CALIFORNIA 460 Cover Page  (Government Code Sections 84200-84216.5)  Statement covers period June 30 2014 through August 11, 2014  1. Type of Recipient Committee: All Committees — Complete Parts 1, 2, 3, and 4.  (Month, Day, Year)  August 11, 2014  1. Type of Recipient Committee: All Committee — Committee — Committee — Committee — State Candidate Election Committee — Sponsored — (Also Election Statement)  State Candidate Election Committee — Committee — Sponsored — (Also Election Statement)  State Candidate Election Committee — Committee — Sponsored — (Also Election Statement)  State Committee — (Also Election Statement)  Committee Information — (Also Election Committee)  Committee Information — (Also Election Committee)  Committee Information — (Also Election	Recipient Committee				COVER PAGE
Statement covers period   from June 30 2014   through August 11, 2014   through August 11, 2014   from June 30 2014   through August 11, 2014   th		Type or print in	ink.	Date Stamp	CALIFORNIA 160
Statement covers period from   June 30 2014   Introduction   Jun					
SEE INSTRUCTIONS ON REVERSE   SEE INSTRUCTION	•		CITA	(05.04	1 10
SEE INSTRUCTIONS ON REVERSE  1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Principle Formed Ballot Measure Committee   State Candidate Controlled Committee   Controlled   State Candidate Election Committee   Principle Formed Ballot Measure Committee   Controlled   Sponsored   Spons	ON manufacture for the supplier of the supplie	Statement covers period		OF DANA POINT	
## Presented on Detail August 11, 2014    Type of Recipient Committee: Au Committee: Au Committee: Au Committee		fromJune 30 2014		AUC II DO GO	For Official Use Only
1. Type of Recipient Committee: All Committees: Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Primarily Formed Ballot Measure   Quarterly Statement   Quarterly Sta		1 14 004	2014	400 11 P S: 48	
Officeholder, Candidate Controlled Committee   Orinitee   State Candidate Election Committee   Orinitee   Or	SEE INSTRUCTIONS ON REVERSE	through August 11, 2014	OLEMA		
State Candidate Election Committee Reall Reall Reall Reall Reall Reall Recall Recall Recall Recommend Reco	1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	LEKK'S DEPARTMENT	
State Candidate Election Committee Recall Recall (Also Computer Part 9) Sponsored Spon		Primarily Formed Ballot Measure	☐ Preelection Statement	Quar	terly Statement
General Purpose Committee  Sponsored  General Purpose Committee  Sponsored  Sonal Contributor Committee  Sonal Contributor Committee  Primarily Formed Candidate/ Officiended Committee  Political Party/Central Committee  Committee Information  I.D. NUMBER  Treasurer(s)  Name Of TREASURER  May Belisby  Malking ADDRESS  STREET ADDRESS IND P.O. BDX)  CITY  STATE ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of firly knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct.  By  Signature of Contecting Officeholder, Condidate, Saan Measure Proporent of Responsible Officer of Sponsor				The state of the s	00 K 1 K 1 K 1 € 1 1 K 1 K 1 K 1 K 1 K 1 K
General Purpose Committee Sponsored					
Sponsored Spall Contributor Committee Spillical Party/Central Committee Sp			**************************************		ment - Attach Form 495
Small Contributor Committee Political Party/Central Committee (Also Complete Part 7)  3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Norm Denton for City council 2014  STREET ADDRESS (NO PO. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE ZIP CODE AREA CODE/PHONE  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 firly knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of peripury under the laws of the State of California that the foregoing is true and correct.  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proposent  By Signature of Controlling Officeholder, Candidate, State Measure Proposent  Executed on  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proposent  By Signature of Controlling Officeholder, Candidate, State Measure Proposent		Primarily Formed Candidate/	Amendment (Explain b	elow)	
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COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Norm Denton for City council 2014  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reassonable diligence in preparing and reviewing this statement and to the best of five 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.  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sporeor  Executed on Date  Executed on Date  Date  Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Can	O Political Party/Central Committee	Also Complete Part 7)		-	
NAME OF TREASURER  May Belsby  MAILING ADDRESS (IN D.D. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of finy knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of penjury under the laws of the State of California that the foregoing is true and correct.  Executed on Aug 11, 2014  Executed on Date  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  Executed on Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	3. Committee Information	D. NUMBER	Treasurer(s)		
Norm Denton for City council 2014  May Belsby  MAILING ADDRESS  STREET ADDRESS (NO P.O. BOX)  CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS  4. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of firly 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 Aug 11, 2014  Date  Date  By Signature of Controlling Officeholder, Candidate, State Measure Proponent Officer of Sponsor  Executed on Date  Date  Date  Date  Date  Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Date  Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		7		
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Executed on	Executed on Aug 11, 2014	By	mor factor	11/44 BE(S)	Seq
Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on By	Liate	=, <del>                                     </del>	Signature of Treasurer or Assistant	Treasurer	$-\mathcal{Q}$
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on	Executed on Aug 11 2014  Date	By Signature of Cor	ntrolling Officeholder, Candidate, State Measure Prop	ponent or Responsible Officer of Sponsor	
Executed on By	Executed on	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent	
	Executed on	Bv			

Recipient Committee Campaign Statement Cover Page — Part 2

COVER P	AGE - PART 2
CALIFORNIA FORM	460
Page	of <u>4</u>

	mmittee	ь.	Primarily Formed Balle	ot Measure	Committee	U	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Norm Denton							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	L	SUPPORT
Dana Point Council Member			unio e				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling off	iceholder, car	ndidate, or st	ate measure p	roponent, if ar
			NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	you or are primarily formed to receive		OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · · ·		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?		Primarily Formed Can				
	☐ YES ☐ NO		officeholder(s) or candidate(s	i) for which thi	s committee is	primarily forme	·a.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR (	CANDIDATE	OFFICE SOU	GHT OR HELD	
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## Schedule A Monetary Contributions Received Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period from June 30, 2014 FORM Aug 11, 2014 Page I.D. NUMBER Norm Denton for City Council 2014

Norm Den	nton for City Council 2014				1344	277
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)
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
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		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL\$			
Amount red     (Include all     Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)				(other OTH – Other PTY – Politica	al ent Committee than PTY or SCC) (e.g., business entity) Il Party
<ol> <li>Total mone (Add Lines)</li> </ol>	tary contributions received this period.  1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	TOTAL \$0	<b>)-</b>	SCC - Small C	Contributor Committee

FPPC Form 460 (January/05)

SCHEDULE A

Sched	ule B	-Part 1
Loans	Recei	ved

\*\* If required.

Type or print in ink.

SCHEDULE B - PAR
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Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement covers period from June 30 2014		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through Aug 11	, 2014	Page 5	of
NAME OF FILER						<u> </u>	I.D. NUMBER	
Norm Denton for City Council 2014							1344277	
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 PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Norm Denton	Planning Commissioner City Of Dana Point CA 92629	§ 6100.00	s -0-	\$\frac{1934.51}{\$\frac{1}{\$\text{FORGIVEN}}}\$\$	s <u>-0-</u>	-0- RATE	s 6100.00 2/24/2012	CALENDAR YEAR  \$ PER ELECTION**
<sup>†</sup> ☑ IND □ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
		\$	¢	\$  FORGIVEN	. \$	RATE %	s	\$PER ELECTION **
†   IND   COM   OTH   PTY   SCC					DATE DUE	V	DATE INCURRED	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID  FORGIVEN  \$	DATE DUE	% RATE	\$	\$ PER ELECTION **
		SUBTOTALS \$		\$	\$	\$		
Schedule B Summary  1. Loans received this period	200,000		2	\$ -0-	•	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans				Ψ		to	ontributor Codes	
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that</li> </ol>	paid or forgiven.)			\$ <u>19</u>	34.51	01	D – Individual DM – Recipient Co (other than I TH – Other (e.g., 'Y – Political Party	PTY or SCC) business entity)
3. Net change this period. ( <b>Subtract</b> Line Enter the net here and on the Summary				MEI 2	934.51 May be a negative number)		CC – Small Contrib	
*Amounts forgiven or paid by another party also n	nust be reported on Schedule A.	)						

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

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

Statement covers period from	california 460
through Aug 11, 2014	Page _ G _ of _ G
	I.D. NUMBER 1344277

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Norm Denton for City Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. OMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants 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 polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense 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 CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Norm Denton Repaid balance of campaign money 1934.51 against loan of 6100.00 1934.51

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

**SUBTOTAL \$ 1934.51**