

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA  
FORM **465**

Page 1 of 2

For Official Use Only

Report covers period

from 01/01/2018

through 01/30/2019

Date of election if applicable:  
(Month, Day, Year)

2019 JAN 31 P 3:19

CITY OF DANA POINT

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

1414414

COMMITTEE/FILER'S NAME

Keep Dana Point Friendly

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Jason Colaco

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Scott Schoeffel

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member District 2

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/08/2018	DMT Direct [REDACTED]	Yard Signs and Mailer	1,999.15	1,999.15

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NAME OF FILER

Keep Dana Point Friendly

I.D. NUMBER (If recipient com.)

1414414

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 1,999.15
2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ 1,999.15

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 1-31-19  
DATE

Executed on  
DATE

Executed on  
DATE

Executed on  
DATE

By [REDACTED]  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT