Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	Date Stamp		FORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from 10/19/2008 through 12/31/2008	Date of election if applicable: (Month, Day, Year) 11/04/2008	Feb Z	Fo Fo	of 19 or Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	Quarterly State Special Odd-Ye Supplemental F Statement - Atta	ear Report Preelection
3. Committee Information 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 CO Dana Point, CA 92629 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP CO OPTIONAL: FAX / E-MAIL ADDRESS	949-481-3343 DX	Treasurer(s) NAME OF TREASURER Betty Presley MAILING ADDRESS 30151 Tomas CITY Rancho Santa Margarita NAME OF ASSISTANT TREASUR MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	a, CA 92688 RER, IF ANY STATE 7	ZIP CODE	AREA CODE/PHONE 949~858-7448 AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	that the foregoing is true and correct.	a Tresley	Treasurer ponent or Responsible Officer of Spread tate Measure Proponent		and complete. I certify

CALIFORNIA 460

Page 2 of 19

Recipient Committee Campaign Statement Cover Page — Part 2

		N	AME OF BALLOT MEASURE				
NAME OF OFFICEHOLDER OR CANDIDATE Scott Schoeffel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND City Council Member City of Dana Point	DISTRICT NUMBER IF APPLICABLE)	Ē	SALLOT NO. OR LETTER	JURISDICTIO	DN		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE 24843 Del Prado, #176 Dana Point,		38	dentify the controlling off			measure pr	oponent, if any
		1	NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of y	by you or are primarily formed to receive	ō	DFFICE SOUGHT OR HELD		DIS	STRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	-					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. [Primarily Formed Can officeholder(s) or candidate(s	didate/Offic s) for which thi	eholder Comn s committee is prir	mittee Lis marily forme	t names of d.
	I I TES I I NO						
COMMITTEE ADDRESS STREET ADDRESS (N		1	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR		OFFICE SOUGHT		
	IO P.O. BOX)	•		CANDIDATE		OR HELD	OPPOSE SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Friends of Scott Schoeffel

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA / CO
from10/19/2008	FORM 400
through12/31/2008	Page3 of19
	I.D. NUMBER
	1307443

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE General Elections 21,749.00 1/1 through 6/30 7/1 to Date 6,000.00 19.000.00 20. Contributions 9,184.00 40,749.00 Received 175.92 5,627.87 4. Nonmonetary Contributions Schedule C. Line 3 21. Expenditures Made 46,376.87 **Expenditures Made Expenditure Limit Summary for State Candidates** 22. Cumulative Expenditures Made* 40,889.08 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 -6,193.88 1,248.27 Date of Election Total to Date (mm/dd/yy) 175.**9**2 10. Nonmonetary Adjustment Schedule C, Line 3 5,627.87 **Current Cash Statement** To calculate Column B, add amounts in Column A to the 9,184.00 corresponding amounts *Amounts in this section may be different from amounts 230.00 from Column B of your last reported in Column B. report. Some amounts in 19,970.04 15. Cash Payments Column A, Line 8 above Column A may be negative 89.92 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts anv). FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			s may be rounded whole dollars.	Statement cove	9/2008 FORM			700
SEE INSTRUCTION	NS ON REVERSE			through $\frac{12/31/2}{}$	008	Page .	4(of 19
NAME OF FILER						I.D. NU		
Friends of S	Scott Schoeffel					1307	443	
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 E CALENDAR YEA (JAN. 1 - DEC. 3	\R	TC	LECTION DATE QUIRED)
10/21/2008	Julie Simer	ZIND	Associate	-100.00	28	8.18	G 08	288.18
	24571 Santa Clara Ave. Dana Point, CA 92629	☐COM ☐OTH ☐PTY ☐SCC	Enterprise Counsel Group					
10/28/2008	John Clarey	XIND □COM	President	630.00	63	0.00	G 08	630.00
	59 Copper Creek Irvine, CA 92603	□OTH □PTY □SCC	Clarey Capital					
10/28/2008	Nancy Sitrick	⊠IND □COM	Media Consultants	500.00	5.0	00.00	G 08	500.00
	1436 Via Cresta Pacific Palisades, CA 90272	OTH PTY SCC	Sitmak and Co.					
10/29/2008	South Coast Apartment Assn/CAAPAC (#745208)	□IND 図COM		500.00	5{	00.00	G 08	500.00
	980 Ninth St., #200 Sacramento, CA 95814	□OTH □PTY □SCC						
11/03/2008	Michelle R. Brough	⊠IND □ COM	Attorney	100.00	10	00.00	G 08	100.00
	33791 Colegio Dr. Dana Point, CA 92629	□OTH □PTY □SCC	Brandes Investment Partners					
			SUBTOTAL	1,630.00				
	A Summary				l l	ributor (Individu		
Amount re (Include a	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	3,060.00	COM-	- Recipi (other	ent Comm than PTY	or SCC)
2. Amount re	eceived this period – unitemized monetary contribution				PTY-	Politica	l Party	iness entity) Committee
3. Total mone (Add Line:	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Coli	umn A, Line 1	.) TOTAL \$		Foll-Free Helpline:	FPPC	Form 460) (January/05)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 10/19/2008

200.00

1,430.00

				through <u>12/31/2</u>	008	Page .	5	of <u>19</u>
NAME OF FILER	According to the Control of the Cont		<u>.</u>			I.D. NL	IMBER	
Friends of S	Scott Schoeffel					1307	443	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	Т	ELECTION O DATE REQUIRED)
11/03/2008	CR&R Inc. 11292 Western Ave. Stanton, CA 90680	□IND □COM ⊠OTH □PTY □SCC		630.00	6	30.00	G 08	630.00
11/03/2008	Michael Metzler 2315 N Towner St. Santa Ana, CA 92706	⊠IND □COM □OTH □PTY □SCC	Executive Greater Santa Ana Business Alliance	100.00	1.	00.00	G 08	100.00
11/03/2008	MHETPAC/Manufactured Housing Education Trust PAC (#8201 30151 Tomas St. Rancho Sta Margaríta, CA 92688	⁶⁵ □ IND □ COM □ OTH □ PTY □ SCC		250.00	2	50.00	G 08	250.00
11/04/2008	BIA of Southern CA PAC (#741733) 1330 S. Valley Vista Dr. Diamond Bar, CA 91765	□IND □COM □OTH □PTY □SCC		250.00	. 2	50.00	G 08	250.00

Homemaker

SUBTOTAL\$

None

XIND

□COM □OTH

PTY

□scc

*Contributor Codes

tND - Individual

11/04/2008

COM - Recipient Committee

(other than PTY or SCC)

Carolyn B. Simpson

27472 Lost Trail Dr.

Laguna Hills, CA 92653

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

PTY - Political Party

SCC - Small Contributor Committee

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

200.00

G 08

200.00

Sched	ule	B	Part	1
Loans	Rec	eive	ed.	

** If required.

Type or print in ink.

SCF	IED.	III F	R-	PART	1
001	ı	\mathbf{O}	₽ -	I AIN I	

Schedule B – Part 1 Loans Received		Amounts may be rounded to whole dollars. Statement covers period from 10/19/2008 CALIFORNIA FORM				^{IA} 460		
SEE INSTRUCTIONS ON REVERSE					through12/31	/2008	Page6	of19
NAME OF FILER Friends of Scott Schoeffel							I,D. NUMBER 1307443	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	EN. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Joseph Scott Schoeffel	Planning Commissioner			☐ PAID		***************************************		CALENDAR YEAR
24361 Taxco Dr. Dana Point, CA 92629	Attorney/Integrated Healthcare Holdings, Inc.	2,000.00	0.00	\$0.0	S	0% % RATE	\$000.00 \$0 05/29/2008	\$ 23,634.69 PER ELECTION** G08 23,634.69
TEND COM OTH PTY SCC				Ų	DATE DUE	4	DATE INCURRED	
Joseph Scott Schoeffel 24361 Taxco Dr. Dana Point, CA 92629	Planning Commissioner Attorney/Integrated Healthcare Holdings, Inc.			PAID \$ FORGIVEN	\$	% 	6,000.00	CALENDAR YEAR \$ 23,634.69 PER ELECTION **
†⊠IND □COM □OTH □PTY □SCC		6,000.00 \$	\$	\$	DATE DUE	s	06/30/2008 DATE INCURRED	\$
Joseph Scott Schoeffel 24361 Taxco Dr. Dana Point, CA 92629	Planning Commissioner Attorney/Integrated Healthcare Holdings, Inc.			PAID 0.0 S FORGIVEN	S	0.00% RATE	\$	\$ 23,634.69 PER ELECTION**
TEND □ COM □ OTH □ PTY □ SCC		5,000.00	\$	\$	DATE DUE	\$	09/30/2008 DATE INCURRED	308 23,634.69
		SUBTOTALS \$	0.00	0.	00 \$ 13,000.00	\$ 0.00		
Schedule B Summary			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ASTANANA	(Enter (e) on Schedule E. Line 3)	1	
Loans received this period (Total Column (b) plus unitemized loans			•••••	\$	6,000.00	(±c	ontributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0.00	N CC OT PT	D – Individual DM – Recipient Co (other than I TH – Other (e.g., TY – Political Party	mmittee PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar		••••••	***************************************	NET \$ _	6 , 000 . 00 (May be a negative number)	SC	CC – Small Contrib	outor Committee
*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)

AAAAAB Propaga	_						SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars. from 10/19/2008			Amounts may be rounded Statement covers per to whole dollars.			CALIFORN FORM	
SEE INSTRUCTIONS ON REVERSE					through12/31	/2008	Page7	of19
IAME OF FILER							I.D. NUMBER	
Friends of Scott Schoeffel							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 CONTRIBUTION TO DATE
Joseph Scott Schoeffel	Planning Commissioner	7.4.4.9		[] PAID				CALENDAR YEAR
24361 Taxco Dr.				0.00		0% %	6,000.00	s23,634.6
! Dana Point, CA 92629	Attorney/Integrated Healthcare Holdings, Inc.			□ FORGIVEN	\$	RATE	5	PER ELECTION*
		0.00	6,000.00	0.00)	0.00	12/04/2008	GOB 23,634.6
™ IND □ COM □ OTH □ PTY □ SCC	at the second se	3	3	3	DATE DUE	· · · · · · · · · · · · · · · · · · ·	DATE INCURRED	5
	A TALE HOLD THE CONTROL AND A CALL AND A CAL			[] PAID				CALENDAR YEAR
пинавит				s	5	0 t %	\$	s
a-vertified (gr.				FORGIVEN		RATE		PER ELECTION *
IND COM FOTH DETY DEC		\$	s	s	DATE DUE	S	DATE INCURRED	\$
								CALENDAR YEAR
in in inflation of the contract of the contrac				☐ PAID		0.5		GAELNOARTEAR
поледениять на применя				\$ FORGIVEN	. \$	0% % RATE	\$	\$ PER ELECTION*
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		CUDTOTALE ¢	6,000.00		0 \$ 6,000.00	\$ 0.00		<u> </u>
9000 · · · · · · · · · · · · · · · · · ·	West of the second seco	SUBTOTALS \$	6,000.00.	0.0	6,000.00	(Enter (e) on		
Schedule B Summary						Schedule E, Line 3)		
Loans received this period				\$	6,000.00			
(Total Column (b) plus unitemized loans	s of less than \$100.)					(†C	Contributor Codes	
2. Loans paid or forgiven this period				\$	0.00		D – Individual	
(Total Column (c) plus loans under \$100			***************************************	· · · · · · · · · · · · · · · · · · ·			OM – Recipient Co other than I)	mmittee PTY or SCC)
(Include loans paid by a third party that		ule A.)					TH – Other (e.g., TY – Political Party	business entity)

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

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

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 6,000.00 (May be a negative number)

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

SCC - Small Contributor Committee

Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C
CALIFORNIA A CO
FORM 400
Page of19
I.D. NUMBER 1307443

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel CUMULATIVE TO AMOUNT/ IF AN INDIVIDUAL, ENTER PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * GOODS OR SERVICES CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) 10/29/2008 Julie Simer Event Supplies 175.92 288.18 G 08 288,18 [X]INDAssociate COM Enterprise Counsel Group □ OTH 24571 Santa Clara Ave. □PTY Dana Point, CA 92629 □SCC COM ОТН □PTY □SCC []COM □OTH **□PTY** □scc []IND []COM □ OTH **TIPTY** ∏SCC **SUBTOTAL \$** Attach additional information on appropriately labeled continuation sheets. 175.92 Schedule C Summary *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual COM - Recipient Committee (Include all Schedule C subtotals.)\$ _ 175.92 (other than PTY or SCC)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 0.00

3. Total nonmonetary contributions received this period. OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from 10/19/2008	FORM TOU
through	Page9 of19
	I.D. NUMBER
	1307443

NAME OF FILER			1	.D. NUMBER
Friends of Scott Schoeffel			1	307443
	nmunication and appeara ases alating s survey res livery and	ns nces	RAD radio airtime and production costs RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and me staff/spouse travel, lodging, and	on costs als meals the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Voter Information Guide 2008 (#593003)	LIT	Slate Card		430.00
13701 Riverside Drive, #604 Sherman Oaks, CA 91423				
National Tax Limitation Committee Newsletter (#596006)	LIT	Slate Card		100.00
30011 Ivy Glenn Drive, Suite 223 Laguna Niguel, CA 92677				
Save Proposition 13 (#598040)	LIT	Slate Card		100.00
30011 Ivy Glenn Drive, #223 Laguna Niguel, CA 92677				
* Payments that are contributions or independent expenditures must also be summ	arized or	Schedule D.	SUBTO	OTAL\$ 620.00
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule E subtotals.)				
2. Unitemized payments made this period of under \$100		***************************************		\$173.94
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part	1, Colum	nn (e).)		\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on t	he Sumn	nary Page, Colun	nn A, Line 6.) TOTAL	\$ 19,970.04

San Clemente, CA 92674

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

Statement covers period		CALIFORNIA	460
from	10/19/2008	FORM	
through_	12/31/2008	Page10o	f <u>19</u>
		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1307443 Friends of Scott Schoeffel

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries office expenses contribution (explain nonmonetary)* OFC CTB t.v. or cable airtime and production costs TEL PET petition circulating CVC civic donations candidate travel, lodging, and meals TRC phone banks PHO candidate filing/ballot fees FIL staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events FND transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* IND voter registration VOT professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) BankofAmericard Payment Center 967.34 FND Wilmington, DE 19886 Betty Presley & Associates, Inc. 600.00 PRO 30151 Tomas Rancho Sta Margarita, CA 92688 Douglas Printing 153.95 210 Calle de los Molinos, Suite C LIT San Clemente, CA 92672

Douglas Printing 2,084.96 210 Calle de los Molinos, Suite C LIT San Clemente, CA 92672

Don Kindred 350.18 LIT PO Box 788

SUBTOTAL \$

4,156.43

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

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

State	nent covers period	CALIFORNIA A GO
from	10/19/2008	FORM 400
through.	12/31/2008	Page 11 of 19
		I.D. NUMBER
		3707443

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel 1307443

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances RFD returned contributions CNS campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs CVC civic donations PET petition circulating TEL candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC FIL staff/spouse travel, lodging, and meals polling and survey research TRS fundraising events FND transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	(OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Taubenpost, Inc.				
20702 Linear Lane Lake Forest, CA 92630	LIT			1,792.00
The Renaissance				
24701 Del Prado Dana Point, CA 92629	FND			1,385.72
Taubenpost, Inc.				
20702 Linear Lane Lake Forest, CA 92630	LIT			3,200.00
Betty Presley & Associates, Inc.				
30151 Tomas Rancho Sta Margarita, CA 92688	PRO			600.00
Political Data, Inc.				
825 South Victory Blvd Burbank, CA 91502	LIT			135.00

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

CMP campaign paraphernalia/misc.

campaign consultants

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

MBR member communications

meetings and appearances

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

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

Statem	ent covers period	CALIFO	RNIA			1
from	10/19/2008	FOR	M		\mathbf{v}) marke
through_	12/31/2008	Page	12_	of	19	

radio airtime and production costs

returned contributions

RAD

RFD

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends of Scott Schoeffel

through 12/31/2008 Page 12 of 19
I.D. NUMBER
1307443

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO TRC candidate travel, lodging, and meals phone banks staff/spouse travel, lodging, and meals fundraising events POL. polling and survey research TRS FND ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense professional services (legal, accounting) campaign literature and mailings WEB information technology costs (internet, e-mail) print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Political Data, Inc. 825 South Victory Blvd LIT 210.93 Burbank, CA 91502 Political Data, Inc. 211,26 825 South Victory Blvd LIT Burbank, CA 91502 Political Data, Inc. 198.77 LIT 825 South Victory Blvd Burbank, CA 91502 Brough Consulting, Inc. 1,750.00 33791 Colegio Drive CNS Dana Point, CA 92629 Brough Consulting, Inc. OFC 39.56 33791 Colegio Drive Dana Point, CA 92629

SUBTOTAL \$

2,410.52

SCHE	$F : C \cap C$	$\neg N \vdash \top$
	- 101	J 1 Y 1

CMP campaign paraphernalia/misc.

CNS campaign consultants

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

MBR member communications

meelings and appearances

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

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

			SCHED		(CON	1.)
Statem	ent covers period	CALIFO	DRNIA	Ā	SA	
from	10/19/2008	FOI	RM			
through_	12/31/2008	Page _	13	of	19	
 		I.D. NUM	BER			-
		13074	43			

RAD radio airtime and production costs

returned contributions

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel

contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRC fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals FND POL IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings print ads NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER LD. NUMBER) Douglas Printing 210 Calle de los Molinos, Suite C LIT 1,763.03 San Clemente, CA 92672 Douglas Printing 2,437.09 210 Calle de los Molinos, Suite C LIT San Clemente, CA 92672 Don Kindred 296.31 PO Box 788 LIT San Clemente, CA 92674 G. John Schoeffel 900.00 37 Regina FND Dana Point, CA 92629 BankofAmericard OFC 100.00 Payment Center Wilmington, DE 19886

SUBTOTAL \$

5,496.43

Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA Statement covers period **FORM** 10/19/2008 from _ through <u>12/31/2008</u> Page 14 of 19 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Scott Schoeffel 1307443

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CTB TEL t.v. or cable airtime and production costs CVC civic donations petition circulating candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND legal defense professional services (legal, accounting) VOT voter registration LEG WEB information technology costs (internet, e-mail) campaign literature and mailings print ads

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	900.00	0.00	900.00	0.00
BankofAmericard Payment Center Wilmington, DE 19886	FND	967.34	0.00	967.34	0.00
The Renaissance 24701 Del Prado Dana Point, CA 92629	FND	1,385.72	0.00	1,385.72	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	3,253.06	6.00\$	3,253.06\$	0.00

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.)	248.27

- 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 on the Summary Page, Column A, Line 9.)

 NET \$

 -6, 193.88

 May be a negative number

SCHEDULE F (CONT.)

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

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

			•
Statement covers period		CALIFORNIA	460
from	10/19/2008	FORM	
through	12/31/2008	Page 15	of <u>19</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.

print ads

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)* petition circulating PET CVC civic donations FIL candidate filing/ballot fees POL

fundraising events FND independent expenditure supporting/opposing others (explain)* ND

legal defense LEG

campaign literature and mailings LIT

RAD radio airtime and production costs MBR member communications

RFD returned contributions MTG meetings and appearances SAL campaign workers' salaries TEL

t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals phone banks staff/spouse travel, lodging, and meals TRS polling and survey research

transfer between committees of the same candidate/sponsor TSF postage, delivery and messenger services professional services (legal, accounting)

voter registration VOT

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	LIT	153.95	0.00	153.95	0.00
210 Calle de los Molinos, Suite C San Clemente CA 92672					
Betty Presley & Associates, Inc.	PRO	600.00	0.00	600.00	0.00
30151 Tomas Rancho Sta Margarita CA 92688					
BankofAmericard	FND	1,000.00	0.00	0.00	1,000.00
Payment Center Wilmington DE 19886					
Don Kindred	LIT	350.18	0.00	350.18	0.00
PO Box 788 San Clemente CA 92674					
	SUBTOTALS	\$ 2,104.13	\$ 0.00	\$ 1,104.13	\$ 1,000.00

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	CALIFORNIA 160
from10/19/2008	FORM TOO
through12/31/2008	Page 16 of 19
	LD. 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,

COI	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	I.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		
LП	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 LD, 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	LIT	2,084.96	0.00	2,084.96	0.00
210 Calle de los Molinos, Suite C San Clemente CA 92672					
BankofAmericard	OFC	0.00	248.27	0.00	248.27
Payment Center Wilmington DE 19886					
			·		
	SUBTOTALS	\$ 2,084.96 \$	\$ 248.27	\$ 2,084.96	\$ 248.27

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.

		SCHEDUL	E
Statement covers period		CALIFORNIA AC	Ā
from	10/19/2008	FORM 40	
through_	12/31/2008	Page of	
		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. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals candidate filing/ballot fees phone banks staff/spouse travel, lodging, and meals polling and survey research FND POL

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 LD NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Sign Center	OFC		290.93
24422 Del Prado Suite 2			
Dana Point CA 926 29			
			11.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

290.93

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 10/19/2008	california 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2008	Page18 of19
NAME OF FILER			I.D. NUMBER
Friends of Scott Schoeffel			1307443
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Taubenpost, Inc.			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code	. Otherwise, describe the paymen	t.
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)*	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	RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	costs duction costs d meals

PRT

print ads

professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

LEG legal defense

campaign literature and mailings

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	,OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster	LIT	:		1,958.45
Maín Station			•	
Dana Point CA 92629		·		
US Postmaster	LIT	:		1,757.53
Main Station				
Dana Point CA 92629				

^{*} 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.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

3,716.02

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

Schedule I Miscellaneous Increases to Cash see instructions on reverse		Type or print in ink.			SCHEDULE!	
		Amounts may be rounded to whole dollars.	Statement cover	, i	CALIFORNIA 460	
			through 12/31/20	108	Page19 of19	
NAME OF FILER	THE OTHER PROPERTY.				I.D. NUMBER	
Friends of S	cott Schoeffel				1307443	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	
11/03/2008	CRA Voter Guide 1271601	Void Check 1024			230.00	
	PO Box 276101 Sacramento, CA 95827					
Attach add	litional information on appropriately labeled continuation sheets.			SUBTOTAL \$	230.00	
Schedule	l Summary				, , , , , , , , , , , , , , , , , , , ,	
1. Itemized i	ncreases to cash this period	•••••••••••••••••••••••••	\$	230.00		
2. Unitemize	ed increases to cash of under \$100 this period		\$	0.00		
3. Total of all	I interest received this period on loans made to others. (Sci	hedule H, Column (e).)	.,\$	0.00		
	cellaneous increases to cash this period. (Add Lines 1, 2, a		TOTAL \$	230.00	:	

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