

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2006 OCT 26 AM 11:02 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 460
	Page <u>1</u> of <u>12</u> For Official Use Only

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	Date of election if applicable (Month, Day, Year) <u>NOV 7, 2006</u>
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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 | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1286413

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

NANCY GARDNER FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)

323 JASMINE AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CORONA DEL MAR	CA	92625	949.673.0706

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

P. O. BOX 10901

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92658	949.759.9341

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

RAYMOND J. ZARTLER

MAILING ADDRESS

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	949.759.9341

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 25 Oct 2006
Date

Executed on 10/25/06
Date

Executed on _____
Date

Executed on _____
Date

By Raymond J. Zartler
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 12

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

NANCY GARDNER FOR CITY COUNCIL

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

COUNCIL MEMBER, CITY OF NEWPORT BEACH, DISTRICT 6

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

323 JASMINE AVE. CORONA DEL MAR, CA 92625

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

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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
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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
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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 from <u>OCT 1, 2006</u>	CALIFORNIA FORM 460
through <u>OCT 21, 2006</u>	
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1286413</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>9,084.00</u>	\$ <u>27,851.00</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>10,209.65</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,084.00</u>	\$ <u>38,057.65</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>9,084.00</u>	\$ <u>38,057.65</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>9,226.74</u>	\$ <u>18,155.63</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>9,226.74</u>	\$ <u>18,155.63</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>9,226.74</u>	\$ <u>18,155.63</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>20,044.76</u>
13. Cash Receipts Column A, Line 3 above	<u>9,084.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>9,226.74</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>19,902.02</u>

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

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.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>10,209.65</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

I.D. NUMBER
1286413

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)	PER ELECTION TO DATE (IF REQUIRED)
OCT 2	DEBRA E. ALLEN ██████████ ██████████ 92605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ALLEN, MULLINGS & ALLEN	\$500.00	\$500.00	\$500.00
OCT 2	KEITH DAWSON ██████████ ██████████ 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY DAWSON & DAWSON	\$300.00	\$300.00	\$300.00
OCT 2	THE HEALTH EMPORIUM ██████████ ██████████	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	\$300.00
OCT 2	ELEANOR TODD ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$200.00	\$200.00	\$200.00
OCT 2	WILLIAM A. WREN ██████████ ██████████	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	\$100.00
SUBTOTAL \$				1,400.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,196.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 888.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9,084.00

*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 from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>14</u>	I.D. NUMBER <u>1286413</u>

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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)	PER ELECTION TO DATE (IF REQUIRED)
OCT 4	MARIANNE FARRELL [REDACTED] CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$200.00	\$200.00	\$200.00
OCT 4	SPECTRUM ASSET MANAGEMENT, INC [REDACTED] 92860	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
OCT 6	JOHN L. CURCI [REDACTED] 92880	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR CURCI-TURNER CO. LLC	\$300.00	\$300.00	\$300.00
OCT 8	KIRK E. GOODING [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE KIRK E. GOODING	\$500.00	\$500.00	\$500.00
OCT 8	LINDA SCHULEIN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$150.00	\$150.00	\$150.00
SUBTOTAL \$				1,400.00		

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**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 from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
Page <u>6</u> of <u>12</u>	I.D. NUMBER 1286413

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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)	PER ELECTION TO DATE (IF REQUIRED)
OCT 8	JEAN H. WATT [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$250.00	\$250.00	\$250.00
OCT 9	JANET RAY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$250.00	\$250.00	\$250.00
OCT 9	BARBARA SHELTON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$150.00	\$250.00	\$250.00
OCT 10	EDWARD M. HEPNER & ASSOCIATES, INC. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
OCT 10	NEWPORT BEACH FIREFIGHTERS ASSOC. [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC #1243243	\$500.00	\$500.00	\$500.00
SUBTOTAL \$				1,400.00		

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- IND - Individual
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(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 from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
Page <u>7</u> of <u>12</u>	I.D. NUMBER 1286413

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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)	PER ELECTION TO DATE (IF REQUIRED)
OCT 12	THOMAS M. BARNETT [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT INLAND ENERGY, INC.	\$500.00	\$500.00	\$500.00
OCT 12	GEORGE SCHROEDER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE PRUDENTIAL REALTY	\$100.00	\$100.00	\$100.00
OCT 12	JOSE T. TOLENTINO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMPTROLLER THE INLAND GROUP	\$500.00	\$500.00	\$500.00
OCT 12	MITZI WELLS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$100.00	\$100.00	\$100.00
OCT 13	NEWPORT BEACH POLICE EMPLOYEES ASSOCIATION [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STEVE RASMUSSEN TREASURER	\$500.00	\$500.00	\$500.00
SUBTOTAL \$				1,700.00		

*Contributor Codes
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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
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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 from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
Page <u>8</u> of <u>12</u>	I.D. NUMBER <u>1286413</u>

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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)	PER ELECTION TO DATE (IF REQUIRED)
OCT 13	SUSAN RICHARDSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$100.00	\$100.00	\$100.00
OCT 13	CRAIG SMITH [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER CRAIG SMITH	\$200.00	\$200.00	\$200.00
OCT 14	BLOSSOM SIEGEL [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	\$500.00
OCT 12	GRACE E. DOVE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$100.00	\$199.00	\$199.00
OCT 17	NANCY K. NELSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	\$500.00
SUBTOTAL \$				1,400.00		

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
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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 from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
	Page <u>9</u> of <u>12</u>
I.D. NUMBER 1286413	

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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)	PER ELECTION TO DATE (IF REQUIRED)
OCT 17	ARDELL INVESTMENT COMPANY [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$249.00	\$249.00	\$249.00
OCT 17	VMA CALIFORNIA, LLC [REDACTED] 30	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$198.00	\$198.00	\$198.00
OCT 20	TED E. BEAN [REDACTED] S-216	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE BROKER REAL ESTATE ENTERPRISES	\$200.00	\$200.00	\$200.00
OCT 20	ETCO DEVELOPMENT, INC. [REDACTED] 30	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$249.00	\$249.00	\$249.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				896.00		

*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
from OCT 1, 2006
through OCT 21, 2006

CALIFORNIA **460**
FORM

Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

I.D. NUMBER

1286413

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
NANCY GARDNER 323 JASMINE AVE. CORONA DEL MAR, CA 92625 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$ 10209.65	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 10209.65 DATE DUE	_____% RATE \$ 0	\$ 10209.6 7-8/2006 DATE INCURRED	CALENDAR YEAR \$ 10295.65 PER ELECTION** \$ 10295.65
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$		0 \$	0 \$	10,209.65 \$	0			

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$ 0**
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		CALIFORNIA FORM 460
from	OCT 1, 2006	
through	OCT 21, 2006	Page 11 of 12
		I.D. NUMBER 1286413

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS SOUTH 3309 S. MAIN STREET SANTA ANA, CA 92707	CMP			\$2,266.20
KENNY THE PRINTER 17931 SKY PARK CIRCLE IRVINE, CA 92614	LIT			\$3,802.49
POLITICAL DATA INC. P. O. BOX 1706 BURBANK, CA 91507	LIT			\$550.97

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

SUBTOTAL \$ 6,619.66

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	9,226.74
2. Unitemized payments made this period of under \$100	\$	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	9,226.74

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>12</u>
	I.D. NUMBER 1286413

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NANCY GARDNER FOR CITY COUNCIL

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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U. S. POSTAL SERVICE NEWPORT BEACH, CA 92660	POS		\$2,300.40
RAYMOND J. ZARTLER 1970 PORT PROVENCE NEWPORT BEACH, CA 92660	PRO		\$187.00
SIR SPEEDY 1303 AVOCADO S-185 NEWPORT BEACH, CA 92660	LIT		\$119.68

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

SUBTOTAL \$ 2,607.08