Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA FORM 460

CITY OF DANA POINT   Page 1 of 7

2015 FEB -2 P 3: 28

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from ___07/01/2014___	
through ___12/31/2014___	

SEE INSTRUCTIONS ON REVERSE

RECEIVED
CITY CLERK'S DEPARTMENT

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] 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:

- [ ] Preelection Statement
- [X] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1307443

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Scott Schoeffel for City Council 2012

STREET ADDRESS (NO P.O. 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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jen Slater

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

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 is true and correct.

Executed on ___1/15/15___ Date   By ___Jen Slater___ Signature of Treasurer or Assistant Treasurer

Executed on ___1/30/15___ Date   By ___Scott Schoeffel___ 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

Executed on _____ Date   By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

www.netfile.com

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Schoeffel

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

City Council Member: City of Dana Point

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

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
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

Statement covers period	CALIFORNIA FORM **460**
from 07/01/2014	
through 12/31/2014	Page __3__ of __7__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

I.D. NUMBER

1307443

Contributions Received

			Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$	0.00	$ 0.00
2. Loans Received	Schedule B, Line 3		0.00	36,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$	0.00	$ 36,500.00
4. Nonmonetary Contributions	Schedule C, Line 3		0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$	0.00	$ 36,500.00

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4	$	521.54	$ 860.79
7. Loans Made	Schedule H, Line 3		0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$	521.54	$ 860.79
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3		0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$	521.54	$ 860.79

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	$	2,100.97
13. Cash Receipts	Column A, Line 3 above		0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4		0.00
15. Cash Payments	Column A, Line 8 above		521.54
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$	1,579.43

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$	0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$	0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$	36,500.00

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

www.netfile.com

Schedule B – Part 1
Loans Received

SCHEDULE B - PART 1

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

Statement covers period

from _____ 07/01/2014 _____

through _____ 12/31/2014 _____

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

I.D. NUMBER

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel ▮▮▮▮▮▮▮ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	$ 2,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 2,000.00 DATE DUE	_____% RATE $ 0.00	$ 2,000.00 05/29/2008 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ _____
Joseph Scott Schoeffel ▮▮▮▮▮▮▮ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	$ 6,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 6,000.00 DATE DUE	_____% RATE $ 0.00	$ 6,000.00 06/30/2008 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ _____
Joseph Scott Schoeffel ▮▮▮▮▮▮▮ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	$ 5,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 5,000.00 DATE DUE	0.00% RATE $ 0.00	$ 5,000.00 09/30/2008 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ _____

SUBTOTALS $ 0.00 $ 0.00 $ 13,000.00 $ 0.00

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

Schedule B Summary

1. Loans received this period .... $ _____0.00_____
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ _____0.00_____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ _____0.00_____
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†Contributor Codes

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

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

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

Statement covers period	
from	07/01/2014
through	12/31/2014

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

I.D. NUMBER

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel ▓▓▓▓▓	Council Member Attorney/Integrated Healthcare Holdings, Inc.			☐ PAID $ 0.00 ☐ FORGIVEN	$ 6,000.00	___% RATE	$ 6,000.00	CALENDAR YEAR $ 0.00 PER ELECTION **
†☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 6,000.00	$ 0.00	$ 0.00	DATE DUE	$ 0.00	12/04/2008 DATE INCURRED	$ _____
Joseph Scott Schoeffel ▓▓▓▓▓	Council Member Attorney/Integrated Healthcare Holdings, Inc.			☐ PAID $ 0.00 ☐ FORGIVEN	$ 500.00	___% RATE	$ 500.00	CALENDAR YEAR $ 0.00 PER ELECTION **
†☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 500.00	$ 0.00	$ 0.00	DATE DUE	$ 0.00	08/24/2009 DATE INCURRED	$ _____
Joseph Scott Schoeffel ▓▓▓▓▓	Council Member Attorney/Integrated Healthcare Holdings, Inc.			☐ PAID $ 0.00 ☐ FORGIVEN	$ 1,000.00	___% RATE	$ 1,000.00	CALENDAR YEAR $ 0.00 PER ELECTION **
†☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 1,000.00	$ 0.00	$ 0.00	DATE DUE	$ 0.00	01/31/2010 DATE INCURRED	$ _____
Joseph Scott Schoeffel ▓▓▓▓▓	Council Member Attorney/Integrated Healthcare Holdings, Inc.			☐ PAID $ 0.00 ☐ FORGIVEN	$ 1,000.00	___% RATE	$ 1,000.00	CALENDAR YEAR $ 0.00 PER ELECTION **
†☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ 1,000.00	$ 0.00	$ 0.00	DATE DUE	$ 0.00	02/14/2011 DATE INCURRED	$ _____

SUBTOTALS $ 0.00 $ 0.00 $ 8,500.00 $ 0.00

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

†Contributor Codes

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

Schedule B – Part 1 (Continuation Sheet)
Loans Received

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

SCHEDULE B - PART 1 (CONT.)

CALIFORNIA FORM 460

Statement covers period

from _____ 07/01/2014 _____

through _____ 12/31/2014 _____

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

I.D. NUMBER

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel ▮▮▮▮▮ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	$ 4,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 4,000.00 DATE DUE	____% RATE $ 0.00	$ 4,000.00 03/15/2012 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ _____
Joseph Scott Schoeffel ▮▮▮▮▮ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	$ 6,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 6,000.00 DATE DUE	____% RATE $ 0.00	$ 6,000.00 09/17/2012 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ _____
Joseph Scott Schoeffel ▮▮▮▮▮ †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Council Member Attorney/Integrated Healthcare Holdings, Inc.	$ 5,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 5,000.00 DATE DUE	____% RATE $ 0.00	$ 5,000.00 10/19/2012 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ _____
   †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$ _____	$ _____	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION ** $ _____

SUBTOTALS $ 0.00 $ 0.00 $ 15,000.00 $ 0.00

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

** If required.

†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

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	07/01/2014
through	12/31/2014

SCHEDULE E

CALIFORNIA FORM 460

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NAME OF FILER

Friends of Scott Schoeffel for City Council 2012

I.D. NUMBER

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

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 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
VOT   voter registration
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
Campaign Compliance Group Inc. ▮▮▮▮▮▮▮▮▮▮	PRO		500.00

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

SUBTOTAL $ 500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ __500.00__

2. Unitemized payments made this period of under $100 .... $ __21.54__

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ __0.00__

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... **TOTAL** $ __521.54__