

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Gayne Brenneman MD

AREA CODE/PHONE NUMBER: [REDACTED] I.D. NUMBER (if applicable): [REDACTED]

STREET ADDRESS: 1540 Via Zanita

CITY: PVE STATE: CA ZIP CODE: 90274

Date of This Filing: 10-9-2019

Report No. \_\_\_\_\_

Amendment to Report No. \_\_\_\_\_ (explain below)

No. of Pages \_\_\_\_\_

RECEIVED  
 Date Stamp: **OCT 21 2020**  
 CITY CLERK: PALOS VERDES ESTATES

CALIFORNIA FORM 496  
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## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED	OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<u>Gayne Brenneman MD</u>	<u>city council person</u>		<input checked="" type="checkbox"/>						

## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<u>8/12/20</u>	<u>campaign signs</u>	<u>1020.00</u>
<u>9/29/20</u>	<u>campaign flyers</u>	<u>3484.00</u>
<u>7/24/20</u>	<u>Ballot statement</u>	<u>800-</u>
<u>10/8/20</u>	<u>Copy. dec of state filing</u>	<u>50-</u>

Reason for Amendment \_\_\_\_\_

**497 Cd Contribution Report**

Amounts may be rounded to whole dollars.

**CALIFORNIA FORM 497**

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NAME OF FILER <b>Gayne Brennenman MD</b>		Date of This Filing <b>10-9-2020</b>	Date Stamp
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. _____	
STREET ADDRESS <b>1540 Via Zunieta</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <b>PUE</b>	STATE <b>CA.</b>	No. of Pages _____	
	ZIP CODE <b>90274</b>		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
<b>8/1/20</b>	<b>Gayne Brennenman 1540 Via Zunieta PUE, CA 90274</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>Gayne Brennenman physician</b>	<input type="checkbox"/> Check if Loan Provide interest rate _____ %
<b>9/24/20</b>	<b>" "</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>" "</b>	<input type="checkbox"/> Check if Loan Provide interest rate _____ %
<b>7/24/20</b>	<b>" "</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>" "</b>	<input type="checkbox"/> Check if Loan Provide interest rate _____ %
<b>10/8/20</b>	<b>" "</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>" "</b>	<input type="checkbox"/> Check if Loan Provide interest rate _____ %

Reason for Amendment: \_\_\_\_\_

\* 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