.14	\$	5,240.14		_ \$
Current Cash Statement		To ca	culate Column B,		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	s <u>.00</u>		mounts in Column ne corresponding	.	
13. Cash Receipts	7,729.00	amou	nts from Column B		_ \$
14. Miscellaneous Increases to Cash Schedule I, Line 4	.00	amou	nts in Column A may		
15. Cash Payments	4,481.14	should	gative figures that I be subtracted from		_ \$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3,247.86</u>		us period amounts. If the first report being		
If this is a termination statement, Line 16 must be zero.			or this calendar year, arry over the amounts		
17. LOAN GUARANTEES RECEIVED Schedule B, Line 2	\$00	-	ines 2, 7, and 9 (if	*Amounts in this section m reported in Column B.	ay be different from amounts
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents See instructions on reverse \$.00				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$.00			FPPC Advice:	FPPC Form 460 (Jan/2016)

NAME OF FILER Newkirk For Dana Point City Council 2020			I.D. NUMBER 1429391
FORM	REFERENCE	NOTES	
CA 460	Cover	Final Run	

Schedule Monetary	A Contributions Received	Am	ounts may be rounded to whole dollars.	Statement covers	-		ORNIA 460
				through09/19/	2020	Page _	4 of 23
NAME OF FILER	IONS ON REVERSE			<u> </u>		I.D. NUMBE	R
Newkirk For	Dana Point City Council 2020						1429391
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Democratic Women Of South Orange County	□IND		760.00	760	0.00	760 00 0 2020
08/31/2020	ID: 1390408	COM OTH PTY SCC	·				760.00 G-2020
	Kathryn E. Haq	⊠ IND	Retired	100.00	100	0.00	400 00 G 2020
08/31/2020		COM OTH PTY SCC	n/a				100.00 G-2020
	Jesse J. J Sowell, III	IXI IND	Sales Executive	500.00	500	0.00	F00 00 0 0000
08/31/2020		COM OTH PTY SCC	Ruiz Food Products		•		500.00 G-2020
	Kim Anderson	IXI IND	Retired	100.00	100	0.00	400.00.0.0000
09/02/2020		COM OTH PTY SCC	n/a				100.00 G-2020
	Hillcor LLC	□ IND		500.00	508	0.00	500.00.0.0000
09/02/2020	Resp. Officer	COM SOTH PTY SCC					500.00 G-2020
-			SUBTOTAL \$	1,960.00			

Schedule		Ama	ounts may be rounded				SCHEDULE A
Monetary	Contributions Received		to whole dollars.	Statement cover	s period	CALIF	ORNIA 160
				from07/0	/2020	FO	_{RM} 400
SEE INSTRUCTI	IONS ON REVERSE			through09/19	2/2020	Page _	
NAME OF FILER						I.D. NUMBE	
Newkirk For	Dana Point City Council 2020						1429391
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Pat Cunnane	⊠ IND	Sales	100.00	100	0.00	
09/03/2020		COM OTH PTY SCC	Stoker Strategies LLC				100.00 G-2020
	Caorlyn Mccourt	⊠ iND	Attorney	525.00	525	5.00	
09/03/2020		COM OTH PTY SCC	State of California				525.00 G-2020
	Mark Meginn	X IND	Director	100.00	100	0.00	
09/03/2020		COM OTH PTY SCC	Spirax Sarco				100.00 G-2020
	Doreen M. Wyatt	⊠ iND	Retired	810.00	810	0.00	
09/03/2020		□ COM □ OTH □ PTY □ SCC	n/a				810.00 G-2020
	Yamel Zanides	⊠ IND	Homemaker	800.00	800	0.00	200 00 0 000
09/03/2020		□ COM □ OTH □ PTY □ SCC	n/a		. •		800.00 G-2020

SUBTOTAL \$

2,335.00

·	Contributions Received	Am	ounts may be rounded to whole dellars.	Statement covers from07/01/2 through09/19/2	2020		ORNIA 460 RM 6 of 23
NAME OF FILER				I		I.D. NUMBE	
Newkirk For	Dana Point City Council 2020					<u> </u>	1429391
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Norman Denton, III	X IND	Retired	500.00	500	0.00	F00 00 0 0000
09/04/2020		COM OTH PTY SCC	n/a				500.00 G-2020
	Joseph J. Jaeger	⊠ IND	Retired	800.00	800	0.00	900 00 0 2020
09/04/2020		COM OTH PTY SCC	n/a				800.00 G-2020
	Fran Sdao	⊠ IND	Retired	100.00	100	0.00	400.00.0.000
09/04/2020		COM OTH PTY SCC	n/a				100.00 G-2020
	Stephen Raber	⊠ IND	Lawyer	100.00	100	0.00	400.00 € 2020
09/06/2020		COM OTH PTY SCC	Williams & Connolly LLP		•		100.00 G-2020
	Paul Hinman	X IND	Retired	100.00	100	0.00	400.00.00.000
09/15/2020		COM OTH PTY SCC	n/a				100.00 G-2020
			SUBTOTAL \$	1,600.00			

Schedule		Am	ounts may be rounded				SCHEDULE A
Monetary	Contributions Received		to whole dollars.	Statement covers	period	CALIF	ORNIA 460
				from07/01/	2020	FO	_{RM} 400
				through09/19	2020	Page _	7 of <u>23</u>
NAME OF FILER	IONS ON REVERSE			L		I.D. NUMBE	io .
	Dana Point City Council 2020					I.D. NOMBE	1429391
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALEND	/E TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Rose Mcnutt	⊠ IND	Retired	500.00	500	0.00	
09/17/2020		COM OTH PTY SCC	n/a		1		500.00 G-2020

Schedule A Summary			* Contributor Codes
Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) — — — — — — — — — — — — — — — — — — —	\$.	6,395.00	IND - Individual
2. Amount received this period - unitemized monetary contributions of less than \$100		1,334.00	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$.	7,729.00	PTY - Political Party SCC - Small Contributor Committee
	SUBTOTAL \$	500.00	

NAME OF FILER Newkirk For Dana Poir	at City Council 2020		I.D. NUMBER 1429391
FORM	REFERENCE	NOTE	S
F460 Sch A	A-10 Democratic Women Of 08/31/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-8 Kathryn E. Haq 08/31/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-9 Jesse J. J Sowell, III 08/31/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-34 Kim Anderson 09/02/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-12 Hillcor LLC 09/02/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-29 Pat Cunnane 09/03/2020	Additional Contribution Information: Strip	

NAME OF FILER Newkirk For Dana Poir	nt City Council 2020		I.D. NUMBER 1429391
FORM	REFERENCE		NOTES
F460 Sch A	A-30 Caorlyn Mccourt 09/03/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-31 Mark Meginn 09/03/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-18 Doreen M. Wyatt 09/03/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-19 Yamel Zanides 09/03/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-22 Norman Denton, III 09/04/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-21 Joseph J. Jaeger 09/04/2020	Additional Contribution Information: Max \$810	

NAME OF FILER Newkirk For Dana Point	t City Council 2020		I.D. NUMBER 1429391
FORM	REFERENCE	NOTES	
F460 Sch A	A-32 Fran Sdao 09/04/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-35 Stephen Raber 09/06/2020	Additional Contribution Information: Max \$810	
F460 Sch A	A-57 Paul Hinman 09/15/2020	Additional Contribution Information: Direct Contribution	
F460 Sch A	A-59 Rose Mcnutt 09/17/2020	Additional Contribution Information: Max \$810	

Schedule B - Part 1 Loans Received		Ame	cunts may be round to whole dollars.	ed [Statement cove	ers period	SCH CALIFORNI	EDULE B - PART
						01/2020	FORM	460
					through09/	19/2020	Page11	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Newkirk For Dana Point City Council 2	020						I.D. NUMBER 1429	391
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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 PA OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	FORGIVEN \$	DATE DUE	\$	DATE INCURRED	
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized lo					.00			
Loans paid or forgiven this period (Total Column (c) plus loans under \$ (Include loans paid by a third party the state of	 100 paid or forgiven)				.00.		* Contributor Code IND - Individual COM - Recipient C (other than OTH - Other (e.g.,	Committee PTY or SCC)
Net change this period. (Subtract Li Enter the net here and on the Sumn				NET :	(May be a negative num	mber)	PTY - Political Par SCC - Small Contr	ty
		SUBTOTALS	\$	\$	\$	\$		

Schedule B - Part 2 Loans Received	Amounts may be roun to whole dollars.	Statement or	overs period	CALIFORNIA 460			
					7/01/2020	FORM	^A 460
SEE INSTRUCTIONS ON REVERSE				through0	9/19/2020	Page12	of <u>23</u>
NAME OF FILER Newkirk For Dana Point City Council 2020						I.D. NUMBER 1429	391
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	l	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□ IND □ COM		L	ENDER		\$PER ELECTION	
	OTH PTY SCC			DATE		(IF REQUIRED)	
				SUBTOTA	. \$	Enter on Summary Page. Line 17 only.	

Schedule			Amounts may be rounded					SCHEDULE C
Nonmonetary Contributions Received		to whole dollars.	to whole dollers.		nent covers period	CALIFORN	AAGO	
					from	07/01/2020	FORM	400
					through .	09/19/2020	Page 13	of <u>23</u>
SEE INSTRUCT NAME OF FILER	ONS ON REVERSE	-, -		,			I.D. NUMBER	
Newkirk For	Dana Point City Council 2020						1429	391
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIF GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Budget Watchdogs Newsletter					Info [245.00]	245.00	245.00 G-2020
08/11/2020	ID: 1345115	COM OTH PTY SCC		Slate Purchase				245.00 G-2020
	Cal Sal Voter Guide					info [104.00]	104.00	404.00.0.0000
08/11/2020	ID: 1368249	COM OTH PTY SCC		Slate Purchase				104.00 G-2020
	Continuing the Republican Revolution	□ IND				info [200.00]	200.00	
08/11/2020	ID: 598041	COM OTH PTY SCC		Slate Po	urchase			200.00 G-2020
	Election Digest - A Project of the Coalition for Literacy					info [120.00]	120.00	400.00.0.0000
08/11/2020	ID: 1345303	COM OTH PTY SCC		Slate Purchase				120.00 G-2020
	Mark Zanides	X IND	Lawyer			200.00	759.00	750 00 € 2020
08/11/2020		COM OTH PTY SCC	Law Offices of Mark Zanides	Max	\$810			759.00 G-2020
					SUBTOTAL S	}		

Schedule	_		Amounts may be rounded					SCHEDULE C		
Nonmone	tary Contributions Received		to whole dollars.		Stater	ment covers period	CALIFORN	IA A GO		
					from	07/01/2020	FORM	400		
SEE INSTRUCT	IONS ON REVERSE				through	09/19/2020	Page14	of <u>23</u>		
NAME OF FILER							I.D. NUMBER			
Newkirk For	Dana Point City Council 2020						1429	391		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIF GOODS OR	PTION OF SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	Mark Zanides	IX IND	Lawyer		-	245.00	759.00			
08/11/2020		COM OTH PTY SCC	Law Offices of Mark Zanides	Slate Po	urchase			759.00 G-2020		
	Mark Zanides	X IND	Lawyer			90.00	759.00			
08/11/2020		COM OTH PTY SCC	Law Offices of Mark Zanides	Slate Purchase				759.00 G-2020		
	Mark Zanides	X IND	Lawyer			120.00	759.00			
08/11/2020		COM OTH PTY SCC	Law Offices of Mark Zanides	Slate Purchase		Slate Purchase				759.00 G-2020
	Mark Zanides	X IND	Lawyer			104.00	759.00			
08/11/2020		COM OTH PTY SCC	Law Offices of Mark Zanides	Slate Po	urchase			759.00 G-2020		
							.00			
		COM OTH PTY SCC								

SUBTOTAL \$

Schedule C			Amounts may be rounded				SCHEDULE C			
Nonmone	tary Contributions Received		to whole dollars.		Staten	nent covers period	CALIFORN	IA A CO		
					from	07/01/2020	CALIFORN FORM	400		
					through .	09/19/2020	Page 15	_ of23		
SEE INSTRUCTI	ONS ON REVERSE						10 10000			
	Dana Point City Council 2020						I.D. NUMBER 1429	391		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIP GOODS OR		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
		D COM OTH PTY SCC					.00			

Schedule C Summary			* Contributor Codes
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) — — — — — — — — — — — — — — — — — — —	\$	759.00	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100		.00	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)
3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	\$	759.00	PTY - Political Party SCC - Small Contributor Committee
	SUBTOT	AL\$	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees	Amounts may be rounded to whole dellars.			Statement covers per from07/01/202 through09/19/202		CALIFOR FORI Page1	7444	
NAME OF FILER Newkirk For Dana Point City Council 2020				· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER 1429391		
DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)		AMOUNT THIS PERIOD	CALEND	VE TO DATE DAR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
SCHEDULE D SUMMARY	ad /Include all Saha	dula D aubtatala \				\$.00	
 Itemized contributions and independent expenditures made this period. Unitemized contributions and independent expenditures made this p 	•	uule D Sub(Otals.)					.00	
Total contributions and independent expenditures made this period.		Do not enter on the Suprot		Page.)		_ TOTAL\$.00	

Schedule E	
Payments Made	

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** 07/01/2020 from 09/19/2020 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newkirk For Dana Point City Council 2020

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

1429391

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
Democratic Party of Orange County ID: 742006	POL	Politing Data	500.00
Press Print, Inc.		Yard Signs	921.26
San Clemente Times Lic		Newspaper Advertising	580.00
Press Print, Inc.		Yard Signs	996.69
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUBTOTAL \$	2,997.95

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period CALIFORM 07/01/2020 FORM

CALIFORNIA 460

1429391

SCHEDULE E

Page 18 of 23

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newkirk For Dana Point City Council 2020

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

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PET petition circulating

PHO phone banks

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POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

09/19/2020

through

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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID			
Rick Rickman Photography		Campaign Photo Shoot	250.00			
Heidner Computer Services	PRO	Accounting	525.12			
Gary Newkirk	FiL	Candidate Statement Fee	431.50			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$						

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE		
i ayirono wado		from07/01/2020	FORM 460		
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page19of23		
NAME OF FILER Newkirk For Dana Point City Council 2020			I.D. NUMBER 1429391		
CODES: If one of the following codes accurately described 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	es the payment, you may enter the code. Other 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 product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and pTRC candidate travel, lodging TRS staff/spcuse travel, lodging	es production costs , and meals ng, and meals tees of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID		

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL	\$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)TO	TAL \$_	4,481.14
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$_	.00
2. Unitemized payments made this period of under \$100	\$_	276.57
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ _	4,204.57

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule F	Amounts may					SCHEDULE
Accrued Expenses (Unpaid Bills)	to whole	conars.	Statement covers period CALIFO			FORNIA A CO
			from0	7/01/2020		ORM 40U
			through0	9/19/2020	Page	of23
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUME	BER
Newkirk For Dana Point City Council 2020				· · · · · · · · · · · · · · · · · · ·		1429391
CODES: If one of the following codes accurately describes to 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/cpposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commu MTG meetings and all OFC office expenses PET petition circulatin PHO phone banks POL polling and surve POS postage, deliver	inications opearances g	RAD rad RFD retu SAL cam TEL t.v. TRC can TRS stat TSF tran VOT vot	io airtime and prodi irned contributions spaign workers' sale or cable airtime and didate travel, lodgii f/spouse travel, lod	aries d production ng, and mea lging, and me nittees of the	costs is eals e same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIO			AID THIS (ALSO	(d) OUTSTANDING BALANCE A CLOSE OF THIS PERIOD
SCHEDULE F SUMMARY						
Total accrued expenses incurred this period. (Include all Schedule F, 0 accrued expenses of \$100 or more, plus total unitemized accrued expenses.)	Column (b) subtotals for enses under \$100.)			_ INCURRED	TOTALS \$.00
2. Total accrued expenses paid this period. (Include all Schedule F, Colu accrued expenses of \$100 or more, plus total unitemized payments on				PAID	TOTALS \$.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the different on the Summary Page, Column A, Line 9.)					_ NET \$.00

SUBTOTALS \$

\$

\$

\$

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

Schedule G	Amounts may be rounded			
Payments Made by an Agent or Independent	to whole dollars.	Statement covers period		
Contractor (on Behalf of This Committee)		from07/01/2020		
SEE INSTRUCTIONS ON DEVEDSE		through09/19/2020		

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*

Newkirk For Dana Point City Council 2020

CVC civic donations

NAME OF FILER

FIL candidate filing/ballot fees

FND fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

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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

SCHEDULE G

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1429391

I.D. NUMBER

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID

TOTAL * \$

^{*} Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

^{**} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H		Amounts may be rounded to whole dollars.					SCHEDULE H	
Loans Made to Others*				Statement	covers period	CALIFORNIA	4 460	
					from	07/01/2020	FORM	460
SEE INSTRUCTIONS ON REVERSE					through	09/19/2020	Page22	of <u>23</u>
NAME OF FILER	*						I.D. NUMBER	
Newkirk For Dana Point City Council 2	020						1429	391
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMEN OR FORGIVENE THIS PERIOD	SS BALANCE	AT RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				s	s		_{لا} ا و	PER ELECTION**
				FORGIVEN		RATE		
		\$	\$	\$	_	\$	_	
	<u> </u>				DATE DUE		DATE INCURRED	<u> </u>

 SUBTOTALS \$	\$ \$	\$

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA / CO
			from07/01/2020	FORM 400
OFF INCTRICT	COMP ON DEVEDOE		through 09/19/2020	Page 23 of 23
NAME OF FILER	TIONS ON REVERSE R			I.D. NUMBER
Newkirk For	Dana Point City Council 2020			1429391
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
		ı		

Schedule I Summary