Paginiant Committee					ER PAGE
Recipient Committee	Type or print in	ink,	Date Stamp	CALIF	ORNIA 460
Campaign Statement					RM 400
Cover Page Government Code Sections 84200-84216.5)		_	ENFR		
Government Code Sections 64200-64216.3)	Statement covers period	Date of election if approache (Month, Day, Year)	FIATE		- 7
	01/01/2007	(Month, Day, Year)		Page	of
	from01/01/2007	01	211 P 2: 18	For	r Official Use Only
SEE INSTRUCTIONS ON REVERSE	through06/30/2007		24 P 2: 18		
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement	OF DAMA		
State Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection Statement Semi-annual Statement		Quarterly Stater Special Odd-Ye	
	<ul><li>Controlled</li><li>Sponsored</li></ul>	☐ Termination Statement		Supplemental P	reelection
•	(Also Complete Part 6)	(Also file a Form 410 T	•	Statement - Atta	ich Form 495
General Purpose Committee	Primarily Formad Candidata/	Amendment (Explain b	elow)		
	Primarily Formed Candidate/ Officeholder Committee				
O Political Party/Central Committee	Also Complete Part 7)				
3. Committee Information	D. NUMBER 1288451	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Joel Bishop for Dana Point City Council		Betty Presley			
cour public tor balla torne cre, coalors		MAILING ADDRESS		······································	········
		30151 Tomas			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
34016 Selva Road, Suite 31		Rancho Sta Margarita,			949-858-7448
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
Dana Point, CA 92629	949-212-5520	***************************************			
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 ADD	RESS	<del></del>	
ic	elbishop@mac.com		.200		
4. Verification	erbronopenae, com				
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my kn	nowledge the information contained he	rein and in the attached:	schedules is true a	and complete. I certify
under penalty of perjury under the laws of the State of Californ	ia that the foregoing is true and correct.	<b>\</b>			and complete recently
7-8-07	$(\mathcal{T}_{k})$	How love			
Executed onDate	Ву	Signature of Treasurer or Assistant	Treasurer		
Executed on x //24/07	5h /2				
Dake	Signature of Co	onto leg Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of	Sponsor	
Executed on	Ву	Signature of Controlling Officeholder Condition	Vala Mana ya Basanani		
Vale		Signature of Controlling Officeholder, Candidate, S	нате меаѕиге еторопелт		
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent		DO F 400 / 1 (27)

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA	160
FORM	400
Page _2	of _7

	lled Committee	O. PIIII	narily Formed Ball	lot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE		· · · · · · · · · · · · · · · · · · ·		
Joel Bishop							
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO City Council Member City of Dana Point	N AND DISTRICT NUMBER IF APPLICABLE)	BALL	OT NO. OR LETTER	JURISDICTI	NC		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND 34016 Selva Road, Suite 31 Day	STREET) CITY STATE ZIP na Point, CA 92629	lden	tify the controlling o	fficeholder, ca	ndidate, or sta	ate measure p	proponent, if any
		NAME	E OF OFFICEHOLDER, CA	ANDIDATE, OR PE	ROPONENT		
• ,	I in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.	OFFIC	CE SOUGHT OR HELD			DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER				<u></u>		
	<u> </u>						
NAME OF TREASURER	CONTROLLED COMMITTEE?		marily Formed Cai eholder(s) or candidate				
	CONTROLLED COMMITTEE?  YES NO P.O. BOX)	office		(s) for which th	is committee is		
COMMITTEE ADDRESS STREET ADDRE	YES NO	offic NAME	eholder(s) or candidate	(s) for which the	OFFICE SOUC	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRE	YES NO	NAME	eholder(s) or candidate E OF OFFICEHOLDER OR	(s) for which the	OFFICE SOUC	Primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE	NAME NAME NAME	eholder(s) or candidate E OF OFFICEHOLDER OR E OF OFFICEHOLDER OR	(s) for which the	OFFICE SOUC	Primarily form GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE  CITY STA  COMMITTEE NAME  NAME OF TREASURER	YES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?  YES NO	NAME NAME NAME	eholder(s) or candidate  E OF OFFICEHOLDER OR  E OF OFFICEHOLDER OR	(s) for which the	OFFICE SOUC	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT SUPPORT OPPOSE SUPPORT SUPPORT
COMMITTEE ADDRESS STREET ADDRE  CITY STA  COMMITTEE NAME  NAME OF TREASURER	YES NO  ESS (NO P.O. BOX)  ATE ZIP CODE AREA CODE/PHONE  I.D. NUMBER  CONTROLLED COMMITTEE?	NAME NAME NAME	eholder(s) or candidate  E OF OFFICEHOLDER OR  E OF OFFICEHOLDER OR	(s) for which the	OFFICE SOUC	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded

to whole dollars

Statement covers period

SUMMARY PAGE

ummary Page	Amounts may be rounded to whole dollars.	State	ement covers period	CALIFORNIA 460
		from	01/01/2007	FORM 400
E INSTRUCTIONS ON REVERSE		through	06/30/2007	Page of
ME OF FILER				I.D. NUMBER
el Bishop for Dana Point City Council				1288451
ontributions Received	Column A TOTAL THIS PERIOD	Column B	•	nmary for Candidates

Contributions Received	(F	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$	0.00	\$	0.00	General Elections
2. Loans Received		0.00		30,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	30,000.00	20. Contributions  Received \$ \$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	30,000.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made	\$	715.87	\$	715.87	Candidates
7. Loans Made Schedule H, Line 3		0.00			22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	715.87	\$	715.87	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		300.00	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	715.87	\$	1,015.87	\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,382.88	To	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	fror	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		715,87		ort. Some amounts in lumn A may be negative	
16. <b>ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$	667.01	figu	res that should be	
If this is a termination statement, Line 16 must be zero.			per	otracted from previous iod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse	\$	0.00		m Lines 2, 7, and 9 (if	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	30,300.00			FPPC Form 460 (January FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3'

S	C	h	е	d	u	le	В	_	P	a	rt	1
L	O	а	n	s	R	e	се	iv	ec	ł		

\*\* If required.

# Type or print in ink.

SCHEDULE	B-PART 1
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Loans Received	Amounts may be rounded to whole dollars.			from01/01	/2007	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through06/30	/2007	Page4	of
NAME OF FILER							I.D. NUMBER	
Joel Bishop for Dana Point City Counci	.1						1288451	
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
Joel R. Bishop	Owner			☐ PAID	1.21100			CALENDAR YEAR
34016 Selva Rd #31				0.0	0 5,000.00	0.00% %	5,000.00	9 0,00
Dana Point, CA 92629	Bishop Enterprises Inc	5.000.00	0.00	FORGIVEN	0	RATE 0.00	\$	PER ELECTION** C06 31,508,26
TEND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	07/21/2006 DATE INCURRED	\$
Joel R. Bishop	Owner			PAID				CALENDAR YEAR
34016 Selva Rd #31				\$0.0	0 \$ 10,000.00	0.00% %	\$	\$0.00
Dana Point, CA 92629	Bishop Enterprises Inc			FORGIVEN		RATE		PER ELECTION **
		10,000.00	0.00	0.0	0	0.00	08/08/2006	006 31.508.26
TEND COM OTH PTY SCC					DATE DUE	,	DATE INCURRED	
Joel R. Bishop	Owner			PAID				CALENDAR YEAR
34016 Selva Rd #31	Bishop Enterprises Inc			s	0 <b>s</b> 5.000.00	0.00% %	5,000.00	\$ 0.00
Dana Point, CA 92629	bishop Encerprises Inc			FORGIVEN		RATE		PER ELECTION **
 TM IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	09/04/2006 DATE INCURRED	\$ 31.508.26
		SUBTOTALS S	0.00	\$ 0.0	20,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0.00	(+0	Contributor Codes	
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party tha</li> </ol>	) paid or forgiven.)			\$	0.00	Co	ID – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Part	PTY or SCC) business entity)
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ol>				NET \$	0 . 00 (May be a negative number)		CC – Small Contril	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.							

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

Sched	lule	B	<b>Part</b>	1
Loans	Red	eive	ed	

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

\*\* If required.

Type or print in ink.

SCHEDUL	EB-	PART	1
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oans Received	Amo	from01/01	•	CALIFORN FORM	460			
EE INSTRUCTIONS ON REVERSE					through 06/30	/2007	Page5	of
AME OF FILER		<del></del>		<u>\</u>			I.D. NUMBER	
Joel Bishop for Dana Point City Counci	1						1288451	
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	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joel R. Bishop	Owner			PAID				CALENDAR YEAR
34016 Selva Rd #31 Dana Point, CA 92629	Bishop Enterprises Inc			\$0.0	\$ 10,000.00	0.00% % RATE	\$	so_o
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	0.00 \$	\$	DATE DUE	\$	10/12/2006 DATE INCURRED	\$
			<del> </del>	PAID				CALENDAR YEAR
				S FORGIVEN	\$	RATE	s	\$PER ELECTION **
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID	s	%	\$	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION **
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.	00 \$ 10,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)					\$	Contributor 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>	0 paid or forgiven.)			\$	0.00	O	TH – Other (e.g., TY – Political Part	PTY or SCC) business entity)
<ol> <li>Net change this period. (Subtract Line Enter the net here and on the Summar</li> </ol>				NET \$ _	0.00 (May be a negative number)	S	CC – Small Contril	outor Committee

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

### Schedule E **Payments Made**

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

Statement covers period	CALIFORNIA 160
from01/01/2007	FORM 400
through06/30/2007	Page6 of7
	I.D. NUMBER
	1288451

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joel Bishop for Dana Point City Council CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations 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 staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads 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 Betty Presley & Associates, Inc. PRO 487.50 30151 Tomas Rancho Sta Margarita CA 92688 US Postmaster POS 205.00 Main Station Santa Ana CA 92705 Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 692.50 Schedule E Summary 692,50 23.37

2. Unitemized payments made this period of under \$100 ......\$

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

0.00

## Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded

Statement covers period	CALIFORNIA 460		
from01/01/2007	FORM 400		
through <u>06/30/2007</u>	Page7 of7		
	I.D. NUMBER		
	1288451		

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Joel Bishop for Dana Point City Council

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	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		therwise, describe the payment.  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 CREDITOR (IF COMMITTEE, ALSO ENTER ( 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
Continuing the Republican Revolution (#598041)  1300 Bristol Street North Suite 100  Newport Beach CA 92660	LIT Slate Card	100.00	0.00	0.00	100.00
Continuing the Republican Revolution (#598041)  1300 Bristol Street North Suite 100  Newport Beach CA 92660	LIT Slate Card	200.00	0.00	0.00	200.00

\* Payments that are contributions or independent expenditures must also be SUBTOTALS \$ summarized on Schedule D. 300.00 \$ 0.00\$ 0.00\$ 300.00

# Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	0.00
2. Total approach and this position of the total approach and the the total approach	

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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