Off-Year

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COPY

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM 460

Page 1 of 8

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Feb 17, 2002 through June 30, 2002

Date of election if applicable: (Month, Day, Year) March 5, 2002

FILED JUL 29 2002 REGISTRAR OF V.

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [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
- [ ] Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
  - (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [X] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement – Attach Form 495

3. Committee Information

I.D. NUMBER 980853

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect David Sandstrom, CPA For Auditor-Controller

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

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
Nancy E. Loughrey

MAILING ADDRESS
[redacted]

CITY [redacted] STATE [redacted] ZIP CODE [redacted] AREA CODE/PHONE [redacted]

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 July 28, 2002 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 7/28/02 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

David Sandstrom

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Auditor/Controller Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[redacted]

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? ☐ YES ☐ 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? ☐ YES ☐ NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. 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 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from Feb 17, 2002 through June 30, 2002

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect David Sundstrom, CPA for Auditor-Controller

I.D. NUMBER: 980853

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TO-DATE)
1. Monetary Contributions	Schedule A, Line 3	$ 525	$ 2735
2. Loans Received	Schedule B, Line 7	<2561>	12000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ <2036>	$ 14735
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ <2036>	$ 14735

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	$ 15	$ 1454
7. Loans Made	Schedule H, Line 7		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 15	$ 1454
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<1439>	0
10. Nonmonetary Adjustment	Schedule G, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ <1454>	$ 1454

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
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 6,605
13. Cash Receipts	Column A, Line 3 above	<2036>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	2
15. Cash Payments	Column A, Line 8 above	<1454>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 3,117

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 12,000

Schedule A
Monetary Contributions Received

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

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period
from Feb. 17, 2002
through June 30, 2002

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect David Sundstrom, CPA for Auditor-Controller

I.D. NUMBER: 980853

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 OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - ~~DEC. 31~~ June 30)	PER ELECTION TO DATE (IF REQUIRED)
2/25/02	Orange County Employees Assoc. [redacted] over limit amt. returned within 30 days	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		<(450)	1000	1000
2/21/02	Melinda Moore [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed bookkeeper Wer Mor' Honey	200	200	200
2/25/02	Smith Public Affairs [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self employed Public Relations	250	850	850
2/22/02	David Carlson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Corporate management TV Guide	250	250	250
3/15/02	Marilyn Gahahl [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	homemaker	250	250	250
			SUBTOTAL $			

Schedule A Summary

1. Amount received this period – contributions of $100 or more. (Include all Schedule A subtotals.) ..... $ 500
2. Amount received this period – unitemized contributions of less than $100 ..... $ 25
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 525

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
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
from Feb 17, 2002
through June 30, 2002

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE.

NAME OF FILER: Committee to Elect David Sundstrom, CPA For Auditor/Controller

I.D. NUMBER: 980853

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN 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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
David Sundstrom [redacted] † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Auditor/Controller Orange Co. (candidate)	$ 14561	$	☒ PAID $ 2561 ☐ FORGIVEN $	$ 12,000 DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$ (Enter (e) on Schedule E, Line 3)			

Schedule B Summary

1. Loans received this period ..... $ _____
   (Total Column (b) plus unitemized loans less than $100.)
2. Loans paid or forgiven this period ..... $ 2561
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET $ <2561>
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
from Feb 17, 2002
through June 30, 2002

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect David Sundstrom, CPA for Auditor-Controller

I.D. NUMBER: 980853

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	RET	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
Washington Mutual Bank	OFC	deposit stamp	15—

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

SUBTOTAL $ 15—

Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period from Feb 17, 2002 through June 30, 2002

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect David Sundstrom, CPA for Auditor/Controller

I.D. NUMBER: 980853

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
David Sundstrom [redacted] (paid to County of Orange)	FIL	1352		1352	0
David Sundstrom [redacted] (fundraiser expenses)	FND	87		87	0
SUBTOTALS		$ 1439	$ 0	$ 1439	$ 0

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

Schedule F Summary

1. 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 $ _____
2. 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 $ 1439 –
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... NET $ (1439) May be a negative number

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from Feb. 17, 2002
through June 30, 2002

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect David Sundstrom, CPA for Auditor/Controller

I.D. NUMBER
980853

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $
2. Unitemized increases to cash under $100 this period. ..... $ 2
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 2