

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Date Stamp

E-Filed  
07/31/2018  
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Filing ID:  
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**Statement covers period**

from 01/01/2018

through 06/30/2018

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

\_\_\_\_\_

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)
- 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 2018

STREET ADDRESS (NO P.O. BOX)

|               |       |          |                 |
|---------------|-------|----------|-----------------|
| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
| Newport Beach | CA    | 92660    | (949) 250-7118  |

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

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Ana | CA    | 92704    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
lysaray.campaignservices@gmail.com

### Treasurer(s)

NAME OF TREASURER  
Lysa Ray

MAILING ADDRESS

|           |       |          |                 |
|-----------|-------|----------|-----------------|
| CITY      | STATE | ZIP CODE | AREA CODE/PHONE |
| Santa Ana | CA    | 92704    | (714) 540-2295  |

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 07/22/2018  
Date

By Lysa Ray  
Signature of Treasurer or Assistant Treasurer

Executed on 07/22/2018  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Scott Peotter

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

City Council Member: City of Newport Beach District 6

|   |               |       |       |
|---|---------------|-------|-------|
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY          | STATE | ZIP   |
|   | Newport Beach | CA    | 92660 |

**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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded  
to whole dollars.

|                             |            |                                |
|-----------------------------|------------|--------------------------------|
| Statement covers period     |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                        | 01/01/2018 |                                |
| through                     | 06/30/2018 | Page <u>3</u> of <u>10</u>     |
| SEE INSTRUCTIONS ON REVERSE |            | I.D. NUMBER                    |
| NAME OF FILER               |            | 1364694                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2018

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 3,485.00  | \$ 3,485.00                                |
| 2. Loans Received ..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ 3,485.00  | \$ 3,485.00                                |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 3,485.00  | \$ 3,485.00                                |

## 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

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ 9,612.06  | \$ 9,612.06                                |
| 7. Loans Made ..... Schedule H, Line 3                      | 0.00   | 0.00                                       |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ 9,612.06  | \$ 9,612.06                                |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 0.00   | 0.00                                       |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | 0.00   | 0.00                                       |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 9,612.06  | \$ 9,612.06                                |

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

## Current Cash Statement

|  |              |
|--|--------------|
| 12. Beginning Cash Balance ..... Previous Summary Page, Line 16                    | \$ 11,410.57 |
| 13. Cash Receipts ..... Column A, Line 3 above                                     | 3,485.00     |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                       | 0.00         |
| 15. Cash Payments ..... Column A, Line 8 above                                     | 9,612.06     |
| 16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 5,283.51  |

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.

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

|   |         |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ 0.00 |
|---|---------|

## 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 | \$ 0.00 |

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                            |
|-------------------------|------------|----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2018 |                            |
| through                 | 06/30/2018 | Page <u>4</u> of <u>10</u> |

SEE INSTRUCTIONS ON REVERSE

|  |                        |
|--|------------------------|
| NAME OF FILER<br>Scott Peotter for City Council 2018 | I.D. NUMBER<br>1364694 |
|--|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 06/28/2018    | Brett Barbre<br>Yorba Linda, CA 92887   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Affairs<br>Barbre & Assoc.   | 550.00                      | 550.00   | G2018 \$1,100.00                      |
| 05/31/2018    | Leslie Daigle<br>Newport Beach, CA 92660  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Self  | 250.00                      | 250.00   | G2018 \$349.00                        |
| 02/22/2018    | Andrew Goetz<br>Corona Del Mar, CA 92625  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Architect<br>Self   | 1,100.00                    | 1,100.00   | G2018 \$1,100.00                      |
| 06/14/2018    | Gary Jabara<br>Newport Beach, CA 92663  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chairman<br>Mobilitie   | 1,100.00                    | 1,100.00   | G2018 \$1,100.00                      |
| 04/23/2018    | Republic Services, Inc.<br>, 85564  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 125.00                      | 125.00   | G2018 \$125.00                        |

**SUBTOTAL \$** 3,125.00

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,475.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 10.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 3,485.00

\*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

SCHEDULE A (CONT.)

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/2018  
through 06/30/2018

**CALIFORNIA FORM 460**  
Page 5 of 10  
I.D. NUMBER  
1364694

NAME OF FILER

Scott Peotter for City Council 2018

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 01/01/2018         | Shawn Steel Law Firm<br>Seal Beach, CA 90740  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 250.00                      | 250.00   | G2018 \$1,000.00                      |
| 06/14/2018         | Mary Young<br>Laguna Niguel, CA 92677   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   | G2018 \$199.00                        |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 01/01/2018 |                                |
| through                             | 06/30/2018 | Page 6 of 10                   |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Scott Peotter for City Council 2018 |            | 1364694                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Chad D. Morgan Attorney at Law<br>Corona, CA 92881                  | LEG  |    |                        | 2,500.00    |
| Constant Contact<br>Waltham, MA 02451                               | CMP  |    |                        | 520.00      |
| Democracy.com<br>Washington, DC 20009                               |      |    | cc Processing          | 9.57        |

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

**SUBTOTAL \$** 3,029.57

**Schedule E Summary**

|  |                 |                 |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 9,370.45        |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | 241.61          |
| 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 \$</b> | <b>9,612.06</b> |

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

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 01/01/2018 |                                |
| through                             | 06/30/2018 | Page <u>7</u> of <u>10</u>     |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Scott Peotter for City Council 2018 |            | 1364694                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Democracy.com<br>Washington, DC 20009                               |      |    | cc Processing          | 9.57        |
| Democracy.com<br>Washington, DC 20009                               |      |    | cc Processing          | 141.45      |
| Democracy.com<br>Washington, DC 20009                               |      |    | cc Processing          | 21.00       |
| Julie Ackman Fundraising<br>Corona, CA 92882                        | FND  |    |                        | 1,971.88    |
| Julie Ackman Fundraising<br>Corona, CA 92882                        | CMP  |    |                        | 81.91       |

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

**SUBTOTAL \$** 2,225.81

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

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 01/01/2018 |                                |
| through                             | 06/30/2018 | Page <u>8</u> of <u>10</u>     |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Scott Peotter for City Council 2018 |            | 1364694                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2018

**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                        |
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| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Landslide Communications<br>Laguna Niguel, CA 92677                 | LIT  |    |                        | 2,400.00    |
| Lysa Ray Campaign Services<br>Santa Ana, CA 92705                   | PRO  |    |                        | 50.00       |
| Lysa Ray Campaign Services<br>Santa Ana, CA 92705                   | PRO  |    |                        | 300.00      |
| Lysa Ray Campaign Services<br>Santa Ana, CA 92705                   | PRO  |    |                        | 50.00       |
| Lysa Ray Campaign Services<br>Santa Ana, CA 92705                   | PRO  |    |                        | 50.00       |

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

**SUBTOTAL \$** 2,850.00



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

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 01/01/2018 |                                |
| through                             | 06/30/2018 | Page <u>9</u> of <u>10</u>     |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Scott Peotter for City Council 2018 |            | 1364694                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2018

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

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
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| 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Lysa Ray Campaign Services<br>Santa Ana, CA 92705                   | PRO  |    |                        | 50.00       |
| Lysa Ray Campaign Services<br>Santa Ana, CA 92705                   | PRO  |    |                        | 50.00       |
| Nation Builder<br>Los Angeles, CA 90071                             | CMP  |    |                        | 350.07      |
| Newport Beach Mailboxes<br>Newport Beach, CA 92660                  | CMP  |    |                        | 215.00      |
| Orange County Republican Party (ID# 742088)<br>Tustin, CA 92780     | CMP  |    |                        | 100.00      |

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

**SUBTOTAL \$** 765.07

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

Amounts may be rounded  
to whole dollars.

|                                     |            |                                |
|-------------------------------------|------------|--------------------------------|
| Statement covers period             |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                | 01/01/2018 |                                |
| through                             | 06/30/2018 | Page <u>10</u> of <u>10</u>    |
| NAME OF FILER                       |            | I.D. NUMBER                    |
| Scott Peotter for City Council 2018 |            | 1364694                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Peotter for City Council 2018

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Orange County Republican Party (ID# 742088)<br>Tustin, CA 92780     | CMP  |    |                        | 500.00      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$** 500.00