Campaign Statement	Type or print in	ink.	Date Stamp	COVER PAGE	
Cover Page	1			ORM 40U	
(Government Code Sections 84200-84216.5)					
	Statement covers period	Date of election if applicable:	CITY OF DA	MA DOME	
	from06/14/2014	(Month, Day, Year)		90	Annual Control of the
SEE INSTRUCTIONS ON REVERSE	through06/30/2014	06/03/2014	2014 JUL 30	A 10: 02 ^{Fo}	r Official Use Only
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	CITY OF EDITION	VED.	
X Officeholder, Candidate Controlled Committee □ P State Candidate Election Committee □ C Recall □ C (Also Complete Part 5) □ C □ General Purpose Committee □ P □ Sponsored □ P □ Small Contributor Committee ○ O	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored //so Complete Part 6) rimarily Formed Candidate/ ffliceholder Committee //so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Stater Special Odd-Ye Supplemental P Statement - Atta	ear Report Preelection
o. Committee information	. NUMBER .359658	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Lisa Bartlett for Supervisor 2014 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COL MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	THE TOOLE HONE	NAME OF TREASURER Jen Slater MAILING ADDRESS CITY NAME OF ASSISTANT TREASUR	STATE SER, IF ANY	ZIP CODE	AREA CODE/PHONE
		MAILING ADDRESS			
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE	ZIP CODE	AREA CODE/PHONE
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	By Steadure of Obnir	Signature of Treasurer of Assignant T	reasurer conent or Responsible Officer of		nd complete. I certify
Date Executed on	Bv	Signature of Controlling Officeholder, Candidate, Sta			
Date	S,	ignature of Controlling Officeholder, Candidate, Sta	ite Measure Proponent		

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

Recipient Committee Campaign Statement Cover Page — Part 2

	ORNIA DRM	460
Page _	2	of 20

. Officeholder or Candidate Controlled Comm	ittoo		.			
STATE OF THE STATE		6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · · ·		
Bartlett Lisa						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	Ta
County Supervisor: County of Orange District						SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP					
			Identify the controlling office	eholder, can	didate, or state meas	sure proponent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this Sta	tomont					
not included in this statement that are controlled by you	or are primarily formed to receive		OFFICE SOUGHT OR HELD		Tournier	110 15 111
contributions or make expenditures on behalf of your car	edidacy.		ON THE STATE OF TH		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		-			
Lisa Bartlett for Dana Point City Council	1288779					
	1200,75					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Office	holder Committe	e List names of
Jen Slater	X YES NO		officeholder(s) or candidate(s)	for which this	committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	FID
	·					SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE					OPPOSE
2.10	ANLA CODEFHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	ELD SUPPORT
COMMITTEE						OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	MAINA		
			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SUPPORT
NAME OF TREASURER						☐ OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	ELD
COMMITTEE ADDRESS	YES NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)					LI OFFOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation	n sheets if necessary	,
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. onocio n necessary	

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

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE					throu	ıgh .	06/30/2014	Page3 of20
NAME OF FILER	-							I.D. NUMBER
Lisa Bartlett for Supervisor 2014								1359658
Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED 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	\$	14,454.00	\$	57,	588.0	0	General Elections	
2. Loans Received Schedule B, Line 3		17,000.00		117,	000.0	0	1/1 th	arough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	31,454.00	\$	174,	588.0	0	20. Contributions	r .
4. Nonmonetary Contributions Schedule C, Line 3		400.00		3,	464.7	4	Received \$ 21. Expenditures	\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	31,854.00	\$	178,	052.7	4	Made \$	\$
Expenditures Made							F	
6. Payments Made Schedule E, Line 4	\$	1,767.32	\$	169,	001.3	4	Expenditure Limit S	Summary for State
7. Loans Made Schedule H, Line 3		0.00	1830		0.0			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,767.32	\$	169,	001.3	4	22. Cumulativ	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				42,			Date of Election	
10. Nonmonetary Adjustment Schedule C, Line 3		400.00			464.7		(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE			\$	215,	256.2	0		
Current Cash Statement								\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2,712.67	То	calculate Colum	an D. n.			· ·
13. Cash Receipts Column A, Line 3 above		31,454.00	am	ounts in Columi	n A to t			
14. Miscellaneous Increases to Cash Schedule I, Line 4		200.00		responding am m Column B of		st		ay be different from amounts
15. Cash Payments Column A, Line 8 above		1,767.32	rep	ort. Some amo	ounts in		reported in Column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	32,599.35	figi	lumn A may be ures that should	d be	ı		
If this is a termination statement, Line 16 must be zero.	100 ton ton		subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts		- 1			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00						
Cash Equivalents and Outstanding Debts			fro	m Lines 2, 7, an				
18. Cash Equivalents See instructions on reverse	\$	0.00	an	y).				
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	159,790.12					FPPC Toll-Free Helplin	FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A

Monetary Contributions Received		to	whole dollars.	Statement covers period from06/14/2014		california 460			
	ONS ON REVERSE			through _06/30/2014			Page4 of20		
NAME OF FILER							IUMBER		
Lisa Bartle	tt for Supervisor 2014					1359			
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 CALENDAR YE (JAN. 1 - DEC.	DATE	PER	ELECTION O DATE EQUIRED)	
06/30/2014	Douglas Abramson	⊠IND □COM □OTH □PTY □SCC	Civil Engineer Douglas Abramson	500.00	1,0	00.00	P2014	\$1,000.00	
06/30/2014	Marjorie Adams	☑IND □COM □OTH □PTY □SCC	Retired None	500.00	9	00.00	P2014	\$900.00	
06/30/2014	Jaime Chahine	☑IND □COM □OTH □PTY □SCC	Chief Financial Officer Integral Communities	400.00	4	00.00	P2014	\$400.00	
06/30/2014	Elizabeth A. Claus	⊠IND □COM □OTH □PTY □SCC	Realtor Elizabeth Claus	100.00	3	00.00	P2014	\$400.00	
06/30/2014	CR&R Inc	□IND □COM ③OTH □PTY □SCC		900.00	9	00.00	P2014	\$1,900.00	
			SUBTOTAL\$	2,400.00				200	
Amount re- (Include all Amount re-	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)				IND - I COM -	(other	al ent Commit than PTY (e.g., busin	CONTROL OF THE PARTY OF THE PAR	
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colum	nn A, Line 1.)	TOTAL \$	14,454.00	SCC-	Small (Contributor	Committee (January/05)	

Type or print in ink.

Amounts may be rounded to whole dollars.

SCF	EDU	FA	(CONT.)	١

CALIFORNIA ACO

Statement covers period

				from06/14/	/2014	FO	RM	400
				through 06/30/	/2014	Page	5	of
NAME OF FILER				*******		I.D. NUME	BER	
Lisa Bartlett	for Supervisor 2014					1359658	3	
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 I CALENDAR YE (JAN. 1 - DEC.	AR	T	ELECTION O DATE EQUIRED)
	CREPAC - CA Real Estate PAC (ID# 890106)	☐IND IX COM ☐OTH ☐ PTY ☐ SCC		900.00	90	0.00 P	2014	\$1,900.00
06/30/2014	Joe Daichendt		CEO Theory R	500.00	50	0.00 P2	2014	\$500.00
06/30/2014	David M. Demshur		Geologist Core Laboratories	900.00	1,90	0.00 P2	2014	\$1,900.00
06/30/2014	Laureen Demshur	⊠IND □ COM □ OTH □ PTY □ SCC	Homemaker None	1,900.00	1,90	0.00 P2	2014	\$1,900.00
06/30/2014	Matthew Gunderson	⊠IND □COM □OTH □PTY □SCC	Owner GSM Auto Group	500.00	50	0.00 P2	2014	\$500.00
A management of the second sec	SUBTOTAL\$ 4,700.00							

*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)

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA ACO
from	06/14/2014	FORM 460
through_	06/30/2014	Page 6 of 20
		I.D. NUMBER

NAME OF FILER				through	Pa	ge6	_ of
					I.D	NUMBER	
Lisa Bartlett	t for Supervisor 2014	_			13	59658	*
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
	Art Hernandez	IND COM OTH PTY SCC	Manager WL Gore and Associates	200.00	300.(00 P2014	\$600.00
06/25/2014	John Hicks	⊠IND □COM □OTH □PTY □SCC	Owner Harbor Grill Restaurant	500.00	700.0	0 P2014	\$700.00
06/30/2014	Susan W. Hinman	COM	Director Municipal Water District of OC	100.00	350.0	0 P2014	\$350.00
	Mohammed R. Karkia	☑IND □COM □OTH □PTY □SCC	Retired None	255.00	255.0	0 P2014	\$255.00
06/27/2014	C. Evan Knapp		Principal Integral Communities	400.00	400.0	0 P2014	\$400.00
			SUBTOTAL	1 455 00		WALCON HOLD	

*Contributor Codes
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(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)

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA AGO
from	06/14/2014	FORM 460
through_	06/30/2014	Page 7 of 20
		I.D. NUMBER

NAME OF FILER				through06/30/	/2014 Page	7	of <u>20</u>
	t for Supervisor 2014				I.D. N	UMBER	
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)	PEF	R ELECTION TO DATE REQUIRED)
	Loesch	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P2014	\$250.00
06/27/2014	Craig Manchester	⊠IND □COM □OTH □PTY □SCC	Managing Partner Integral Communities	400.00	400.00	P2014	\$400.00
06/30/2014	Multi-County Rental Housing PAC (ID# 980470)	□IND 図COM □OTH □PTY □SCC		900.00	1,900.00	P2014	\$1,900.00
06/23/2014	Proud Marv's Restaurant	□IND □COM ⊠OTH □PTY □SCC		300.00	1,550.00	P2014	\$1,550.00
06/26/2014	Quantum Ozone	☐IND ☐COM 図OTH ☐PTY ☐SCC		150.00	150.00	P2014	\$150.00
			SUBTOTAL \$	2 000 00			

*Contributor Codes

IND – Individual

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(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)

Type or print in ink.

Amounts may be rounded to whole dollars.

_			SCHEDULE A (CONT.)
	State	ment covers period	CALIFORNIA ACO
	from	06/14/2014	FORM 40U
	through_	06/30/2014	Page 8 of 20
_			I.D. NUMBER

NAME OF FILER				vag		Page	or	
Lisa Bartlet	t for Supervisor 2014		-			I.D. NUMB 1359658		
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 I CALENDAR YE (JAN. 1 - DEC.	AR	TOI	LECTION DATE QUIRED)
06/25/2014	Enzo Scognamiglio	⊠IND □COM □OTH □PTY □SCC	Owner Brio Tuscany Grill	200.00	30	0.00 P2	014	\$300.00
06/30/2014	James Souza	☑IND □COM □OTH □PTY □SCC	Owner Pyro-Spectaculars, Inc	250.00	75	0.00 P2	014	\$750.00
06/30/2014	Rita Steel	⊠IND □COM □OTH □PTY □SCC	President West/Central US Robert Half International	1,900.00	1,90	0.00 P2	014	\$1,900.00
06/27/2014	Carma Tomlinson	☑IND □COM □OTH □PTY □SCC	Homemaker None	250.00	50	0.00 P20	014	\$500.00

Property Manager Tomlinson Management, Inc

	20BIOIAL\$	2,850.00
*Contributor Codes		
IND Individual		
COM – Recipient Committee		
(other than PTY or SCC) OTH – Other (e.g., business entity)		

XIND

COM OTH PTY SCC

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

500.00 P2014

\$500.00

250.00

PTY - Political Party

SCC - Small Contributor Committee

06/25/2014 John Tomlinson

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

_			SCHEDULE A (CONT.)
	State	ment covers period	CALIFORNIA AGO
	from	06/14/2014	FORM 460
	through_	06/30/2014	Page 9 of 20
			I.D. NUMBER

NAME OF FILER				through 06/30	/2014	Page.	9	of
T: D						I.D. NL	IMBER	
Lisa Bartlett	for Supervisor 2014					13596	558	
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 CALENDAR YE (JAN. 1 - DEC.	AR	Т	ELECTION TO DATE REQUIRED)
06/30/2014	Tustin Field Gas & Food Inc Lance Waite	□IND □COM ☑OTH □PTY □SCC		500.00	50	0.00	P2014	\$1,000.00
		⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Principal Integral Communities	400.00	40	0.00	P2014	\$400.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL\$	900.00				

*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 B - Part 1

Type or print in ink. Amounts may be rounded

SCHED	ULE	B-	PAF	TS
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Loans Received	Amounts may be rou to whole dollars				Statement cov	ers period 4/2014	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2014	Page10	of20
NAME OF FILER					*		I.D. NUMBER	
Lisa Bartlett for Supervisor 2014							1359658	
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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lisa Bartlett	Partner/Councilwoman Blue Water Realty/City of Dana Point			PAID \$00 FORGIVEN	15,100	0.00% RATE	\$ 20,000.00	CALENDAR YEAR \$ _42,601.80 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ _20,000.00	\$0.00	\$0.0	DATE DUE	\$0.00	08/10/2013 DATE INCURRED	\$ P2014 117,601.80
Lisa Bartlett	Partner/Councilwoman Blue Water Realty/City of Dana Point			PAID \$0.0 FORGIVEN	<u>0</u> \$_55,000.00		\$_55,000.00	\$ 42,601.80 PER ELECTION **
TEND COM OTH PTY SCC		\$_55,000.00	\$	\$0.0	DATE DUE	\$	12/31/2013 DATE INCURRED	\$ P2014 117,601.80
Lisa Bartlett	Partner/Councilwoman Blue Water Realty/City of Dana Point	\$ 20,000.00	0.00	\$O.0		0.00% RATE	\$_20,000.00	CALENDAR YEAR \$ 42,601.80 PER ELECTION**
TO IND COM OTH PTY SCC		\$ 20,000.00	\$	s	DATE DUE	\$	05/09/2014 DATE INCURRED	\$ P2014 117,601.80
		SUBTOTALS \$	0.00	٥.	95,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)			\$	17,000.00	(†c	ontributor Codes	
 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	ОТ	D – Individual DM – Recipient Co (other than I TH – Other (e.g., TY – Political Party	PTY or SCC) business entity)
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 \$	17,000.00 May be a negative number)		CC – Small Contrib	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.	7						

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

** If required.

Schedule B – Part 1 (Continuation Sheet) Loans Received	Type or print in Amounts may be r to whole dolla	ounded		Statement cov	vers period	SCHEDULE B CALIFORN FORM	-PART 1 (CONT.) IA 460
SEE INSTRUCTIONS ON REVERSE				through06/3	0/2014	B 11	
NAME OF FILER				tiirougii	0/2013	Page11	of20
Lisa Bartlett for Supervisor 2014						I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IF AN INDIVIDUAL, ENT OCCUPATION AND EMPLI (IF SELF-EMPLOYED, ENTE NAME OF BUSINESS)	OYER BALANCE	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	1359658 (f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lisa Bartlett Partner/Councilwoman Blue Water Realty/Co of Dana Point	n		PAID S 0.00 FORGIVEN	, EMOS	0.00% RATE	\$	CALENDAR YEAR \$ 42,601.80 PER ELECTION**
TE IND COM OTH PTY SCC	\$5,000.00	s	\$0.00	DATE DUE	\$	06/13/2014 DATE INCURRED	\$ P2014 117,601.80
Lisa Bartlett Partner/Councilwoman Blue Water Realty/C: of Dana Point	s0.00	\$_17,000.00	PAID \$ 0.00 FORGIVEN 0.00		%%	\$ 17,000.00 06/30/2014	CALENDAR YEAR \$ 42,601.80 PER ELECTION ** \$ P2014 117,601.80
TIND COM OTH PTY SCC				DATE DUE		DATE INCURRED	,
			PAID \$ FORGIVEN	s	% RATE	s	\$PER ELECTION **
TO IND COM OTH PTY SCC	\$	\$	s	DATE DUE	s	DATE INCURRED	\$
			PAID				CALENDAR YEAR
			\$FORGIVEN	s	%	s	\$

SUBTOTALS \$

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

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party

SCC - Small Contributor Committee

DATE INCURRED

†Contributor Codes

0.00

DATE DUE

22,000.00\$

0.00\$

17,000.00\$

†□ IND □ COM □ OTH □ PTY □ SCC

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C Statement covers period CALIFORNIA FORM 06/14/2014 from

SEE INSTRUC	TIONS ON REVERSE R				through06/30/20			12 of	20
Lisa Bart	lett for Supervisor 2014						I.D. NUME		
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)	DESCRIPTION C GOODS OR SERVI		CUMULATIN DATE CALENDAR (JAN 1 - DE	YEAR	TC	LECTION DATE QUIRED)
06/30/2014	Rainbow Sandals	□IND □COM ⊠OTH □PTY □SCC		4 Pairs of Sand	dals 400.00		400.00	P2014	\$400.00
		□IND □COM □OTH □PTY □SCC				7			
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labe	led continuati	on sheets.	SUBTO	TAL\$ 400.00				
1. Amount (Include	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.) received this period – unitemized nonmonet	•••••••				00 IND-Ir COM-	(other th	des t Committe an PTY or .g., busine	SCC)

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

400.00

PTY - Political Party

SCC - Small Contributor Committee

3. Total nonmonetary contributions received this period.

Schedule E Payments Made

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

		SCHEDULE E
St	atement covers period	CALIFORNIA 460
from	06/14/2014	FORM TOU
thro	ugh06/30/2014	Page13 of20
		I.D. NUMBER
		1250550

	to whole (ioliars.			from	06/14/201	.4 FC	DRM TOU
SEE INSTRUCTIONS ON REVERSE					through	06/30/201	4 Page	13 of20
NAME OF FILER		*****						JMBER
Lisa Bartlett for Supervisor 2014								
CODES: If one of the following and a second							1359	558
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	nmunication d appearant nses llating s survey reserved	ns nces earch messenger se	ervices	RAD rac RFD ret SAL can TEL t.v. TRC can TRS sta TSF tra VOT vot	dio airlime and prurned contribution mpaign workers' or cable airlime ndidate travel, loc ff/spouse travel, nsfer between coer registration	oduction costs ns salaries and production cos lging, and meals lodging, and meals	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTION OF	PAYMENT		AMOUNT PAID
American Express Payment Center		POS			to become and an			59.72
California Hope Trust		OFC						315.68
Endless Eye LLC		TEL				W = 40 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		821.12
* Payments that are contributions or independent expenditures	must also be summa	arized on	Schedule D).			SUBTOTAL	\$ 1,196.52
Schedule E Summary	1							
1. Itemized payments made this period. (Include all Schedule	E subtotals.)						¢	1,737.37
2. Unitemized payments made this period of under \$100							Ф <u></u>	2,737.37
Total interest paid this period on loans. (Enter amount from	Sobodulo B. Dard						\$	29.95
Total interest paid this period on loans. (Enter amount from Total payments made this period, (Add Lines 1, 2, and 2, 5)	Touledule B, Part 1	, Columi	ı (e).)				\$	0.00
Total payments made this period. (Add Lines 1, 2, and 3. E	inter here and on th	e Summ	ary Page, (Column A, L	.ine 6.)		TOTAL \$_	1,767.32

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

Schedule E (Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded

		SCHEDU	JLE E (CONT.)
State	ement covers period	CALIFORNIA	460
rom	06/14/2014	FORM	400

rayments made	to whole de	ollars.		from06/14/201	FOF	RM 40U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		n. c		through06/30/201	4 Page	14 of 20
Lisa Bartlett for Supervisor 2014					I.D. NUME	BER
CODES: If one of the following codes accurately CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain to the compaign literature and mailings) NAME AND ADDRESS OF PAYEE	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s postage, del PRO professional PRT print ads	munications d appearance ses lating s survey reseal ivery and me services (leg	ch ssenger services pal, accounting)	RAD radio airtime and returned contribut sAL campaign workers t.v. or cable airtim TRC candidate travel, k staff/spouse travel TSF transfer between voter registration WEB	production costs ions s' salaries e and production cost odging, and meals l, lodging, and meals committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER Orange County Republican Party		CODE	OR DE	ESCRIPTION OF PAYMENT		AMOUNT PAID
Voter Connections/eFundraising					1	350.00
		OFC				18.00
Voter Connections/eFundraising		OFC				172.85
* Payments that are contributions or independent expenditures	must also be summarized on s	Schedule D.			SUBTOTAL \$	540.85

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period **CALIFORNIA FORM** 06/14/2014 through 06/30/2014 Page ___15 __ of __20 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Lisa Bartlett for Supervisor 2014 1359658

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs CNS campaign consultants 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 candidate filing/ballot fees FIL phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) PRO 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	AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Venture Strategic Inc	CNS	3,500.00	0.00	0.00	3,500.00
	LIT	3,614.62	0.00	0.00	3,614.62
	TEL	821.12	0.00	821.12	0.00
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS \$	7,935.74\$	0.00\$	821.12\$	7,114.62

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

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 06/14/2014	FORM 400
through06/30/2014	Page 16 of 20
	I.D. NUMBER
	1359658

Lisa Bartlett for Supervisor 2014

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs CNS campaign consultants 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 phone banks PHO TRC candidate travel, lodging, and meals FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads 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
Cardmember Services Payment Center	TEL See Schedule G for Details	5,145.00	0.00	0.00	5,145.00
Venture Strategic Inc	CNS	3,500.00	0.00	0.00	3,500.00
Venture Strategic Inc	LIT	12,530.50	0.00	0.00	12,530.50
Venture Strategic Inc	CNS	0.00	4,050.00	0.00	4,050.00
	SUBTOTALS S	21,175.50	4,050.00	0.00	25,225.50

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
from06/14/2014	FORM 400
through06/30/2014	Page17 of20
	I.D. NUMBER
	1359658

Lisa Bartlett for Supervisor 2014

NAME OF FILER

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)* office expenses OFC 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 polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads 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
Campaign Compliance Group Inc	PRO	0.00	950.00	0.00	950.00
Pacific Fundraising Strategies	CNS	0.00	3,500.00	0.00	3,500.00
Evan Chaffee	CNS	2,500.00	0.00	0.00	2,500.00
Evan Chaffee	CNS	0.00	3,500.00	0.00	3,500.00
	SUBTOTALS	2,500.00\$	7,950.00	0.00	10,450.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 06/30/2014	Page 18 of 20
			I.D. NUMBER
Lisa Bartlett for Supervisor 2014 NAME OF AGENT OR INDEPENDENT CONTRACTOR			1359658
American Express			
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. 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 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 of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, a	uction costs meals and meals of the same candidate/sponsor
* Payments that are contributions or independent expenditures must also	he cummerized on Schodule D		8F 75 51

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	·I	AMOUNT PAID
Pederal Express Payment Center	POS				59.72
:					
ttach additional information on appropriately labeled continuation sheets				TOTAL A	

additional information on appropriately labeled continuation sheets.

TOTAL* \$

59.72

^{*} 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.

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

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

	SCHEDULE (
Statement covers period	CALIFORNIA 460
from06/14/2014	FORM 40U
through06/30/2014	Page 19 of 20
	I.D. NUMBER
	1359658

NAME OF FILER Lisa Bartlett for Supervisor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

California Hope Trust

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes ac	ccurately describes the payment, you may enter the code	Othoneigo describe the manual
CMP campaign paraphernalia/misc.	, and paymont, you may enter the code	. Otherwise, describe the payment.
CNS campaign consultants	MBR member communications	RAD radio airtime and production costs

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* ND LEG legal defense

campaign literature and mailings

MTG meetings and appearances

OFC office expenses PET petition circulating

PHO phone banks POL polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting) PRO

PRT print ads

RFD returned contributions SAL campaign workers' salaries

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

staff/spouse travel, lodging, and meals TRS TSF

transfer between committees of the same candidate/sponsor

VOT 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SDG&E	OFC			315.68
Attach additional information on appropriate to be to desire the second				

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

315.68

^{*} 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.

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Cash	Amounts	or print in ink. s may be rounded hole dollars.	Statement covers period from06/14/2014 through06/30/2014		CALIFORNIA 460 FORM Page 20 of 20
Lisa Bartlet	t for Supervisor 2014						I.D. NUMBER 1359658
DATE RECEIVED	F	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	SCRIPTION OF RECEIPT		AMOUNT OF
06/30/2014	Jason Pitkin			Payment for Rainbow Sandals			INCREASE TO CASH
06/30/2014	Mario Rodriquez			Payment for Rain	bow Sandals		100.00
Attach additional information on appropriately labeled continuation sheets.						SUBTOTAL \$	200.00
Schedule I	Summary						
Itemized increases to cash this period.				•••••	\$	200.00	
2. Unitemized increases to cash of under \$100 this period				•••••	\$	0.00	
3. Total of all interest received this period on loans made to others. (Schedule H, Co							
4. Total misce	ellaneous increases to	cash this period. (Add Lines 1, 2, and	d 3. Enter he	ere and on the		200.00	

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