| Desirient Committee | | | | COVER PAGE |
|---|--|--|--|---|
| Recipient Committee | | | Date Stamp | CALIFORNIA 460 |
| Campaign Statement Cover Page | | | RECEIVED | FORM 400 |
| (Government Code Sections 84200-84216.5) | | | INCOLIVED | |
| (COVERNMENT COUR COOKING 04200 04210.0) | Statement covers period | Date of election if applicable: | 2021 JUL 29 PM 12: 18 | Page1 of9 |
| | from01/01/2021 | (Month, Day, Year) | The second secon | |
| | 1.772 | | CITY OF DANA POINT CITY CLERK'S DEPARTMEN | For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through06/30/2021 | | CITY CLERK'S DEPARTMEN | |
| 1. Type of Recipient Committee: All Committees - | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| 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) | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 | nt Special Suppler Termination) Stateme | y Statement Odd-Year Report nental Preelection ent - Attach Form 495 |
| 3. Committee Information | I.D. NUMBER 1307443 | Treasurer(s) | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE | E) | NAME OF TREASURER | | |
| Friends of Scott Schoeffel for City Counci. | 1 2018 | Jen Slater | | |
| | | MAILING ADDRESS | | |
| STREET ADDRESS (NO P.O. BOX) | | CITY | STATE ZIP COD | AREA CODE/PHONE |
| 3 M. 2 . | | CITT | STATE ZIF COD | AREA GODE/FRONE |
| CITY STATE ZIP | CODE AREA CODE/PHONE | NAME OF ASSISTANT TREASU | JRER, IF ANY | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O | . BOX | MAILING ADDRESS | | |
| | | | | |
| CITY STATE ZIP | CODE AREA CODE/PHONE | CITY | STATE ZIP COD | AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADD | DRESS | |
| - No. 10 Per 1997 | | | | |
| 4. Verification | | | | |
| I have used all reasonable diligence in preparing and review | ing this statement and to the best of my kr | nowledge the information contained he | erein and in the attached schedules | is true and complete. I certify |
| under penalty of perjury under the laws of the State of Califor | rnia that the foregoing is true a | | | |
| Executed on07/20/2021 | Ву | | | <u> </u> |
| The last | | | urer | |
| Executed on Date | Ву | | nt or Responsible Officer of Sponsor | |
| Executed on | By | | | |
| Date | | Signature of Controlling Officeholder, Candidate, | State Measure Proponent | |
| Executed on | Ву | Signature of Controlling Officeholder, Candidate | State Measure Proposent | |

Recipient Committee Campaign Statement Cover Page — Part 2

| | | PAGE - PART 2 |
|-------------|--------------|---------------|
| CALIF FC | ORNIA DRM | 460 |
| Page _ | 2 | of9 |

| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT | MEASURE | | · · · · · · · · · · · · · · · · · · · |
|---|--|-------------------|--|------------------------|--|
| Scott Schoeffel | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND | DISTRICT NUMBER IF APPLICABLE) | BALLOT NO. OR L | ETTER JURISDIC | TION | SUPPORT |
| City Council Member City of Dana Point | | | | | OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE | T) CITY STATE ZIP | Identify the co | ntrolling officeholder, | candidate, or state m | neasure proponent, if a |
| | | NAME OF OFFICE | EHOLDER, CANDIDATE, OR | PROPONENT | |
| Related Committees Not Included in th | • | OFFICE SOUGHT | OP HELD | Dieti | RICT NO. IF ANY |
| not included in this statement that are controlled l contributions or make expenditures on behalf of y | by you or are primarily formed to receive your candidacy. | OFFICE 3003H | OK HELD | וופוט | RICT NO. IF ANT |
| COMMITTEE NAME | I.D. NUMBER | | | L | |
| | | | | | |
| | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEES | | rmed Candidate/Of | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | rmed Candidate/Off or candidate(s) for which | | |
| | YES NO | officeholder(s) | | | arily formed. |
| COMMITTEE ADDRESS STREET ADDRESS (No | YES NO | officeholder(s) (| or candidate(s) for which | this committee is prim | DR HELD SUPPOR OPPOSE DR HELD SUPPOR |
| | YES NO | NAME OF OFFICE | EHOLDER OR CANDIDATE | OFFICE SOUGHT O | DR HELD SUPPOR SUPPOR SUPPOR SUPPOR OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO | ☐ YES ☐ NO O P.O. BOX) ZIP CODE AREA CODE/PHONE | NAME OF OFFICE | or candidate(s) for which EHOLDER OR CANDIDATE | OFFICE SOUGHT C | DR HELD SUPPOR SUPPOR SUPPOR SUPPOR OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO | ☐ YES ☐ NO O P.O. BOX) ZIP CODE AREA CODE/PHONE | NAME OF OFFICE | EHOLDER OR CANDIDATE | OFFICE SOUGHT O | DR HELD SUPPOR OPPOSE DR HELD SUPPOR OPPOSE DR HELD SUPPOR OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO COMMITTEE ADDRESS (NO COMMITTEE NAME SAME OF TREASURER | YES NO NO O P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO | NAME OF OFFICE | EHOLDER OR CANDIDATE EHOLDER OR CANDIDATE EHOLDER OR CANDIDATE | OFFICE SOUGHT O | DR HELD SUPPOR OPPOSE OR HELD SUPPOR OPPOSE OR HELD SUPPOR OPPOSE OR HELD SUPPOR |
| COMMITTEE ADDRESS STREET ADDRESS (NO COMMITTEE ADDRESS STATE | YES NO NO O P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO | NAME OF OFFICE | EHOLDER OR CANDIDATE EHOLDER OR CANDIDATE EHOLDER OR CANDIDATE | OFFICE SOUGHT O | DR HELD SUPPOR OPPOSE DR HELD SUPPOR OPPOSE DR HELD SUPPOR OPPOSE DR HELD SUPPOR OPPOSE |

Campaign Disclosure Statement

Amounts may be rounded

| Sl | JMI | ИAF | ₹YF | PAGE |
|----|-----|-----|-----|------|
|----|-----|-----|-----|------|

| Summary Page | to whole dollars. | ļ | Statem | ent covers period | CALIFOR | RNIA | 460 |
|--|-------------------|-------|-----------|-------------------|------------|------|-----------------|
| , , | | | from | 01/01/2021 | FORI | /I | 1 00 |
| SEE INSTRUCTIONS ON REVERSE | | | through _ | 06/30/2021 | Page3 | of _ | 9 |
| NAME OF FILER | | | | | I.D. NUMBE | ER . | |
| Friends of Scott Schoeffel for City Council 2018 | | | | | 1307443 | | |
| | Onlywood A | A . I | _ | 0 1 1 1/ 0 | - | | 4 |

| Contributions Received | (| COlumn A TOTALTHIS PERIOD FROMATTACHED SCHEDULES) | | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections |
|---|----|---|------|---|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ | 0.00 | \$ | 0.00 | |
| 2. Loans Received Schedule B, Line 3 | | 0.00 | | 55,500.00 | 1/1 through 6/30 7/1 to Date |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ | 0.00 | \$ | 55,500.00 | 20. Contributions Received \$\$ |
| 4. Nonmonetary Contributions | | 0.00 | | 0.00 | 21 Expenditures |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ | 0.00 | \$ | 55,500.00 | Made \$ \$ |
| Expenditures Made | | | | | Expenditure Limit Summary for State |
| 5. Payments Made Schedule E, Line 4 | \$ | 50.00 | \$ | 50.00 | Candidates |
| 7. Loans Made Schedule H, Line 3 | | 0.00 | | 0.00 | 22. Cumulative Expenditures Made* |
| 3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ | 50.00 | \$ | 50.00 | (If Subject to Voluntary Expenditure Limit) |
| 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 | | 0.00 | | 350.00 | Date of Election Total to Date |
| 10. Nonmonetary Adjustment | | 0.00 | | . 0.00 | (mm/dd/yy) |
| 11. TOTAL EXPENDITURES MADE | \$ | 50.00 | \$ | 400.00 | \$ |
| Current Cash Statement | | | | - | \$ |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ | 71.17 | То | calculate Column B, add | |
| 13. Cash Receipts Column A, Line 3 above | | 0.00 | | ounts in Column A to the responding amounts | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | | 0.00 | fro | m Column B of your last | *Amounts in this section may be different from amounts reported in Column B. |
| 15. Cash Payments | | 50.00 | | ort. Some amounts in lumn A may be negative | |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | 21.17 | figu | ures that should be otracted from previous | |
| If this is a termination statement, Line 16 must be zero. | | | per | riod amounts. If this is | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ | 0.00 | for | this calendar year, only ry over the amounts | |
| Cash Equivalents and Outstanding Debts | | | | m Lines 2, 7, and 9 (if | |
| oash Equivalents and Odistanding Debts | | | • ' | | |
| 18. Cash Equivalents | \$ | 0.00 | l | | i |

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

| | | | | | | | SCHE | DULE B-PART 1 | |
|---|--|---|---------------------------------|---|----------------------------|--|--|--------------------------------------|--|
| Schedule B - Part 1 Amounts may be rounded | | | | | | ers period | CALIFORNIA 460 | | |
| Loans Received | Received to whole dollars. | | | | | | FORM | ** 40U | |
| | | | | | | | | | |
| SEE INSTRUCTIONS ON REVERSE | | | | | through06/30 | 0/2021 | Page4 | of | |
| NAME OF FILER | | | | | | | I.D. NUMBER | | |
| Friends of Scott Schoeffel for City Co | uncil 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 | 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 | 1 211102 | | PAID | | | | CALENDAR YEAR | |
| | Healthcare Holdings, Inc. | | | \$0_0 | ss | 0_00% RATE | \$ <u>2.000.00</u> | \$0_00 PER ELECTION** | |
| TI IND □ COM □ OTH □ PTY □ SCC | | \$ | \$0.00 | \$0.0 | DATE DUE | \$0.00 | 05/29/2008 DATE INCURRED | \$ | |
| Joseph Scott Schoeffel | Council Member Attorney/Integrated | | | PAID | | | | CALENDAR YEAR | |
| | Healthcare Holdings, | | | \$0_0 | o s | 0_00% | \$_6,000.00 | so.oo | |
| | | | | FORGIVEN | | RATE | | PER ELECTION ** | |
| TI IND □ COM □ OTH □ PTY □ SCC | | s <u>6.000.00</u> | so.oo | \$0.0 | DATE DUE | s0.00 | 06/30/2008 DATE INCURRED | s | |
| Joseph Scott Schoeffel | Council Member Attorney/Integrated | | | ☐ PAID | | | | CALENDAR YEAR | |
| | Healthcare Holdings, Inc. | | | \$0.0 | 5,000.00 | 0_0_% RATE | \$ <u>5,000.00</u> | \$0.00 PER ELECTION *** | |
| [†] ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | \$5.000.00 | s0.00 | \$0.0 | DATE DUE | \$0_0 | 09/30/2008 DATE INCURRED | s | |
| | | SUBTOTALS \$ | 0.00 | 0. | .00\$ 13,000.00 | \$ 0.00 | | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | | |
| 1. Loans received this period | | | | \$ | 0.00 | | | | |
| (Total Column (b) plus unitemized loans | | | | | | (to | Contributor Codes | , | |
| 2. Loans paid or forgiven this period | | | | œ | 0.00 | | ID – Individual | ••• | |
| (Total Column (c) plus loans under \$100 | | ••••• | ******************* | Ψ — | | | OM – Recipient Co (other than | PTY or SCC) | |
| (Include loans paid by a third party that | • • | lule A.) | | | | | TH – Other (e.g., TY – Political Part | | |
| 3. Net change this period. (Subtract Line | 2 from Line 1) | | | NFT ¢ | 0.00 | | CC - Small Contri | | |
| Enter the net here and on the Summan | | • | | 14 L 1 4 — | (May be a negative number) | | | | |
| *Amounts forgiven or paid by another party also | must be reported on Schedule A | 1 | | | | | | | |

** If required.

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

SCHEDULE B - PART 1 (CONT.)

| Schedule B – Part 1 (Continual Loans Received | eB-Part 1 (Continuation Sheet) Amounts may be rounded to whole dollars. | | | | | ers period | CALIFORNI FORM | ^A 460 |
|---|---|---|---------------------------------|---|---------------|--|--------------------------------------|---|
| SEE INSTRUCTIONS ON REVERSE | Page5 | of <u>9</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 PAIL OR FORGIVE 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. | | | \$O_O | | | \$ _6,000.00 | \$OOO PER ELECTION** |
| †⊠ IND □ COM □ OTH □ PTY □ SCC | | s6.000.00 | s0.00 | \$0.00 | DATE DUE | \$0.00 | 12/04/2008 DATE INCURRED | s |
| Joseph Scott Schoeffel | Council Member Attorney/Integrated Healthcare Holdings, Inc. | | | PAID \$0_0 FORGIVEN | \$500_00 | 0% RATE | \$500.00 | \$ 0.00 PER ELECTION ** |
| †☑ IND □ COM □ OTH □ PTY □ SCC | | \$500.00 | so.oo | so_o | DATE DUE | \$0.00 | 08/24/2009 DATE INCURRED | s |
| Joseph Scott Schoeffel | Council Member Attorney/Integrated Healthcare Holdings, Inc. | | | PAID \$O_O FORGIVEN | \$ | 0_0_% RATE | \$ <u>1,000</u> _00 | \$ 0.00 PER ELECTION** |
| †⊠ IND □ COM □ OTH □ PTY □ SCC | | \$1,000.00 | s0.00 | \$0.00 | DATE DUE | s | 01/31/2010 DATE INCURRED | s |
| Joseph Scott Schoeffel | Council Member Attorney/Integrated Healthcare Holdings, Inc. | | | SO_O | \$ 1,000.00 | 0_00 % RATE | \$_1,000.00 | \$0.00 PER ELECTION ** |
| TEN IND COM OTH PTY SCC | | s <u>1.000.00</u> | \$0.00 | \$0.0 | DATE DUE | \$0.00 | 02/14/2011 DATE INCURRED | \$ |
| | | SUBTOTALS S | 0.00 | \$ 0. | 00\$ 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

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

SCHEDULE B - PART 1 (CONT.) Schedule B – Part 1 (Continuation Sheet) Statement covers period Amounts may be rounded **CALIFORNIA Loans Received** to whole dollars. **FORM** 01/01/2021 from 06/30/2021 of __9 through Page ___6__ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Scott Schoeffel for City Council 2018 1307443 (a) OUTSTANDING OUTSTANDING (e) (g) IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE **AMOUNT** INTEREST **ORIGINAL** CUMULATIVE AMOUNT PAID OCCUPATION AND EMPLOYER BALANCE BALANCEAT OF LENDER RECEIVED THIS PAID THIS AMOUNT OF CONTRIBUTIONS 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) PERIOD THIS PERIOD PERIOD Joseph Scott Schoeffel Council Member CALENDAR YEAR ☐ PAID Attorney/Integrated Healthcare Holdings, 4.000.00 _0.00% s 4.000.00 0.00 Inc. RATE ☐ FORGIVEN PERELECTION** 03/15/2012 s_4.000.00 0.00 0.00 [†]⊠ IND □ COM □ OTH □ PTY □ SCC DATE DUE DATE INCURRED Joseph Scott Schoeffel Council Member CALENDAR YEAR ☐ PAID Attorney/Integrated Healthcare Holdings, \$ __6.000.00 ____0__00_% s _6.000.00 0.00 Inc. DATE ☐ FORGIVEN PER ELECTION ** 09/17/2012 s 6.000.00 0.00 \$ _____0.00 DATE DUE DATE INCURRED □ COM □ OTH □ PTY □ SCC Joseph Scott Schoeffel Council Member **CALENDAR YEAR** ☐ PAID Attorney/Integrated Healthcare Holdings, 0.00 5,000.00 0.00% \$ 5.000.00 0.00 RATE ☐ FORGIVEN PER ELECTION ** 10/19/2012 \$ 5.000.00 0.00 0.00 DATE DUE DATE INCURRED □COM □OTH □PTY □SCC Council Member Joseph Scott Schoeffel CALENDAR YEAR ☐ PAID

\$ 10.000.00

SUBTOTALS \$

0.00

0.00

0.00\$

FORGIVEN

0.00

0.00\$

s 10.000.00

DATE DUE

25,000.00\$

__0_00%

RATE

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

☐ COM ☐ OTH ☐ PTY ☐ SCC

Loan

TX IND

Attorney/Integrated Healthcare Holdings,

Inc.

†Contributor Codes

s_10.000.00

08/20/2018

DATE INCURRED

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

\$ 0.00

PER ELECTION **

SCHEDULE B - PART 1 (CONT.)

| Schedule B – Part 1 (Continual Loans Received | tion Sheet) Amo | ounts may be rounded to whole dollars. | | | Statement cov | · | CALIFORNIA 460 | | |
|---|---|---|--|--|--------------------|--|--------------------------------------|---|--|
| Eddilo i (Cocivou | | | | | from01/0 | 1/2021 | FORM | | |
| SEE INSTRUCTIONS ON REVERSE | Page7 | of9 | | | | | | | |
| NAME OF FILER | | | | L | | | 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 PAIL OR FORGIVEI THIS PERIOD | CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE | |
| Joseph Scott Schoeffel Loan | Council Member Attorney/Integrated Healthcare Holdings, Inc. | | | \$O_OO | \$ <u>6.000.00</u> | | \$ <u>_6,000.00</u> | \$0.00 PER ELECTION** | |
| †⊠ IND □ COM □ OTH □ PTY □ SCC | | s6.000.00 | s0.00 | so.o. | DATE DUE | \$0.00 | 10/09/2018 DATE INCURRED | s | |
| Joseph Scott Schoeffel | Council Member Attorney/Integrated Healthcare Holdings, Inc. | | | PAID \$0.00 FORGIVEN | \$ | | \$ _3,000.00 | \$O_OO PER ELECTION ** | |
| [†] ☑ IND □ COM □ OTH □ PTY □ SCC | | \$3,000.00 | \$0.00 | \$0.00 | DATE DUE | \$0.00 | 01/07/2019 DATE INCURRED | s | |
| †□ IND □ COM □ OTH □ PTY □ SCC | | s | \$ | PAID S FORGIVEN \$ | DATE DUE | % RATE | \$ | S PER ELECTION ** | |
| | | | | PAID \$ FORGIVEN | s | | s | CALENDAR YEAR \$ PER ELECTION ** | |
| TO IND COM OTH PTY SCC | | s | s | \$ | DATE DUE | \$ | DATE INCURRED | s | |
| | | SUBTOTALS S | \$ 0.00 | \$ 0.0 | 9,000.00 | \$ 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.

| Schedule E Payments Made | Amounts may be rounded to whole dollars. | | | | tatemen | t covers peri | OALII | ORNIA 460 |
|--|---|--|-------------|------------|--|---|--|----------------------|
| SEE INSTRUCTIONS ON REVERSE | | | | thre | ough | 06/30/2021 | Page _ | 8 of9 |
| NAME OF FILER | | | | | | | I.D. NU | MBER |
| Friends of Scott Schoeffel for City Council 2018 | | | | | | | 13074 | 43 |
| CODES: If one of the following codes accurately describes 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 com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del | munications d appearance uses lating s survey resea ivery and me | es | | radio a returne campa t.v. or c candida staff/sp transfe voter re | irtime and product contributions gn workers' sale able airtime and the travel, lodging ouse travel, lodging between comregistration | aries d production cos g, and meals ging, and meals | me candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE | OR | DESCRIPTIO | N OF PAY | MENT | | AMOUNT PAID |
| | | | | | | | | |
| | | | | | | | | |
| * Payments that are contributions or independent expenditures r | nust also be summ | arized on S | schedule D. | | | | SUBTOTAL | \$ 0.00 |
| Schedule E Summary | | | | | | | | |
| Itemized payments made this period. (Include all Schedule | E subtotals.) | | | | | | \$ | 0.00 |
| 2. Unitemized payments made this period of under \$100 | | | | | | | \$ | 50.00 |
| 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. E | | | • • • | | | | | 50.00 |

| | | | | | SCHEDULE |
|--|---|---|---|---|---|
| Schedule F Accrued Expenses (Unpaid Bills) | Statement cove | EO | ORNIA 460 | | |
| SEE INSTRUCTIONS ON REVERSE | | | through 06/30/ | 2021 Page _ | _9 of _9 |
| 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 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 | 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 a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer between | nd production costs ibutions kers' salaries time and production costsel, lodging, and meals avel, lodging, and meals en 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 |
| Campaign Compliance Group Inc. | PRO | 350.00 | 0.00 | 0.00 | 350.0 |
| | | | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | SUBTOTALS | \$ 350.00\$ | 0.00 | \$ 0.00\$ | 350.0 |
| Schedule F Summary | | | | | |
| Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized accrued.) | Schedule F, Column (b) su accrued expenses under S | btotals for \$100.) | INCU | IRRED TOTALS \$ $_$ | 0.00 |
| 2. Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized) | edule F, Column (c) subto | tals for payments on | | | |
| Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.) | | | | NET \$ | 0.00 ay be a negative number |