

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED 2015 APR 14 PM 3:42 OFFICE OF THE CLERK CITY OF NEWPORT BEACH	CALIFORNIA 2001/02 FORM 460
	Page <u>1</u> of <u>14</u> 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
<small>(Also Complete Part 5)</small> | ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
<small>(Also Complete Part 6)</small> |
| ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee | ☐ Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement

- | | |
|---|--|
| ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
<small>(Also file a Form 410 Termination)</small>
☒ Amendment (Explain below)
<u>Return of contribution to Woody's Warf on 8/14/14 was not included</u>
<u>in the report.</u> | ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495 |
|---|--|

3. Committee Information

I.D. NUMBER
1364694

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Scott Peotter for City Council 2014

STREET ADDRESS (NO P.O. BOX)

435 A Goldenrod

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Newport Beach</u>	<u>CA</u>	<u>92625</u>	<u>949 250-7116</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

14252 Culver Drive, Ste A-305

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Irvine</u>	<u>CA</u>	<u>92605</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

scott@peotter.com

Treasurer(s)

NAME OF TREASURER

John Fugatt

MAILING ADDRESS

14311 Riviera Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Huntington Beach</u>	<u>CA</u>	<u>92647</u>	<u>714 404-6081</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/6/14
Date

Executed on 10/6/14
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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PAGES
15

STATUS
Received
PAGE 01

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM

460

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Peotter

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Newport Beach City Council District 6

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

435 A Goldenrod Newport Beach CA 92625

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

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>14</u>
I.D. NUMBER <u>1364694</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2014

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ <u>13,437.00</u>	\$ <u>34,884.00</u>
2. Loans Received	Schedule B, Line 3	<u>(100,000.00)</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>(86,563.00)</u>	\$ <u>34,784.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>693.00</u>	<u>742.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>(85,870.00)</u>	\$ <u>35,526.00</u>

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	\$ <u>15,800.77</u>	\$ <u>16,743.13</u>
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>15,800.77</u>	\$ <u>16,743.13</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule G, Line 3	<u>693.00</u>	<u>742.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>16,493.77</u>	\$ <u>17,485.13</u>

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
<u> / / </u>	\$ _____
<u> / / </u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>120,404.64</u>
13. Cash Receipts	Column A, Line 3 above	<u>(86,563.00)</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	<u>15,800.77</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>18,040.87</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

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 from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>14</u>
I.D. NUMBER 1364894	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2014

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)
7/6/2014	Brad Hubbard	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Medical Doctor, Self Employed	300.00	300.00	
7/15/2014	Chris Burgess	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Arcadia Chair Co Exec VP	250.00	250.00	
7/23/2014	Tom Badin	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Medical Doctor, Thomas Badin, Inc.	300.00	300.00	
7/25/2014	Scott Voigts	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	City Councilman, Lake Forest	100.00	100.00	
7/31/2014	Denys Oberman	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO, OBERMAN Associates, Inc	300.00	300.00	
SUBTOTAL \$				1,250.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 13,089.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 348.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 13,437.00

*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

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

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>7/1/2014</u> through <u>9/30/2014</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>14</u>		
NAME OF FILER Scott Peotter for City Council 2014		ID. NUMBER 1364694

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
8/11/2014	Duffy Duffield	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Duffy Electric Boat Company	500.00	500.00	
8/17/2014	Coalition to Preserve Newport Harbor #1349803	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,100.00	1,100.00	
8/17/2014	Tom Larkin	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice Chairman, The TCW Group, Inc.	1,100.00	1,100.00	
8/20/2014	Craig Bately	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Burr White Realty	500.00	500.00	
9/1/2014	Tyler Bengard	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder & COO Cura Medical Technologies	300.00	300.00	
SUBTOTAL \$				3,500.00		

*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>7/1/2014</u> through <u>9/30/2014</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>14</u>		
NAME OF FILER Scott Peotter for City Council 2014		I.D. NUMBER 1364694

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)
9/3/2014	Kimberly Serventi	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	500.00	500.00	
9/3/2014	Vicky Pappas	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	500.00	500.00	
9/3/2014	McKenzie Pappas	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	500.00	500.00	
9/3/2014	Marlina Nudo	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	500.00	500.00	
9/9/2014	Susan Riddle	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Flight Attendant American Airlines	1,100.00	1,100.00	
SUBTOTAL \$				3,100.00		

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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 from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>14</u> I.D. NUMBER 1364694
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NAME OF FILER

Scott Peolter for City Council 2014

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)
9/11/2014	Kathalayne McCullough	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker	1,100.00	1,100.00	
9/16/2014	Delta Partners LLC	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
9/17/2014	Steve Bjorkman	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Illustrator, Self Employed	250.00	250.00	
9/17/2014	Richard Nichols	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consulting Engineer, Self Employed	100.00	100.00	
9/20/2014	Steve Leonard	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	189.00	189.00	
SUBTOTAL \$				2,139.00		

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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.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2014</u>		CALIFORNIA FORM 460
through <u>9/30/2014</u>		
Page <u>7</u> of <u>14</u>		
NAME OF FILER Scott Peotter for City Council 2014		ID. NUMBER 1364694

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)
9/20/2014	Dave Bartels	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Callahan & Blaine Attorney	250.00	250.00	
9/21/2014	Ryan Long	☒ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	Unemployed	100.00	100.00	
9/17/2014	Patrick Dirk	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CEO Troy Group, Inc.	1,000.00	1,000.00	
9/26/2014	Jeffrey Cole	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Cole Advisory Investment Advisor	500.00	500.00	
9/27/2014	Jerrel Barto	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Paramount Petroleum/Business Own	500.00	500.00	
SUBTOTAL \$				2,350.00		

*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>7/1/2014</u> through <u>9/30/2014</u>		CALIFORNIA FORM 460
Page <u>8</u> of <u>14</u>		
NAME OF FILER Scott Peotter for City Council 2014		I.D. NUMBER 1364694

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)
8/28/2014	Keith Dawson	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dawson & Dawson, APC Attorney	250.00	250.00	
9/25/2014	Newport Capital Recovery Group	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				750.00		

*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 <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>14</u>	I.D. NUMBER 1364894

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2014

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
Scott Peotter 435 A Goldenrod Newport Beach, CA 92625 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Architect Asian Companies, Inc.	\$ 100,000	\$	☒ PAID \$ 100,000 ☐ FORGIVEN	\$	% RATE	\$ 100,000	CALENDAR YEAR \$ 100,000 PER ELECTION **
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
SUBTOTALS \$		\$	\$ 100,000	\$	\$	\$		

Schedule B Summary

- Loans received this period \$
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 100,000
(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 \$ (100,000)
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.

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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>		CALIFORNIA FORM 460
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		I.D. NUMBER 1364694

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Scott Peotter for City Council 2014

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)
9/5/2014	Residents for Reform #1351756	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		Design Charges and Printing of Ad	693.00	693.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 693.00

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 693.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ _____
- 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 \$ 693.00**

*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

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.

SCHEDULE E

Statement covers period from 7/1/2014 through 9/30/2014		CALIFORNIA FORM 460
		Page 11 of 14
NAME OF FILER Scott Peotter for City Council 2014		I.D. NUMBER 1364694

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2014

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 airline 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 airline 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
Video Trek Productions 1617 Sandalwood St Costa Mesa, CA 92626	LIT	Campaign Video	2,300.00
Home Run Media Group 15562 Chemical Lane Huntington Beach, CA 92649	CMP	Automobile Campaign Sign	172.80
Campaign LA 15518 S Broadway St Gardena, CA 90248	CMP	Signs	1,145.00

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

SUBTOTAL \$ 3,617.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 15,419.45
2. Unitemized payments made this period of under \$100	\$ 381.32
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 15,800.77

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>14</u>		
NAME OF FILER Scott Peotter for City Council 2014		I.D. NUMBER 1364694

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

CMP campaign paraphernalia/misc.	MR member communications	RAO 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
Fukushima Photography 13672 Cypress St Garden Grove, CA 92843	CMP	Campaign Photography	250.00
Day Direct Network 9851 Lewis Ave Fountain Valley, CA 92708	LIT	Fundraising Letters	349.88
Newport Beach City Clerk 100 Civic Center Drive Newport Beach, CA 92660	FIL	Filing Fees	1,500.00
Bieber Communications 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT	Walk Piece	2,721.77
Constant Contact 1601 Trapelo Road Waltham, MA 02451	WEB	Email subscription	180.00

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

SUBTOTAL \$ 5,001.65

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

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2014</u> through <u>9/30/2014</u>	CALIFORNIA FORM 460
Page <u>13</u> of <u>14</u>	
I.D. NUMBER 1364694	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Scott Peotter for City Council 2014

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
Delta Partners LLC 3184 H Airway Ave Costa Mesa, CA 90652	LIT		Data for mailing	200.00
Neighborhood Preservation Coalition #1368498 603 E Alton Ave Ste H Santa Ana, CA 92705	LIT		Slate	5,000.00
Woody's Warf 2318 Newport Blvd Newport Beach, CA 92663	RFD			1,100.00
Woody's Warf 2318 Newport Blvd Newport Beach, CA 92663	FND		Refreshments for fundraising event	500.00

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

SUBTOTAL \$ 6,800.00

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

04/10/2015 03:40

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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 <u>7/1/2014</u>		CALIFORNIA FORM 460
through <u>9/30/2014</u>		
Page <u>14</u> of <u>14</u>		I.D. NUMBER <u>1364694</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Delta Partners, LLC

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
FL 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
Political Data, Inc. 12501 Imperial Highway Norwalk, CA 90650	LIT	Data for mailing	200.00
TOTAL* \$			200.00

Attach additional information on appropriately labeled continuation sheets.

* 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)