Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp RECEIVED	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/21/2012 through12/31/2012	Date of election if applicable: (Month, Day, Year) [18 A 18 MAL EI	Page 1 of 15 For Official Use Only		
Stale Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	inplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Sp Su Su Sta	uarterly Statement secial Odd-Year Report applemental Preelection atement - Attach Form 495		
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Scott Schoeffel for City Council 2 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COL CITY STATE ZIP COL CITY STATE ZIP COL	DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Betty Presley MAILING ADDRESS CITY MAME OF ASSISTANT TREASUR MAILING ADDRESS	RER, IF ANY	CODE AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS			
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 01/25/2013 Date Executed on 01/26/2013 Date Executed on Date Executed on Date	By Sgnatufe of Cont	Wiedge the information contained her Signature of Treasurer or Assistant Tolling Officeholder, Candidate, State Measure Projection of Controlling Officeholder, Candidate, St.	Treasurer ponent or Responsible Officer of Sponso			

Officeholder or Candidate Co	ontrolled Committe	e	6.	Primarily Formed Ball	ot Measur e	Committee		
NAME OF OFFICEHOLDER OR CANDIDA	ATE			NAME OF BALLOT MEASURE				
Scott Schoeffel								
OFFICE SOUGHT OR HELD (INCLUDE LOCity Council Member City of Dana Point	OCATION AND DISTRICT N	UMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO	O. AND STREET) CITY	STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure p	roponent, if an
				NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PF	ROPONENT		-
Related Committees Not Inc not included in this statement that ar contributions or make expenditures of	re controlled by you or a	re primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. II	F ANY
COMMITTEE NAME	1.1	D. NUMBER						
			7.	Primarily Formed Can	didate/Offic	eholder Co	ommittee <i>Lis</i>	st names of
NAME OF TREASURER	C	ONTROLLED COMMITTEE?		officeholder(s) or candidate(
COMMITTEE ADDRESS STREET	(NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP COD	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		ONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	STATE ZIP CODE	AREA CODE/PHONE		Arra	ch continuati	an sheets if s		

Campaign Disclosure Statement Summary Page

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

Statement covers period from 10/21/2012 CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE		th	hrough12/31/2012	Page3 of15
NAME OF FILER Friends of Scott Schoeffel for City Council 2012				I.D. NUMBER 1307443
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,569.00 0.00		20. Contributions Received \$	10 pate
Expenditures Made 6. Payments Made	\$ 6,496.67 -4,190.76 0.00	\$ 28,450. 800.	.00 22. Cumulativ .84 (# Subject to .00 Date of Election (mm/dd/yy)	Summary for State e Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts	\$ 0.00 \$ 0.00 \$ 0.00	To calculate Column I amounts in Column A corresponding amoun from Column B of your report. Some amoun Column A may be negigures that should be subtracted from previous amounts. If the first report being for this calendar year carry over the amoun from Lines 2, 7, and 9 any).	*Amounts in this section in reported in Column B. take in gative e vicus is is is filed r, only ints	nay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$37,300.00_		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

SU	1EDU	ILE	ř
	_	_	_

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA	460
		from10/21/2012	FORM	400
SEE INSTRUCTIONS ON REVERSE		through	Page4c	of15
NAME OF FILER Friends of Scott Schoeffel for City Council 2012			I.D. NUMBER 1307443	

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)	TO	LECTION DATE (QUIRED)	
10/23/2012	C. Robert Jameson	XIND COM OTH PTY SCC	Arbitration/Mediator OC Judge Bob, Inc.	670.00	670.00	G 12	670.00	
10/25/2012	Coffee Management, Inc	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	G 12	200.00	
10/30/2012	EMS Management, LLC	□IND □COM 図OTH □PTY □SCC		350.00	350.00	G 12	350.00	
11/02/2012	Sempra Energy	□IND □COM 図OTH □PTY □SCC		150.00	150.00	G 12	150.00	
11/06/2012	CR&R Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	500.00	G 12	500.00	
·	SUBTOTAL\$ 1,870.00							

Schedule A Summary

Amount received this period – itemized monetary contributions.		
(Include all Schedule A subtotals.)\$	2,	420.00
· · · · · · · · · · · · · · · · · · ·		

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 149.00

3. Total monetary contributions received this period. 2,569.00 *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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNÍA AGO
from 10/21/2012	FORM 400

through 12/31/2012

NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

I.D. NUMBER 1307443

Page ____5 of ___15

SCHEDULE A (CONT.)

						1307			
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 D CALENDAR YEA (JAN, 1 - DEC. S	\R	T	RELECTION TO DATE REQUIRED)	
12/31/2012	Rodney Howorth	⊠IND □COM □OTH □PTY □SCC	Consultant Rodney Howorth	50.00	100	0.00	G 12	100.00	
12/31/2012	Ruby Netzley	IND COM OTH PTY SCC	Retired	150.00	150	1.00	G 12	150.00	
12/31/2012	April O'Connor	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Executive Monarch Design & Management	200.00	200	1.00	G 12	200.00	
12/31/2012	Vincent F. Sarmiento	XIND COM OTH PTY SCC	Attorney Law Offices of Vincent F. Sarmiento	150.00	150	0.00	G 12	150.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
			SUBTOTAL	550.00		E	1	THE LAND	

*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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

S	cł	ned	ule	B-	Part	1
L	oa	ns	Red	ceivi	ed	

Type or print in ink.

SCHEDI	HER	PART
- OUT THE LOT	of builting but ?	CONTRACT

Schedule B – Part 1	This was the same of the same			CALIFORNIA 460				
Loans Received		to whole dollar	5.		from10/21	/2012	FORM	00
SEE INSTRUCTIONS ON REVERSE					through12/31	/2012	Page6	of15
NAME OF FILER		· -					I.D. NUMBER	
Friends of Scott Schoeffel for City Co	uncil 2012						1307443	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PA OR FORGIVI THIS PERIO	CLOSE OF THIS	(a) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc	2,000.00	0.00	\$ PAID \$ PORGIVEN	- \$	% RATE 0.00	\$	PER ELECTION** G12 15,000.00
TEND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	5
Joseph Scott Schoeffel ↑ IND □ COM □ OTH □ PTY □ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc	6,000.00	\$0.00	PAID \$0. FORGIVEN \$0.	_ \$	RATE 0.00	\$6,000.00 \$06/30/2008 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION ** GL2 15,000.00 \$
Joseph Scott Schoeffel Tomail and a common of the property of	Council Member Attorney/Integrated Healthcare Holdings, Inc	5,000.00	\$\$	PAID 5 0. FORGIVEN 0.	_ \$	RATE 0.00	\$5,000.00 \$09/30/2008 DATE INCURRED	\$
		SUBTOTALS S	0.00	\$ 0.	00 \$ 13,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	s of less than \$100.)) paid or forgiven.)				0.00	IN C O P	TH – Other (e.g., TY – Political Part	ommittee PTY or SCC) business entity)
 Net change this period. (Subtract Line Enter the net here and on the Summar 		.,,	***************************************	. NET \$ _	(May be a negative number)	S	CC – Small Contril	outor Committee
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)						

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

Sched	ule	B-	Part	1
Loans	Rec	eive	he	

Type or print in ink.

	SCHEDULE B - PART 1
tatement covers period	CALIFORNIA 460
	27010

Loans Received	Amounts may be rounded to whole dollars.			from10/21	ers period	CALIFORNI FORM	⁴⁶⁰	
SEE INSTRUCTIONS ON REVERSE					through12/31	./2012	Page7	of15
NAME OF FILER							I.D. NUMBER	
Friends of Scott Schoeffel for City Co	uncil 2012			_			1307443	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel	Council Member			☐ PAID				CALENDAR YEAR
	Attorney/Integrated Healthcare Holdings, Inc.			\$0.0	- \$		\$6,000.00	\$15,000.00 PER ELECTION**
	indianidate notatingo, inc	6,000.00	0.00	-		0.00		G12 15,000.00
TED IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	12/04/2008 DATE INCURRED	\$
Joseph Scott Schoeffel	Council Member			☐ PAID				CALENDAR YEAR
				5.0	500.00		500.00	\$ 15,000.00
	Attorney/Integrated Healthcare Holdings, Inc			FORGIVEN		RATE		PER ELECTION **
		500.00	0.00	0.0	00	0.00	08/24/2009	G12 15,000.00
TEN IND COM OTH PTY SCC					DATE DUE	-	DATE INCURRED	
Joseph Scott Schoeffel	Council Member			□ PAID				CALENDAR YEAR
	Attorney/Integrated			\$	\$ 1,000.00	%	1,000.00	\$ 15,000.00
	Healthcare Holdings, Inc.			FORGIVEN		RATE		PER ELECTION**
		1,000.00	\$	5	_	0.00	01/31/2010	G12 15,000.00
TEND COM OTH PTY SCC				<u></u>	DATE DUE		DATE INCURRED	
		SUBTOTALS \$	0.00 \$	0.	00 \$ 7,500.00	<u> </u>		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				¢	0.00			
(Total Column (b) plus unitemized loans				Ф —		(to	ontributor Codes	
, , , , , ,	•					IN	D – Individual	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100				\$ _	0.00	· co	OM – Recipient Co	mmittee PTY or SCC)
(Include loans paid by a third party that		ule A.)					TH - Other (e.g.,	business entity)
		•					'Y – Political Party CC – Small Contrib	
Net change this period. (Subtract Line Enter the net here and on the Summary		***************************************		NET \$ _	(May be a negative number)		- Sirial World It	
	,							

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

Sched	ule	B-	Part	1
Loans	Rec	eive:	ed	

Type or print in ink. Amounts may be rounded

SCH	HED	ULE	B-	PART	7
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Schedule B – Part 1 Loans Received	Amo	unts may be ro to whole dollar	ounded		Statement cov	vers period	CALIFORN FORM	¹⁴ 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel for City Co	uncil 2012				through12/31	1/2012	Page8 1.D. NUMBER 1307443	of <u>15</u>
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	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel TEN IND COM OTH PTY SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	1,000.00	\$	PAID \$ 0.0 FORGIVEN 0.0	\$ 1,000.00	RATE 0.00	1,000.00 \$	CALENDAR YEAR \$ 15,000.00 PER ELECTION** GL2 15,000.00 \$
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.	\$	\$	PAID \$ 0.0 FORGIVEN 0.0	_ \$	%%	4,000.00 \$	CALENDAR YEAR \$15,000.00 PER ELECTION ** GL2
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.	\$6,000.00	\$	PAID SO.C FORGIVEN 0.C	- \$	RATE 0.00	\$6,000.00 \$09/17/2012 DATE INCURRED	CALENDAR YEAR \$ 15,000.00 PER ELECTION** G12 15,000.00 \$
		SUBTOTALS \$	0.00	0.	00 \$ 11,000.00	\$ 0.00		
Schedule B Summary 1. Loans received this period				\$	0.00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)			\$	0.00	. INI CC	ontributor Codes D – Individual DM – Recipient Co (other than I FH – Other (e.g., Y – Political Party	ommittee PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summary *Amounts forgiven or paid by another party also n	Page, Column A, Line 2.)		NET \$ _	0.00 (May be a negative number)		C - Small Contrib	

** If required.

S	ch	ed	ule	B-	Part	1
Ĺ	nai	ns	Rec	eive	ed	

Type or print in ink. Amounts may be rounded

SCF	HED	ULE	B-	PΑ	RT	1
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Statement covers period

Schedule B – Part 1	Amo	unts may be ro	unded		Statement cove	ers period	CALIFORN	^A 460
Loans Received		to whole dollar	whole dollars			/2012	FORM	00
SEE INSTRUCTIONS ON REVERSE					through12/31	/2012	Page 9	of15
NAME OF FILER		_					i.D. NUMBER	
Friends of Scott Schoeffel for City Co	ouncil 2012						1307443	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN. CLOSE OF THIS	(•) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel	Council Member			PAID				CALENDARYEAR
	Attorney/Integrated Healthcare Holdings, Inc	5,000.00	0.00	\$ 0.1	- *	% RATE	\$	\$15,000,00 PER ELECTION** G12
†⊠IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	10/19/2012 DATE INCURRED	\$
				PAID				CALENDARYEAR
				\$FORGIVEN	\$	RATE %	\$	\$ PER ELECTION **
†□IND □COM □OTH □PTY □SCC		\$	S	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				FORGIVEN	- \$	RATE %	\$	PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DAYE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	0.00	\$ 0.	.00 \$ 5,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				s _	0.00			
(Total Column (b) plus unitemized loan							Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	0 paid or forgiven.)			\$ _	0.00	. C	TH – <mark>Òthe</mark> r (e.g., TY – Political Part	PTY or SCC) business entity) y
 Net change this period. (Subtract Line Enter the net here and on the Summar 	e 2 from Line 1.)y Page, Column A, Line 2.	••••	***************************************	. NET \$ _	(May be a negative number)	S	CC – Small Contri	butor 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 lnk.

Statement covers period	CALIFORNIA 160
from10/21/2012	FORM 400
through	Page10 of15
	I.D. NUMBER
	1307443

Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel for City Council 2012 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications

CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances campaign consultants SAL campaign workers' salaries CTB contribution (explain nonmonelary)* OFC office expenses petition circulating TEL 1.v. or cable airtime and production costs CVC civic donations candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees staff/spouse travel, lodging, and meals polling and survey research TRS FND fundraising events TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) क्स print ads campaign literature and mailings NAME AND ADDRESS OF PAYER AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Print Depot 740.05 LIT

560.57 US Postmaster POS 297.20 Sign Lingo OFC

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL\$** 1,597.82

Schedule E Summary

6,471.67 25.00 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ ____

Schedule E (Continuation Sheet)

Type or print in lnk. Amounts may be rounded

SCHEDULE I	(CONT.)
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CALIFORNIA ACO

Statement covers period

Payments Made	to whole do	llars.		from 10/21/2012	FOR	M 400
SEE INSTRUCTIONS ON REVERSE				through 12/31/2012	— Page	11 of 15
NAME OF FILER					I.D. NUMBI	
Friends of Scott Schoeffel for City Council 2012					130744	
CODES: If one of the following codes accurately describe	s the payment, y	ou may e	nter the code. Othe	rwise, describe the payme	ent.	
CMP campaign paraphemalia/mlsc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	d appearanc ses lating survey resea ivery and mo		RAD radio airtime and product returned contributions SAL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between communication websites and travel transfer between communication technology of the same control of the same candidate travel, lodging transfer between communication technology of the same candidate travel, lodging transfer between communication technology of the same candidate travel.	nies production costs , and meals ing, and meals ittees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
St Regis Monarch Beach Betty Presley & Associates, Inc.		FND	10/13 Reception (Costs		1,807.51
		PRO				600.00
Federal Express		POS				21.64
St Regis Monarch Beach		FND	9/23 Reception Co	osts		1,643.20
Norman Denton		LIT				560.00
* Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D.	:		SUBTOTAL \$	4,632.35

Schedule E (Continuation Sheet) Payments Made

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

		SCHEDOLE E (CON)
Statement covers period		CALIFORNIA 160
from	10/21/2012	FORM TOU
through	12/31/2012	Page12 of15
		I.D. NUMBER
		1307443

SEE INSTRUCTIONS ON REVERSE		through 12/31/2012	Page12 of15
NAME OF FILER Friends of Scott Schoeffel for City Council 2012			I.D. NUMBER 1307443
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* OFC office expendence expenditure of pelition circumpaths of period phone bank polling and polling and postage, de	nmunications Id appearances Ises Ilating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro- TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	costs duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
San Clemente Times	PRT		241.50
* Payments that are contributions or independent expenditures must also be summarized or	Schedule D.	SL	JBTOTAL \$ 241.50

Schedule F

Type or print in ink.

CALIFORNIA Statement covers period **FORM** 10/21/2012 Page 13 of 15 I.D. NUMBER

Amounts may be rounded **Accrued Expenses (Unpaid Bills)** to whole dollars. through 12/31/2012 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel for City Council 2012 1307443 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	MTG meetings and appearances OFC office expenses PET pelition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)		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 voter registration 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
BankofAmericard	FND	800.00	0.00	0.00	800.00
St Regis Monarch Beach	FND 9/23 Reception Costs	1,643.20	0.00	1,643.20	0.00
St Regis Monarch Beach	FND 10/13 Reception Costs	1,807.51	0.00	1,807.51	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	4,250.71	0.00	3,450.71\$	800.00

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.)	0.00

- 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 \$ ____ 4,190.76
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA 460
from 10/21/2012	FORM TOO
through 12/31/2012	Page 14 of 15
	I.D. NUMBER
	1307443

NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

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 CNS campaign consultants MTG contribution (explain nonmonelary)* CTB OFC CVC civic donalions PET candidate filing/ballot fees fundraising events

independent expenditure supporting/opposing others (explain)* ND legal defense LEG campaign literature and mailings

petition circulating phone banks POL polling and survey research postage, delivery and messenger services

meetings and appearances

office expenses

professional services (legal, accounting) PRT. print ads

RAD radio airlime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

voter registration

WEB information technology costs (internet, e-mail)

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

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	
Print Depot	LIT	740.05	0.00	740.05	0.00	
	_					
SUBTOTALS \$ 740.05 \$ 0.00 \$ 740.05 \$ 0.00						

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

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

	SCHEDULE G
Statement covers period	CALIFORNÍA ACO
from10/21/2012	FORM 400
through12/31/2012	Page15 of15
	I.D. NUMBER 1307443

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Friends of Scott Schoeffel for City Council 2012

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Norman Denton

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs

CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND

independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings LIT

PET' petition circulating PHO phone banks POL polling and survey research professional services (legal, accounting) PRO PRT print ads

TEL. t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

RFD returned contributions

SAL campaign workers' salaries

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Campaign LA	CMP		•		400.00
JS Postmaster	POS				160.00
Attach additional information on appropriately labeled continuation shee	ts.			TOTAL* \$	560.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.