Paginiant Committee				A STATE OF THE STA	COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		hover on N	Date Stamp	The state of the s	FORNIA 460
	Statement covers period from10/21/2018	Date of election if applicable: (Month, Day, Creary OF 1	l	Page .	of 16
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	11/06/201 AII9 JAN	0 A II: 53		
 ◯ State Candidate Election Committee ◯ Recall (Also Complete Part 5) □ General Purpose Committee ◯ Sponsored ◯ Small Contributor Committee 	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement Company of the Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain by Amendm	S DEPARIMENT C	Special Odd-Y Supplemental	ear Report
3. Committee Information	D. NUMBER 1307443	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Scott Schoeffel for City Council STREET ADDRESS (NO P.O. BOX)		NAME OF TREASURER Jen Slater MAILING ADDRESS CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on	By X	owledge the information contained he Signature of Treasurer or Assistant Officeholder, Candidate, State Measure Pro	Treasurer Deponent or Responsible Officer of		and complete. I certify
Executed on	Ву	Signature of Controlling Office holder Condition C	State Manager Proposent		

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIF FC	ORNIA ORM	460			
Page _	2	of 16			

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Scott Schoeffel						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	N	SUPPORT
City Council Member: City of Dana Point						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling offi	ceholder, cand	didate, or state measu	re proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	r are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Canc	for which this	committee is primarily i	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	X)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD GURBORT
	YES NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	(A)			l		
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	h continuation	sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROMATTACHED SCHEDULES)

1,700.00

716.23

0.00

Statement covers period CALIFORNIA **FORM** 10/21/2018 from _ Page ___3 ___ of ___16 12/31/2018 through _

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Contributions Received

NAME OF FILER

Friends of Scott Schoeffel for City Council 2018

2. Loans Received Schedule B. Line 3

4. Nonmonetary Contributions Schedule C, Line 3

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

I.D. NUMBER

1307443

Expenditures Made Candidates 7. Loans Made Schedule H. Line 3 0.00 0.00

- \$ 20,497.90 _____2,074.46 1,060.00
- 10. Nonmonetary Adjustment Schedule C, Line 3 716.23

Expenditure Limit Summary for State

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election Total to Date (mm/dd/yy)

Current Cash Statement

Cash Equivalents and Outstanding Debts	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
If this is a termination statement, Line 16 must be zero.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 25.04
15. Cash Payments	4,662.84
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
13. Cash Receipts Column A, Line 3 above	1,700.00
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 2,987.88

18. Cash Equivalents See instructions on reverse \$ _____

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).

Column B

CALENDAR YEAR

TOTAL TO DATE

3,923.00

52,500.00

56,423.00

1,060.00

57,483.00

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

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule	A							SCHEDULE A
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover	CALIFORNIA 460 FORM			
SEE INSTRUCTIO	ONS ON REVERSE			through <u>12/31/2</u>	018	Page	4	of <u>16</u>
NAME OF FILER						I.D. N	UMBER	· · · · · · · · · · · · · · · · · · ·
Friends of	Scott Schoeffel for City Council 2018					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 CALENDAR YI (JAN. 1 - DEC.	EAR	T	ELECTION O DATE EQUIRED)
10/23/2018	Marvin Lotz	IND □COM □OTH □PTY □SCC	Real Estate MMI	750.00		750.00	G2018	\$750.0
10/24/2018	Paul W. Hinman	IND □COM □OTH □PTY □SCC	Retired None	200.00		200.00	G2018	\$200.0
10/28/2018	Lisa Bartlett for Supervisor (ID# 1359658)	☐IND INCOM ☐OTH ☐PTY ☐SCC		500.00	<u> </u>	500.00	G2018	\$500.0
11/01/2018	Nossaman LLP	□IND □COM 図OTH □PTY □SCC		250.00	2	250.00	G2018	\$250.0
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	1,700.00				
 Amount re (Include a Amount re 	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.) eceived this period – unitemized monetary contributions etary contributions received this period.			1,700.00	IND - COM OTH PTY-	other) Other – Politica	ial ient Comm r than PTY (e.g., bus al Party	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.) TOTAL \$	1,700.00				

Schedule B – Part 1 Loans Received
SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE B - PART
CALIFORNIA 460
FORM 400
Page5 of16
I.D. NUMBER

Friends of Scott Schoeffel for City Council 2018

1307443 (a) OUTSTANDING OUTSTANDING IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** INTEREST CUMULATIVE **ORIGINAL** AMOUNT PAID OCCUPATION AND EMPLOYER BALANCEAT BALANCE OF LENDER RECEIVED THIS CONTRIBUTIONS PAID THIS **AMOUNT OF** OR FORGIVEN (IF SELF-EMPLOYED, ENTER **BEGINNING THIS CLOSE OF THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** PERIOD LOAN TO DATE NAME OF BUSINESS) THIS PERIOD ' PERIOD PERIOD Joseph Scott Schoeffel Council Member ☐ PAID CALENDAR YEAR Attorney/Integrated Healthcare Holdings. 0.00 _% 0.00 2,000.00 \$ 2,000.00 \$ 16,000.00 RATE ☐ FORGIVEN PER ELECTION** s ___2,000.00 G2018 16,000.00 0.00 05/29/2008 0.00 0.00 DATE INCURRED □ COM □ OTH □ PTY □ SCC DATE DUE Joseph Scott Schoeffel Council Member PAID **CALENDAR YEAR** Attorney/Integrated Healthcare Holdings, 0.00 6,000.00 0.00 % 16,000.00 \$ 6,000.00 Inc. RATE ☐ FORGIVEN PER ELECTION ** 6,000.00 0.00 0.00 0.00 G2018 16,000.00 06/30/2008 DATE DUE DATE INCURRED TIND □ COM □ OTH □ PTY □ SCC Joseph Scott Schoeffel Council Member PAID **CALENDAR YEAR** Attorney/Integrated Healthcare Holdings, 0.00 % 16,000.00 0.00 s 5,000.00 \$ 5,000.00 RATE ☐ FORGIVEN PER ELECTION** \$ 5,000.00 0.00 0.00 G2018 16,000.00 09/30/2008 DATE INCURRED [†]☑ IND □ COM □ OTH □ PTY □ SCC DATE DUE

SUBTOTALS \$

0.00\$

Schedule B Summary

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

0.00

13,000.00\$

0.00\$

1. Loans received this period\$ ___ 0.00 (Total Column (b) plus uniterized loans of less than \$100.) 0.00 2. Loans paid or forgiven this period\$ (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 (May be a negative number)

IND - Individual COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

†Contributor Codes

SCC - Small Contributor Committee

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule B – Part	1 (Continuation	Sheet)
oans Received		

Loans Received	Amo	ounts may be ro to whole dollar			from 10/2	1/2018	CALIFORNI FORM	460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2018	Page6	of <u>16</u>
NAME OF FILER							I.D. NUMBER	
Friends of Scott Schoeffel for City C	ouncil 2018						1307443	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, 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 FORGIVED THIS PERIOD	CLOSE OF THIS	(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.			SO.00	s6,000.00	0.00 _%	s_6,000.00	\$ 16,000.00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$ 6,000.00	s0.00	s0.00	DATE DUE	s	12/04/2008 DATE INCURRED	\$ G2018 16,000.00
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.			s0.00	ss00.00	0.00 RATE	\$500.00	CALENDAR YEAR \$ 16,000.00 PER ELECTION **
TIND □ COM □ OTH □ PTY □ SCC		s500.00	s0.00	s0.00	DATE DUE	s	08/24/2009 DATE INCURRED	\$ G2018 16,000.00
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.			PAID \$0.00 □ FORGIVEN	\$1,000.00	0.00 % RATE	\$_1,000.00	S 16,000.00 PERELECTION**
†☑ IND □ COM □ OTH □ PTY □ SCC		\$1,000.00	s0.00	\$0.00	DATE DUE	\$0.00	01/31/2010 DATE INCURRED	\$ G2018 16,000.00
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.			PAID \$ 0.00 FORGIVEN	\$1,000.00	0.00 % RATE	\$_1,000.00	\$ 16,000.00 PER ELECTION**
TIND □ COM □ OTH □ PTY □ SCC		\$1,000.00	s0.00	\$0.00	DATE DUE	s0.00	02/14/2011 DATE INCURRED	\$ G2018 16,000.00
		SUBTOTALS \$	0.00\$	0.0	0\$ 8,500.00	\$ 0.00		

†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 (Jan/2016)

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

Schedule B – Pa	art 1 (Continuatio	n Sheet)
l cans Received		

SCHEDUL	EB-PAR	T1(CONT.)

Loans Received	to whole dollars. from10/21/2018						CALIFORNI FORM	⁴ 460
SEE INSTRUCTIONS ON REVERSE					through12/3	1/2018	Page7	of <u>16</u>
NAME OF FILER							I.D. NUMBER	
Friends of Scott Schoeffel for City Co	ouncil 2018						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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(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 \$ 0.0 FORGIVEN	0 s 4,000.00	0.00 % RATE	\$ <u>4,000.00</u>	\$ 16,000.00 PER ELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		s <u>4,000.00</u>	s0.00	s	DATE DUE	s	03/15/2012 DATE INCURRED	\$ <u>G2018 16,000.</u> 00
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.			\$ 0.0	0 \$ 6,000.00	0.00 % RATE	\$_6,000.00	\$ 16,000.00 PER ELECTION **
TEND COM OTH PTY SCC		\$6,000.00	s	\$0.0	DATE DUE	s	09/17/2012 DATE INCURRED	\$ G2018 16,000.00
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.			PAID \$O.0 FORGIVEN	<u>0</u> \$5,000.00	0.00 % RATE	\$_5,000.00	CALENDAR YEAR \$ 16,000.00 PER ELECTION **
† IND □ COM □ OTH □ PTY □ SCC		s5,000.00	s	s	DATE DUE	\$0.00	10/19/2012 DATE INCURRED	\$ G2018 16,000.00
Joseph Scott Schoeffel	Council Member Attorney/Integrated Healthcare Holdings, Inc.			□ PAID \$0.0 □ FORGIVEN	<u>0</u> \$10,000.00	0.00 % RATE	\$ 10,000.00	S 16,000.00 PER ELECTION**
† IND □ COM □ OTH □ PTY □ SCC		s <u>10,000.00</u>	\$0.00	\$	DATE DUE	\$0.00	08/20/2018 DATE INCURRED	\$ <u>G2018 16,000.</u> 00
		SUBTOTALS \$	0.00\$	\$ 0.	00\$ 25,000.00	\$ 0.00		

†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

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

FPPC Form 460 (Jan/2016)

SCHEDULE B-PART 1 (CONT.)

Loans Received	, ,,,,,	ounts may be ro to whole dollar		from10/21/2018				california 460 form		
SEE INSTRUCTIONS ON REVERSE					through 12/31	1/2018	Page 8	of <u>16</u>		
Friends of Scott Schoeffel for City Co	ouncil 2018						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 PA OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(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 \$ 0.0 FORGIVEN	-	0.00 % RATE	\$_6,000.00	\$ 16,000.00 PER ELECTION**		
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$6,000.00	s0.00	so.0	DATE DUE	s0.00	10/09/2018 DATE INCURRED	\$ G2018 16,000.00		
				PAID \$ FORGIVEN		% RATE	s	\$PER ELECTION **		
TO IND COM OTH PTY SCC		s	\$	s	DATE DUE	s	DATE INCURRED	\$		
				PAID \$ FORGIVEN	s	% RATE	s	\$ PER ELECTION **		
† IND COM OTH PTY SCC		s	s	\$	DATE DUE	s	DATE INCURRED	s		
				PAID \$ FORGIVEN	s	% RATE	s	\$ PER ELECTION **		
† IND COM OTH PTY SCC		s	s	s	DATE DUE	s	DATE INCURRED	s		
		SUBTOTALS \$	0.00	\$ 0	.00\$ 6,000.00	\$ 0.00				

†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

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

Schedul			Amounts may be rounded	_				S	CHEDULE (
Nonmor	netary Contributions Received		to whole dollars.		Statement covers	•	CALIF	ORNIA RM	460
SEE INSTRUCT	TIONS ON REVERSE				through	018	Page	9 of_	16
NAME OF FILE		7		· · · · · · · · · · · · · · · · · · ·			I.D. NUME	BER	
Friends of	Scott Schoeffel for City Council 2018						130744	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)	DESCRIPTION OF GOODS OR SERVICE		CA	JMULATIVE TO DATE LENDAR YEAR AN 1 - DEC 31)	то	LECTION DATE QUIRED)
11/05/2018	Art Sanchez	⊠IND □COM □OTH □PTY □SCC		Bill Forgiven	300.0	00	300.00	G2018	\$300.0
11/06/2018	Julie Simer	⊠IND □COM □OTH □PTY □SCC	Associate Dignity Health	Printing Costs	416.	23	760.00	G2018	\$760.0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		:					
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labo	eled continuat	ion sheets.	SUBTOT	AL\$ 716.2	3			i protest
1. Amount	e C Summary received this period – itemized nonmoneta all Schedule C subtotals.)				\$716	.23	*Contributor Co IND – Individual COM – Recipier	t Committe	
	received this period – unitemized nonmone					.00	OTH - Other (e	an PTY or .g., busine	′ 1
	nmonetary contributions received this period les 1 and 2. Enter here and on the Summar		nn A, Lines 4 and 10.)	TOTAL	\$716	.23	PTY - Political F SCC - Small Co	rarty ntributor Co	ommittee

								SCHEDULE
Schedule E Payments Made	Amounts may b to whole do		d		St	10/21/2018	CALIF FO	
SEE INSTRUCTIONS ON REVERSE					thro	ugh12/31/2018	Page _	10 of16
NAME OF FILER							I.D. NUI	MBER
Friends of Scott Schoeffel for City Council 2018							13074	43
campaign consultants contribution (explain nonmonetary)* cvc civic donations flL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	the payment, yo 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	munication d appearar ses ating urvey rese very and r	earch	ı enger services	RAD RFD SAL TEL TRC TRS TSF VOT	escribe the payment. radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration information technology costs	uction cost meals and meals of the sa	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	R DESC	RIPTIOI	N OF PAYMENT		AMOUNT PAID
Baba Elefante		FND						300.0
Ron Kobayashi		FND						300.0
OC Flyer Depot/Keith Ball		LIT						700.0

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

SUBTOTAL\$

1,300.00

Schedule E (Continuation Sheet) Payments Made	Amounts may be to whole do			St from throu	atement covers period 10/21/2018 gh	SCHEI CALIFORNIA FORM Page11	400
NAME OF FILER Friends of Scott Schoeffel for City Council 2018			_			I.D. NUMBER 1307443	
CODES: If one of the following codes accurately described 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 LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications d appearances ses lating survey researc ivery and mes		RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions	costs duction costs d meals and meals s of the same cal	·
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTIO	N OF PAYMENT	AN	OUNT PAID
Sign Lingo		CMP					204.73
Capitol Tech Solutions		OFC					44.75
Campaign Compliance Group Inc.		PRO					350.00

San Clemente Times

PRT

1,675.00

Schedule E					SCHEDUL	.E E (CONT.)
(Continuation Sheet) Payments Made		unts may be rounded to whole dollars.	Sta	atement covers period	CALIFORNIA FORM	460
rayments Made			from _	10/21/2018	TORW	
SEE INSTRUCTIONS ON REVERSE			through	gh <u>12/31/2018</u>	Page 12 of	f16
NAME OF FILER					I.D. NUMBER	
Friends of Scott Schoeffel for City Council 2018					1307443	
CODES: If one of the following codes accurately describe	es the pa	ayment, you may enter the code. Of	therwise,	describe the payment.		
CMP campaign paraphernalia/misc.		nember communications		radio airtime and production	costs	
CNS campaign consultants		neetings and appearances	RFD	returned contributions		
CTB contribution (explain nonmonetary)* CVC civic donations		ffice expenses etition circulating	SAL TEL	campaign workers' salaries t.v. or cable airtime and prod	ustian sasta	
FIL candidate filing/ballot fees	•	hone banks	TRC	candidate travel, lodging, and		
FND fundraising events		olling and survey research	TRS	staff/spouse travel, lodging,		
ND independent expenditure supporting/opposing others (explain)*	POS p	ostage, delivery and messenger services	TSF	transfer between committees		date/sponsor
LEG legal defense		rofessional services (legal, accounting)	VOT	voter registration		
LIT campaign literature and mailings	PRT p	rint ads	WEB	information technology costs	(internet, e-mail)	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	PR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OC Flyer Depot/Keith Ball	LIT	:			300.00
Art Sanchez	LIT				188.14

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

488.14

SUBTOTAL \$

					SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	led	Statement cover	FO	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through	2018 Page .	13 of16
NAME OF FILER				I.D. NUM	BER
Friends of Scott Schoeffel for City Council 2018				13074	43
CODES: If one of the following codes accurately describ 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	es the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime an RFD returned contrit SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs putions ters' salaries time and production costs I, lodging, and meals tel, lodging, and meals ten committees of the sar	ne candidate/sponsor
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
Sign Lingo	CMP	204.73	0.00	204.73	0.00
Kwik Kopy Printing	LIT	559.22	0.00	559.22	0.00
OC Flyer Depot/Keith Ball	LIT	700.00	0.00	700.00	0.00
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 1,463.95\$	0.00\$	1,463.95	0.00
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)			INCU	RRED TOTALS \$ _	1,074.46
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				.PAID TOTALS \$_	1,463.95
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				NET \$ _M	-389.49 ay be a negative number

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

Amounts may be rounded to whole dollars.

State	ement covers period	CALIFORNIA 460
from	10/21/2018	FORM TOO
through	12/31/2018	Page 14 of 16
		I.D. NUMBER

NAME OF FILER

Friends of Scott Schoeffel for City Council 2018

1307443

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ᄠ	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) (b) (c) OUTSTANDING AMOUNT INCURRED AMOUNT PAID BALANCE BEGINNING THIS PERIOD THIS PERIOD OF THIS PERIOD (ALSO REPORT ON E)		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD						
Art Sanchez	CNS	1,000.00	-300.00	0.00	700.00					
Julie Simer	OFC	0.00	1,064.46	0.00	1,064.46					
Campaign Compliance Group Inc.	PRO	0.00	310.00	0.00	310.00					
	SUBTOTALS \$ 1,000.00\$ 1,074.46\$ 0.00\$ 2,074.46									

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER		nts may be rour o whole dollars.	nded	from	tement covers period 10/21/2018 h 12/31/2018	CALIFOR FORM Page15	5 of 16
Friends of Scott Schoeffel for City Council 2018						1307443	
NAME OF AGENT OR INDEPENDENT CONTRACTOR Art Sanchez							
CODES: If one of the following codes accurately described 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 * Payments that are contributions or independent expenditures must also	MBR member co MTG meetings a OFC office expo PET petition circ PHO phone ban POL polling and POS postage, d PRO professional	ommunications and appearances enses culating ks d survey researd elivery and mes al services (lega	s ch ssenger services	RAD rac RFD ret SAL ca TEL t.v. TRC ca TRS sta TSF tra VOT voi	describe the payment dio airtime and production turned contributions mpaign workers' salaries or cable airtime and prod ndidate travel, lodging, and aff/spouse travel, lodging, and ansfer between committees ter registration formation technology costs	uction costs I meals and meals of the same	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF	F PAYMENT		AMOUNT PAID
Federal Express Payment Center		LIT					113.1

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AM	OUNT PAID
'ederal Express 'avment Center	LIT				113.1
		-			
					· · · · · · · · · · · · · · · · · · ·
Attach additional information on appropriately labeled continuation sheets.				TOTAL* \$	113.1

^{*} 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)	Amounts may be rounded to whole dollars.			Statement covers period from10/21/2018		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ough 12/31/2018	Page1	L6 of16 ER
Friends of Scott Schoeffel for City Council 2018 NAME OF AGENT OR INDEPENDENT CONTRACTOR					·	1307443	
Julie Simer							
CODES: If one of the following codes accurately describe	es the payment,	you may	enter the code. C	Otherwise	e, describe the paym	nent.	
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			RFD SAL TEL TRC TRS TSF VOT	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/spon VOT voter registration		
* Payments that are contributions or independent expenditures must als	so be summarized o	n Schedule E), 				_
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DI	ESCRIPTION	OF PAYMENT		AMOUNT PAID
Political Data, Inc.		CMP	Voter Data				135.00
Ralph's		OFC					132.4
US Postmaster	_	POS				,	516.9

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

784.31

^{*} 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.