

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
FORM

460

Statement covers period

from 07/01/2008

through 09/30/2008

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

11/04/2008

RECEIVED

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Page 1 of 26

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

☒ 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

☐ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☒ Amendment (Explain below)

Comprehensive Amendment

☐ 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

STREET ADDRESS (NO P.O. BOX)

24843 Del Prado, Suite 176

CITY STATE ZIP CODE AREA CODE/PHONE

Dana Point, CA 92629

949-481-3343

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

Betty Presley

MAILING ADDRESS

30151 Tomas

CITY STATE ZIP CODE AREA CODE/PHONE

Rancho Santa Margarita, CA 92688

949-858-7448

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 10/21/2008  
Date

Executed on 10/21/2008  
Date

Executed on  
Date

Executed on  
Date

By Betty Presley  
Signature of Treasurer or Assistant Treasurer

By Scott Schoeffel  
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

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 26

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  
24843 Del Prado, #176 Dana Point, CA 92629

**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.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

Statement covers period

from 07/01/2008

through 09/30/2008

CALIFORNIA  
FORM 460

Page 3 of 26

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	\$ 9,570.00	\$ 9,570.00
2. Loans Received .....	Schedule B, Line 3	5,000.00	13,000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 14,570.00	\$ 22,570.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	817.26	5,451.95
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 15,387.26	\$ 28,021.95

## 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	\$ 13,155.02	\$ 13,195.36
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 13,155.02	\$ 13,195.36
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	2,950.76	5,848.88
10. Nonmonetary Adjustment .....	Schedule C, Line 3	817.26	5,451.95
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 16,923.04	\$ 24,496.19

## 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	\$ 7,959.66
13. Cash Receipts .....	Column A, Line 3 above	14,570.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	13,155.02
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9,374.64

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
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## 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	\$ 18,848.88

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.

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page 4 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

I.D. NUMBER

1307443

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2008	Dan Brothman  1872 Sharon Ln.  Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COO  Integrated Healthcare Holdings, Inc.	100.00	100.00	G 08 100.00
07/24/2008	Ed Conway  25141 Dana Pepper  Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate  Re/Max	25.00	270.00	G 08 270.00
07/24/2008	Dana Point Foreign Car Service  24402 Del Prado  Dana Point, CA 92629	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 08 100.00
07/24/2008	Norman Denton  34052 Capistrano by the Sea  Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	100.00	100.00	G 08 100.00
07/24/2008	Maurice J. DeWald  303 Kings Rd.  Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor  Maurice J. DeWald	100.00	100.00	G 08 100.00
<b>SUBTOTAL \$</b>				425.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,840.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1,730.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 9,570.00

### \*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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	<b>CALIFORNIA FORM 460</b> Page <u>5</u> of <u>26</u>
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NAME OF FILER Friends of Scott Schoeffel	I.D. NUMBER 1307443
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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2008	Richard E. Dietmeier  34132 Cambridge Rd.  Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	200.00	200.00	G 08 200.00
07/24/2008	Diane L. Harkey  76 Ritz Cove  Monarch Beach, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Councilmember  City of Dana Point	630.00	630.00	G 08 630.00
07/24/2008	C. Robert Jameson  2734 Sandpiper Dr.  Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Arbitration/Mediator  OC Judge Bob, Inc.	100.00	100.00	G 08 100.00
07/24/2008	Brian Jarvis  28 Bluff Cove Dr.  Aliso Viejo, CA 92656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Executive  Panda Express	50.00	560.00	G 08 560.00
07/24/2008	Jeffrey Lewis Attorney at Law  PO Box 3021  Palos Verdes Peninsu, CA 90274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 08 100.00
<b>SUBTOTAL \$</b>				1,080.00		

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

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2008</u>	Page <u>6</u> of <u>26</u>	
through <u>09/30/2008</u>		I.D. NUMBER 1307443

NAME OF FILER

Friends of Scott Schoeffel

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/2008	Harold Kaufman 24325 Armada Dr. Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Structured Settlement Broker EPS Settlements Group	200.00	200.00	G 08 200.00
07/24/2008	Richard A. Mackaig 23821 Salvador Bay Monarch Beach, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	250.00	500.00	G 08 500.00
07/24/2008	Mary-Ellen Hardin, J.D. P.O. Box 2281 Rancho Santa Fe, CA 92067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 08 100.00
07/24/2008	Carlos N. Olivera 24901 Danafir Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100.00	100.00	G 08 100.00
07/24/2008	David A. Robinson 17 Viola Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Enterprise Counsel Group	630.00	630.00	G 08 630.00
<b>SUBTOTAL \$</b>				1,280.00		

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 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2008</u>		
through <u>09/30/2008</u>		Page <u>7</u> of <u>26</u>
NAME OF FILER Friends of Scott Schoeffel		I.D. NUMBER 1307443

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07/24/2008	Lynn Robinson  17 Viola  Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	630.00	630.00	G 08 630.00
07/24/2008	William C. Shepherd II  2421 Camino Oleada  San Clemente, CA 92673	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business/Management Consultant  W.C. Shepherd & Associates	100.00	100.00	G 08 100.00
07/24/2008	Stephen P. Spornak  21321 Stonehaven Ln.  Lake Forest, CA 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consulting  SCM Campaigns	100.00	100.00	G 08 100.00
07/24/2008	Cheryl L. Wagonhurst  1539 Miramar Ln.  Montecito, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Foley & Lardner, LLP	200.00	200.00	G 08 200.00
08/11/2008	Vintage Marina  3150 South Harbor Blvd  Channel Islands, CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		590.00	590.00	G 08 590.00
<b>SUBTOTAL \$</b>				1,620.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	<b>CALIFORNIA FORM 460</b> Page <u>8</u> of <u>26</u>
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NAME OF FILER

Friends of Scott Schoeffel

I.D. NUMBER

1307443

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/14/2008	Lewis 'Bud' Bruggeman  34525 Scenic Drive Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	25.00	475.00	G 08 475.00
08/14/2008	Paula Ker  24565 Santa Clara Avenue Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	100.00	100.00	G 08 100.00
09/12/2008	Dan Raisovich  11589 Snyder Dr. Frisco, TX 75035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager  DK Capital Management, Inc.	100.00	100.00	G 08 100.00
09/12/2008	Julie Simer  24571 Santa Clara Ave. Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate  Enterprise Counsel Group	100.00	212.26	G 08 212.26
09/18/2008	CREPAC/CA Real Estate PAC (#890106)  525 S. Virgil Ave. Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 08 500.00
<b>SUBTOTAL \$</b>				825.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	<b>CALIFORNIA FORM 460</b> Page <u>9</u> of <u>26</u>
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NAME OF FILER

Friends of Scott Schoeffel

I.D. NUMBER

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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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/18/2008	Benjamin P. Pugh 1309 Alabama St. Huntington Beach, CA 92648	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Enterprise Counsel Group	500.00	500.00	G 08 500.00
09/26/2008	Apartment Assn of OC PAC (#980470) 12822 Garden Grove Blvd., Ste D Garden Grove, CA 92843	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		630.00	630.00	G 08 630.00
09/26/2008	Lisa Bartlett 34871 Doheny Pl. Capistrano Beach, CA 92624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker  Blue Water Realty & Investment	630.00	630.00	G 08 630.00
09/26/2008	Ed Conway 25141 Dana Pepper Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate  Re/Max	25.00	270.00	G 08 270.00
09/26/2008	Richard A. Mackaig 23821 Salvador Bay Monarch Beach, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	250.00	500.00	G 08 500.00
<b>SUBTOTAL \$</b>				2,035.00		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>07/01/2008</u>		
through <u>09/30/2008</u>		Page <u>10</u> of <u>26</u>
NAME OF FILER Friends of Scott Schoeffel		I.D. NUMBER 1307443

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2008	Sarah A. Shedd  1951 Skyline Terrace  Escondido, CA 92027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker  None	100.00	100.00	G 08 100.00
09/26/2008	Julie Simer  24571 Santa Clara Ave.  Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate  Enterprise Counsel Group	25.00	212.26	G 08 212.26
09/30/2008	Lewis 'Bud' Bruggeman  34525 Scenic Drive  Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired  None	450.00	475.00	G 08 475.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				575.00		

**\*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

# Schedule B – Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period from 07/01/2008 through 09/30/2008		<b>CALIFORNIA FORM 460</b>
Page 11 of 26		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends of Scott Schoeffel	I.D. NUMBER 1307443
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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 24361 Taxco Dr. Dana Point, CA 92629  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Commissioner  Attorney/Integrated Healthcare Holdings, Inc.	\$ 2,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 2,000.00 DATE DUE	0% RATE \$ 0.00	\$ 2,000.00 05/29/2008 DATE INCURRED	CALENDAR YEAR \$ 17,634.69 PER ELECTION** 008 17,634.69
Joseph Scott Schoeffel 24361 Taxco Dr. Dana Point, CA 92629  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Commissioner  Attorney/Integrated Healthcare Holdings, Inc.	\$ 6,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 6,000.00 DATE DUE	0% RATE \$ 0.00	\$ 6,000.00 06/30/2008 DATE INCURRED	CALENDAR YEAR \$ 17,634.69 PER ELECTION** 008 17,634.69
Joseph Scott Schoeffel 24361 Taxco Dr. Dana Point, CA 92629  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Commissioner  Attorney/Integrated Healthcare Holdings, Inc.	\$ 0.00	\$ 5,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 5,000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 5,000.00 09/30/2008 DATE INCURRED	CALENDAR YEAR \$ 17,634.69 PER ELECTION** 008 17,634.69
<b>SUBTOTALS</b>		\$ 5,000.00	\$ 0.00	\$ 0.00	\$ 13,000.00	\$ 0.00		

## Schedule B Summary

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

- Loans received this period ..... \$ 5,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 5,000.00**  
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 C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>26</u>
I.D. NUMBER 1307443	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/15/2008	Ed Conway  25141 Dana Pepper Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate  Re/Max	Photography Voucher	220.00	270.00	G 08 270.00
09/21/2008	Brian Jarvis  28 Bluff Cove Dr. Aliso Viejo, CA 92656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Executive  Panda Express	Website Design	510.00	560.00	G 08 560.00
09/21/2008	Julie Simer  24571 Santa Clara Ave. Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate  Enterprise Counsel Group	Event Supplies & Flowers	87.26	212.26	G 08 212.26
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 817.26

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 817.26

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

\$ 0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 817.26

### \*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 D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page 13 of 26
NAME OF FILER		I.D. NUMBER
Friends of Scott Schoeffel		1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2008	Republican Party of Orange County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,000.00		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 1,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 1,000.00**

# Schedule E Payments Made

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

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2008		
through 09/30/2008		Page 14 of 26
NAME OF FILER Friends of Scott Schoeffel		I.D. NUMBER 1307443

SEE INSTRUCTIONS ON REVERSE

**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	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
LIT 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.  30151 Tomas  Rancho Sta Margarita, CA 92688	PRO		500.00
Betty Presley & Associates, Inc.  30151 Tomas  Rancho Sta Margarita, CA 92688	PRO		600.00
Brough Consulting, Inc.  33791 Colegio Drive  Dana Point, CA 92629	CNS		1,500.00

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

**SUBTOTAL \$ 2,600.00**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 13,024.11
2. Unitemized payments made this period of under \$100	\$ 130.91
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.)	<b>TOTAL \$ 13,155.02</b>

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page 15 of 26
NAME OF FILER		I.D. NUMBER
Friends of Scott Schoeffel		1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

**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	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
LIT	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
Douglas Printing  210 Calle de los Molinos, Suite C San Clemente, CA 92672	LIT			48.12
Don Kindred  PO Box 788 San Clemente, CA 92674	LIT			250.00
Brough Consulting, Inc.  33791 Colegio Drive Dana Point, CA 92629	OFC			492.84
Brough Consulting, Inc.  33791 Colegio Drive Dana Point, CA 92629	CNS			1,500.00
Brough Consulting, Inc.  33791 Colegio Drive Dana Point, CA 92629	CNS			1,500.00

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

**SUBTOTAL \$** 3,790.96

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 07/01/2008	through 09/30/2008	
Page 16 of 26		I.D. NUMBER 1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

**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	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
LIT	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
Cannons Grill  34344 Green Lantern St Dana Point, CA 92629	FND			1,547.10
Ed Conway  25141 Dana Pepper Dana Point, CA 92629	FND			500.00
Ed Conway  25141 Dana Pepper Dana Point, CA 92629	LIT			50.00
Douglas Printing  210 Calle de los Molinos, Suite C San Clemente, CA 92672	LIT			171.90
Betty Presley & Associates, Inc.  30151 Tomas Rancho Sta Margarita, CA 92688	PRO			600.00

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

**SUBTOTAL \$** 2,869.00



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page 17 of 26
NAME OF FILER		I.D. NUMBER
Friends of Scott Schoeffel		1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

**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	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
LIT	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
COGS South  3309 S Main Street  Santa Ana, CA 92707	CMP			1,065.00
Impact Placements  22431 Antonio Parkway, Suite B-160 #131  Rancho Sta Margarita, CA 92688	CMP			175.00
Brough Consulting, Inc.  33791 Colegio Drive  Dana Point, CA 92629	CNS			1,500.00
Betty Presley & Associates, Inc.  30151 Tomas  Rancho Sta Margarita, CA 92688	PRO			600.00
Douglas Printing  210 Calle de los Molinos, Suite C  San Clemente, CA 92672	LIT			424.15

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

**SUBTOTAL \$** 3,764.15

# Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		<b>CALIFORNIA FORM 460</b>
Page <u>18</u> of <u>26</u>		
NAME OF FILER Friends of Scott Schoeffel		I.D. NUMBER 1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

**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	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
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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
Betty Presley & Associates, Inc.  30151 Tomas  Rancho Sta Margarita, CA 92686	PRO	500.00	0.00	500.00	0.00
Don Kindred  PO Box 788  San Clemente, CA 92674	LIT	250.00	0.00	250.00	0.00
Brough Consulting, Inc.  33791 Colegio Drive  Dana Point, CA 92629	CNS	1,500.00	0.00	1,500.00	0.00

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

**SUBTOTALS \$** 2,250.00 \$ 0.00 \$ 2,250.00 \$ 0.00

## Schedule F Summary

- 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.) **INCURRED TOTALS \$** 5,848.88
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 2,898.12
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,950.76  
May be a negative number

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>		<b>CALIFORNIA FORM 460</b> Page <u>19</u> of <u>26</u>
I.D. NUMBER 1307443		

NAME OF FILER  
 Friends of Scott Schoeffel

**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	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
LIT 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) 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
Betty Presley & Associates, Inc.  30151 Tomas  Rancho Sta Margarita CA 92688	PRO	600.00	0.00	600.00	0.00
Betty Presley & Associates, Inc.  30151 Tomas  Rancho Sta Margarita CA 92688	PRO	0.00	600.00	0.00	600.00
Don Kindred  PO Box 788  San Clemente CA 92674	LIT	0.00	200.00	0.00	200.00
Douglas Printing  210 Calle de los Molinos, Suite C  San Clemente CA 92672	LIT	0.00	641.87	0.00	641.87
<b>SUBTOTALS \$</b>		600.00	\$ 1,441.87	\$ 600.00	1,441.87

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

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

SCHEDULE F (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page <u>20</u> of <u>26</u>
NAME OF FILER Friends of Scott Schoeffel		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.	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	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
LIT	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) 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
G. John Schoeffel  37 Regina  Dana Point CA 92629	FND	0.00	900.00	0.00	900.00
BankofAmericard  Payment Center  Wilmington DE 19886	FND	0.00	967.34	0.00	967.34
The Renaissance  24701 Del Prado  Dana Point CA 92629	FND	0.00	1,385.72	0.00	1,385.72
Republican Party of Orange County (#742088)  1800 West Katella Avenue, Suite 210  Orange CA 92867	CTB	0.00	1,000.00	0.00	1,000.00
<b>SUBTOTALS \$</b>		0.00 \$	4,253.06 \$	0.00 \$	4,253.06

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

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

SCHEDULE F (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page 21 of 26
NAME OF FILER Friends of Scott Schoeffel		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.	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	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
LIT	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) 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
Douglas Printing  210 Calle de los Molinos, Suite C  San Clemente CA 92672	LIT	0.00	153.95	0.00	153.95
<b>SUBTOTALS \$</b>		0.00 \$	153.95 \$	0.00 \$	153.95

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from 07/01/2008 through 09/30/2008	<b>CALIFORNIA FORM 460</b>
Page 22 of 26	I.D. NUMBER 1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BankofAmericard

**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	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
LIT	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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Las Golondrinas Mexican Food 34069 Doheny Park Road Capistrano Beach CA 92624	FND		648.87
Smart & Final 34091 Doheny Park Road Capistrano Beach CA 92624	FND		318.47

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 967.34

\* 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.

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

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period from 07/01/2008 through 09/30/2008		<b>CALIFORNIA FORM 460</b>
Page 23 of 26		
I.D. NUMBER 1307443		

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NAME OF FILER

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Brough Consulting, Inc.

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Minuteman Press 34181 Pacific Coast Hwy Dana Point CA 92629	LIT		250.00
US Postmaster Main Station Dana Point CA 92629	POS		210.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 460.00

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2008	
through	09/30/2008	Page 24 of 26
I.D. NUMBER		1307443

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ed Conway

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB 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
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cannons Grill  34344 Green Lantern St  Dana Point CA 92629	END		500.00

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TOTAL\* \$ 500.00

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**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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SCHEDULE G

Statement covers period from <u>07/01/2008</u>		<b>CALIFORNIA FORM 460</b>
through <u>09/30/2008</u>		
Page <u>25</u> of <u>26</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Scott Schoeffel

I.D. NUMBER

1307443

NAME OF AGENT OR INDEPENDENT CONTRACTOR

G. John Schoeffel

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Henry Alexander  c/o 539 West Dunton Ave  Orange CA 92865	FND		100.00
Ronnie Clago  3926 Albury Avenue  Long Beach CA 90808	FND		200.00
Baba Elefante  576 Birch Avenue  Upland CA 91786	FND		200.00
Ron Kobayashi  539 West Dunton Avenue  Orange CA 92865	FND		200.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 700.00**

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SCHEDULE G

Statement covers period from <u>07/01/2008</u> through <u>09/30/2008</u>	<b>CALIFORNIA FORM 460</b>
Page <u>26</u> of <u>26</u>	I.D. NUMBER 1307443

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NAME OF FILER

Friends of Scott Schoeffel

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G. John Schoeffel

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Murdy  146 Meadowcreek Road  Brea CA 92821	FND		200.00

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TOTAL\* \$ 200.00

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