

**Recipie Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 9-20-20  
through 10-17-20

Date of election if applicable:  
(Month, Day, Year)  
11/03/2020

**RECEIVE**  
Date Stamp  
**OCT 21 2020**  
CITY CLERK  
PALOS VERDES ESTATES

Page 1 of 2  
For Official Use Only

**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:**

- Pre-election Statement and
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

Gayne Brenneman, MD

Treasurer(s) N/A

STREET ADDRESS (NO P.O. BOX)  
1540 Via Zuvira

NAME OF TREASURER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer \_\_\_\_\_

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor \_\_\_\_\_

Executed on 10-21-2020 Date \_\_\_\_\_  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Gagne Brenewman MD

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Palos Verdes estates city council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1540 Via Zwitter, PVE, CA 90274

**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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>Gagne Brenewman</u>	<u>PVE city council</u>	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

3484 for  
5304 for  
10280 - ballot  
10280 - filing

Amounts may be rounded to whole dollars.



Statement covers period from 9-20-20 through 10-22-20

CALIFORNIA FORM 460

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **Gayne Brenneeman, MD**

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 3484	\$ 5304
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 3484	\$ 5304
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3484	\$ 5304

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3484	\$ 5304
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 3484	\$ 5304
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3484	\$ 5304

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0	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).
13. Cash Receipts	Column A, Line 3 above \$ 3484	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 3484	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0	

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0

## 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	\$ 0	\$ 0
21. Expenditures Made	\$ 0	\$ 0

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	N/A
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

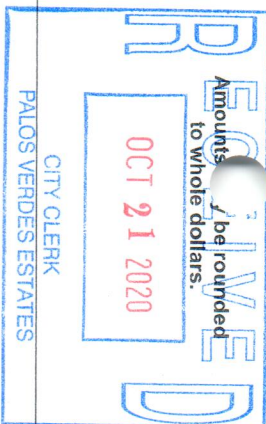
\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gayne Brenneman, MD



Statement covers period  
from 9-30-20  
through 10-22-20

CALIFORNIA  
FORM  
**460**

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I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/20	Gayne Brenneman 1540 Via Zwitter PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	physician self-employed Gayne Brenneman	1020.00	1020.00	1020.00
9/29/20	Gayne Brenneman 1540 Via Zwitter PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	physician self-employed Gayne Brenneman	3484.00	3484.00	3484.00
7/24/20	Gayne Brenneman 1540 Via Zwitter PUE, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	physician self-employed Gayne Brenneman	800.00	800.00	800.00
10/8/20	11	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	11	50.00	50.00	50.00
<b>SUBTOTAL \$</b>				<b>3484.00</b>	<b>4504.00</b>	<b>4504.00</b>

## Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 3484.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3484.00

\*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 E  
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Gayne Bremman, M.D.**



Amounts may be recorded to whole dollars.  
Statement covers period from **9-20-20** through **10-22-20**

SCHEDULE E  
**CALIFORNIA FORM 460**

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I.D. NUMBER

**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
<b>Campaign LA</b> 15518 S. Broadway Gardena, CA 90248	<b>CMP</b>		<b>campaign signs</b>	<b>1020.00</b> <i>credit memo for card</i>
<b>Campaign LA</b> 15518 S. Broadway Gardena, CA 90248	<b>CMP</b>		<b>campaign flyers</b>	<b>3484.00</b> <i>check #1510</i>
<b>PVE city clerk</b> State of California	<b>FIL</b>		<b>candidate fees for purchase of ballot statement</b>	<b>800.00</b> <i>check #50</i>
			<b>SUBTOTAL \$</b>	<b>4504.00</b> <i>5304.00</i>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ **3484.00**
- Unitemized payments made this period of under \$100 ..... \$ **0**
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ **0**
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 3484.00**