

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |   |            |
|---|---|------------|
| Date Stamp<br><b>City of San Clemente</b><br><br><b>JAN 30 2023</b><br><br><b>City Clerk Department</b> | <b>CALIFORNIA</b><br>2001/02<br><b>FORM</b>         | <b>460</b> |
|   | Page <u>1</u> of <u>10</u><br>For Official Use Only |            |

|  |  |
|--|--|
| Statement covers period<br>from <u>07/01/2022</u><br><br>through <u>09/24/2022</u> | Date of election if applicable:<br>(Month, Day, Year)<br><br><u>11/08/2022</u> |
|--|--|

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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7)  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|
- Added loans from candidate and expenses

**3. Committee Information**

I.D. NUMBER  
1450277

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Dennis Kamp for City Council 2022

STREET ADDRESS (NO P.O. BOX)  
1400 N Harbor Blvd Ste 550

|                  |           |                   |                   |
|------------------|-----------|-------------------|-------------------|
| CITY             | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>Fullerton</u> | <u>CA</u> | <u>92835-4135</u> | <u>[REDACTED]</u> |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS  
[REDACTED]

**Treasurer(s)**

NAME OF TREASURER  
Joana Barcelona

MAILING ADDRESS  
1400 N Harbor Blvd Suite 550

|                  |           |                   |                   |
|------------------|-----------|-------------------|-------------------|
| CITY             | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>Fullerton</u> | <u>CA</u> | <u>92835-4126</u> | <u>[REDACTED]</u> |

NAME OF ASSISTANT TREASURER, IF ANY  
Tammi McIntyre

MAILING ADDRESS  
1400 N Harbor Blvd Suite 550

|                  |           |                   |                   |
|------------------|-----------|-------------------|-------------------|
| CITY             | STATE     | ZIP CODE          | AREA CODE/PHONE   |
| <u>Fullerton</u> | <u>CA</u> | <u>92835-4126</u> | <u>[REDACTED]</u> |

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 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 01/23/2023  
Date

By Joana Barcelona

Executed on 01/23/2023  
Date

By Dennis Kamp  
Signature of Controlling Officer

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

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent



Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Dennis Kamp. OFFICE SOUGHT OR HELD: City Council Member. CITY: San Clemente, CA.

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

Table for listing related committees with columns for Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, and City/State/Zip/Phone.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE. BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes. Identify the controlling officeholder, candidate, or state measure proponent.

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table for listing candidates with columns for Name of Officeholder or Candidate, Office Sought or Held, and Support/Oppose checkboxes.

Attach continuation sheets if necessary



**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2022</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>09/24/2022</u>                         |                                |
| Page <u>3</u> of <u>10</u>                        | I.D. NUMBER<br><u>1450277</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dennis Kamp for City Council 2022

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>1798.00</u>  | \$ <u>1798.00</u>                          |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | <u>1163.75</u>   | <u>1163.75</u>                             |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>2961.75</u>  | \$ <u>2961.75</u>                          |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>2961.75</u>  | \$ <u>2961.75</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**

|  | Column A          | Column B          |
|--|-------------------|-------------------|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>1812.21</u> | \$ <u>1812.21</u> |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | <u>0.00</u>       | <u>0.00</u>       |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>1812.21</u> | \$ <u>1812.21</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>964.50</u>     | <u>964.50</u>     |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | <u>0.00</u>       | <u>0.00</u>       |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>2776.71</u> | \$ <u>2776.71</u> |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>                    | \$ <u>0.00</u>    |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                                     | <u>2961.75</u>    |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                       | <u>0.00</u>       |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                                     | <u>1812.21</u>    |
| 16. <b>ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>1149.54</u> |

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

|  |                |
|--|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|--|----------------|

**Cash Equivalents and Outstanding Debts**

|  |                   |
|--|-------------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ <u>0.00</u>    |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>2128.25</u> |

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**

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2022</u><br>through <u>09/24/2022</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Kamp for City Council 2022

I.D. NUMBER  
1450277

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 08/05/2022         | Richard Rockwell Jr<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N/A  | 100.00                      | 100.00   | 100.00 G 22                           |
| 08/05/2022         | Whitney Zolna<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Unemployed<br>N/A   | 100.00                      | 100.00   | 100.00 G 22                           |
| 08/08/2022         | Democratic Women of South Orange County<br>604 Via Promontorio<br>San Clemente, CA 92672-2458<br>ID :1390408 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1000.00                     | 1000.00  | 1000.00 G 22                          |
| 08/29/2022         | Fran Sdao<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N/A  | 150.00                      | 150.00   | 150.00 G 22                           |
| 09/06/2022         | Laurie Jacobs<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>N/A  | 100.00                      | 100.00   | 100.00 G 22                           |
| <b>SUBTOTAL \$</b> |  |   |   | 1450.00                     |  |                                       |

**Schedule A Summary**

|   |                 |         |
|---|-----------------|---------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | 1550.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....   | \$              | 248.00  |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 1798.00 |

\*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 (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|  |            |                                |
|--|------------|--------------------------------|
| Statement covers period                            |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from   | 07/01/2022 |                                |
| through  | 09/24/2022 | Page <u>5</u> of <u>10</u>     |
| NAME OF FILER<br>Dennis Kamp for City Council 2022 |            | I.D. NUMBER<br>1450277         |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/14/2022         | Clayton Briscoe<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CFO<br>Aero Turbine, Inc  | 100.00                      | 100.00   | 100.00 G 22                           |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 100.00                      |  |                                       |

\*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 B – Part 1  
Loans Received**

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

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2022</u><br>through <u>09/24/2022</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>Dennis Kamp for City Council 2022</b> | I.D. NUMBER<br><b>1450277</b> |
|---|-------------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN           | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                         |
|---|---|--|------------------------------------|--|--|----------------------------------|--|---|
| Dennis Kamp<br>[REDACTED]   | Telecom Strategist Teksystems   | \$ 0.00  | \$ 200.00                          | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 200.00<br>01/31/2023<br>DATE DUE                | 0.00%<br>RATE<br>\$ 0.00         | \$ 200.00<br>07/15/2022<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1163.75<br>PERELECTION**<br>\$ 1163.75 G 22 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    |  |  |                                  |  |   |
| Dennis Kamp<br>[REDACTED]   | Telecom Strategist Teksystems   | \$ 0.00  | \$ 300.00                          | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 300.00<br>01/31/2023<br>DATE DUE                | 0.00%<br>RATE<br>\$ 0.00         | \$ 300.00<br>07/19/2022<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1163.75<br>PERELECTION**<br>\$ 1163.75 G 22 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    |  |  |                                  |  |   |
| Dennis Kamp<br>[REDACTED]   | Telecom Strategist Teksystems   | \$ 0.00  | \$ 663.75                          | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 663.75<br>01/31/2022<br>DATE DUE                | 0.00%<br>RATE<br>\$ 0.00         | \$ 663.75<br>08/11/2022<br>DATE INCURRED | CALENDAR YEAR<br>\$ 1163.75<br>PERELECTION**<br>\$ 1163.75 G 22 |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   |  |                                    |  |  |                                  |  |   |
| <b>SUBTOTALS \$</b>   |   | <b>1163.75 \$</b>                                | <b>0.00 \$</b>                     | <b>0.00 \$</b>   | <b>1163.75 \$</b>                                  | <b>0.00</b>                      |  |   |

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

**Schedule B Summary**

- Loans received this period ..... \$ 1163.75  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ 1163.75**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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 E  
Payments Made**

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

SCHEDULE E

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2022</u><br>through <u>09/24/2022</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>7</u> of <u>10</u>     |
|  | I.D. NUMBER<br>1450277         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Kamp for City Council 2022

**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                   |
| ND 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| McIntyre & Barcelona LLC<br>1400 N Harbor Blvd<br>Suite 550<br>Fullerton, CA 92835-4126 | PRO     |                        | 300.00      |
| City of San Clemente<br>910 Calle Negocio<br>San Clemente, CA 92673                     | FIL     |                        | 663.75      |
| Office Depot<br>993 Avenida Pico<br>San Clemente, CA 92673-3908                         | CMP     |                        | 132.50      |

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

**SUBTOTAL \$ 1096.25**

**Schedule E Summary**

|  |                 |                |
|--|-----------------|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 1701.21        |
| 2. Unitemized payments made this period of under \$100   | \$              | 111.00         |
| 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.) | <b>TOTAL \$</b> | <b>1812.21</b> |



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

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

|                                   |            |                                |
|-----------------------------------|------------|--------------------------------|
| Statement covers period           |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                              | 07/01/2022 |                                |
| through                           | 09/24/2022 | Page <u>8</u> of <u>10</u>     |
| NAME OF FILER                     |            | I.D. NUMBER                    |
| Dennis Kamp for City Council 2022 |            | 1450277                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Kamp for City Council 2022

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Press Print, Inc.<br>5085 Mission Hills Dr<br>Banning, CA 92220-6462 | CMP  |    |                        | 215.11      |
| Signs.com<br>1550 S Gladiola St<br>Salt Lake City, UT 84104-6506     | CMP  |    |                        | 389.85      |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |

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

**SUBTOTAL \$ 604.96**





**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

|                                   |            |                            |
|-----------------------------------|------------|----------------------------|
| Statement covers period           |            | <b>CALIFORNIA FORM 460</b> |
| from                              | 07/01/2022 |                            |
| through                           | 09/24/2022 | Page <u>9</u> of <u>10</u> |
| NAME OF FILER                     |            | I.D. NUMBER                |
| Dennis Kamp for City Council 2022 |            | 1450277                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dennis Kamp for City Council 2022

**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   | FET 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 CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                  | CODE OR DESCRIPTION OF PAYMENT        | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---------------------------------------|---|------------------------------------|--|--|
| McIntyre & Barcelona LLC<br>1400 N Harbor Blvd<br>Suite 550<br>Fullerton, CA 92835-4126 | PRO Agent Bill<br>Professional Fees + | 0.00  | 599.00                             | 0.00   | 599.00   |
| McIntyre & Barcelona LLC<br>1400 N Harbor Blvd<br>Suite 550<br>Fullerton, CA 92835-4126 | PRO                                   | 0.00  | 365.50                             | 0.00   | 365.50   |
| <b>SUBTOTALS \$</b>   |                                       | 0.00\$  | 964.50\$                           | 0.00\$   | 964.50   |

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 964.50
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 964.50  
May be a negative number



**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

SCHEDULE G

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2022<br>through 09/24/2022 | <b>CALIFORNIA FORM 460</b> |
|  | Page 10 of 10              |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dennis Kamp for City Council 2022

I.D. NUMBER

1450277

NAME OF AGENT OR INDEPENDENT CONTRACTOR

McIntyre & Barcelona LLC

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| The Design Planet<br>99 Hudson St<br>New York, NY 10013-2815                    | WEB     |                        | 599.00      |
|   |         |                        |             |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 599.00

\* 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.

FPPC Form 460 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

