

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM 460
RECEIVED OCT 27 2014 TOWN CLERK'S DEPT	117 For Official Use Only

Statement covers period
 from 10/1/2014
 through 10/18/2014

Date of election if applicable
 (Month, Day, Year)
11/04/2014

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primary Formed |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Controlled |
| (Also Complete Part 5.) | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | (Also Complete Part 6.) |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Primary Formed Candidate/ |
| <input type="checkbox"/> Small Contributor Committee | Officeholder Committee |
| <input type="checkbox"/> Political Party/Central Committee | (Also Complete Part 7.) |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection |
| <input type="checkbox"/> Amendment (Explain below) | Statement - Attach Form 495 |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 Friends of Scott Lotter For Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Paradise	CA	95969	530/518-2005

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

scott@paradisecinema.com

Treasurer(s)

NAME OF TREASURER
 Kelly Lawler

MAILING ADDRESS
 976 Pacific Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Willows	CA	95988	(530) 934-5823

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 California that the information is true and correct.

Executed on 10/20/2014 By Kelly Lawler

Executed on 10/20/2014 By Scott Lotter

Executed on _____ By _____

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

Statement covers period
from 10/01/2014
through 10/18/2014

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Scott Lotter

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Town of Paradise

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Paradise CA 95969

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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE 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	<input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.			
NAME OF OFFICEHOLDER OR 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	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	Page 3 of 7

NAME OF FILER Friends of Scott Lotter For Council 2014

I.D. NUMBER

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 1,275.00	\$ 1,425.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 1,275.00	\$ 1,425.00
4. Nonmonetary Contributions Schedule C, Line 3	159.76	159.76
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,434.76	\$ 1,584.76

**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	\$ _____	\$ _____

	Column A	Column B
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 21.70	\$ 21.70
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 21.70	\$ 21.70
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	450.00
10. Nonmonetary Adjustment Schedule C, Line 3	159.76	159.76
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 181.46	\$ 631.46

**Expenditure Limit Summary
for State Candidates**

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

_____	\$ _____
_____	\$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 150.00
13. Cash Receipts Column A, Line 3 above	1,275.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	21.70
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,403.30
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Lines 2 + Line 9 in Column B above	\$ 450.00

**Schedule A
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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through	10/18/2014	Page 4 of 7

NAME OF FILER Friends of Scott Lotter For Council 2014

I.D. NUMBER

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2014	Nicki Jones [REDACTED] Paradise, CA 95969	IND	Owner Heavens Cent Candles	100.00	100.00	

SUBTOTAL \$ 100.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	100.00
2. Amount received this period - unitemized	\$	1,175.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)	TOTAL \$	<u>1,275.00</u>

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE	OCCUPATION & EMPLOYER OR COMMITTEE ID NO.	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2014	Scott Lotter [REDACTED] Paradise, CA 95969	IND		Food for Reception	125.73	159.76	
10/10/2014	Scott Lotter [REDACTED] Paradise, CA 95969	IND		Copies and Paper	34.03	159.76	

SUBTOTAL \$ 159.76

Schedule C Summary

1. Amount received this period - itemized contributions (Includes all Schedule C subtotals)	\$	159.76
2. Amount received this period - unitemized	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Lines 4 and 10.)	TOTAL \$	<u>159.76</u>

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
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through	10/18/2014	Page 6 of 7

NAME OF FILER Friends of Scott Lotter For Council 2014

I.D. NUMBER

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID

SUBTOTAL \$ 0.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 0.00
2. Unitemized payments made this period of under \$100	\$ 21.70
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 21.70

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

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	Page 7 of 7

NAME OF FILER Friends of Scott Lotter For Council 2014	I.D. NUMBER
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CODES: If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Scott Lotter [REDACTED] Paradise, CA 95969	FIL	450.00	0.00	0.00	450.00

SUBTOTALS \$ 450.00 \$ 0.00 \$ 0.00 \$ 450.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** 0.00