


**Recipient Committee  
Campaign Statement  
Cover Page**

ORIGINAL

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>9/20/2020</u> through <u>10/22/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u>		CALIFORNIA FORM 460 Page <u>1</u> of <u>18</u> For Official Use Only
Date Stamp: OCT 22 2020 CITY CLERK: PALOS VERDES ESTATES			

**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
- 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) Sewell 4 Council 2020 I.D. NUMBER 1427105

STREET ADDRESS (NO P.O. BOX) 3400 Via La Selva

CITY Palos Verdes Estates STATE CA ZIP CODE 90274 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 3400 Via La Selva

CITY Palos Verdes Peninsula STATE CA ZIP CODE 90274 AREA CODE/PHONE [REDACTED]

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

**Treasurer(s)**

NAME OF TREASURER Bill Sewell

MAILING ADDRESS 3400 Via La Selva

CITY Palos Verdes Estates STATE CA ZIP CODE 90274 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

Executed on 10/22/2020 Date \_\_\_\_\_ By \_\_\_\_\_

Executed on 10/22/2020 Date \_\_\_\_\_ By \_\_\_\_\_

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

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent \_\_\_\_\_

Signature of Assistant Treasurer \_\_\_\_\_

Signature of Measure Proponent or Responsible Officer of Sponsor \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent \_\_\_\_\_

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
William "Bill" Sewell

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
3400 Via La Selva Pals Verdes 1 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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY STATE ZIP CODE AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?
COMMITTEE ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO
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
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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
William "Bill" Sewell

Statement covers period from 9/20/2020 through 10/22/2020

Page 3 of 10  
I.D. NUMBER 1427105

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 112	\$ 2,050
2. Loans Received.....	Schedule B, Line 3 0	2,000
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 112	\$ 4,050
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 112	\$ 4,062

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 1,196	\$ 4,062
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 1,196	\$ 4,062
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule C, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 4,062	\$ 4,062

## 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 \$ 1,084	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 112	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	
15. Cash Payments.....	Column A, Line 8 above 1,196	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0	

## LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0
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## 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

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 9/20/2020  
through 10/22/2020

SCHEDULE A  
**CALIFORNIA 460**  
FORM

NAME OF FILER  
**William "Bill" Sewell**

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I.D. NUMBER  
**1427105**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
7/18/2020	Phyllis Scribe [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$200	
8/20/2020	James Nymann [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman James Nymann	0	\$300	
8/11/2020	Edward Kennedy [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$100	
8/11/2020	David Meizlik [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner David Meizlik	0	\$500	
8/27/2020	Frank Adams [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$100	
<b>SUBTOTAL \$ 1,200</b>						

## Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 100

2. Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 16

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 116**

\*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

Amounts may be rounded  
to whole dollars.

NAME OF FILER

William "Bill" Sewell

Statement covers period  
from 9/20/2020  
through 10/22/2020

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**CALIFORNIA  
FORM 460**

SCHEDULE A (CONT.)

I.D. NUMBER  
1427105

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)
8/19/2020	Frank Clark [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$100	
8/13/2020	William Lama [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$50	
8/14/2020	David Cross [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$300	
8/31/2020	Stacy Koehn [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$25	
8/14/2020	Desiree Myers [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$240	
<b>SUBTOTAL \$ 715</b>						

\*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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 9/20/2020  
through 10/22/2020

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NAME OF FILER  
William "Bill" Sewell

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)
7/10/2020	Arthur Tulk [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$50	
7/10/2020	Charles Collinge [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$500	
7/28/2020	Pamela Marrott [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	0	\$200	
9/24/2020	Ann Buxton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
<b>SUBTOTAL \$ 850</b>						

\*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

Amounts may be rounded  
to whole dollars.

SCHEDULE E  
**CALIFORNIA 460**  
FORM

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

William "Bill" Sewell

Statement covers period  
from 9/20/2020  
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1427105

**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
Perry Mailing 2531 West 237th Street Torrance, CA 90505			POS	\$1,196
<b>SUBTOTAL \$</b>				

\* 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.) ..... \$ 1,196
- 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 \$ 1,196**