

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED OCT 27 2016 City Clerk's Office City of Laguna Beach, CA	CALIFORNIA FORM 460
Page <u>1</u> of <u>11</u>	
For Official Use Only	

Statement covers period
from Sept. 25, 2016
through October 22, 2016

Date of election if applicable:
(Month, Day, Year)
November 8, 2016

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

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1382074

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Steve M. Dicterow
Dicterow for City Council 2016

STREET ADDRESS (NO P.O. BOX)
361 Holly Street

CITY <u>Laguna Beach</u>	STATE <u>CA</u>	ZIP CODE <u>92651</u>	AREA CODE/PHONE <u>949-500-1132</u>
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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

Treasurer(s)

NAME OF TREASURER
Deborah Neev

MAILING ADDRESS
950 Acapulco Street

CITY <u>Laguna Beach</u>	STATE <u>CA</u>	ZIP CODE <u>92651</u>	AREA CODE/PHONE <u>949-903-4315</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
debbie.neev@gmail.com

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 October 27, 2016
Date

Executed on October 27, 2016
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

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Sept. 25, 2016</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
Page <u>2</u> of <u>11</u>	I.D. NUMBER <u>1382074</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Steve M. Dicterow

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 6617.00	\$ 30750.00
2. Loans Received..... Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 6617.00	\$ 30750.00
4. Nonmonetary Contributions..... Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 6617.00	\$ 30750.00

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 13441.52	\$ 22184.74
7. Loans Made..... Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 13441.52	\$ 22184.74
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	3681.00	4679.81
10. Nonmonetary Adjustment..... Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 17122.52	\$ 26864.55

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 15389.78
13. Cash Receipts..... Column A, Line 3 above	6617.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	
15. Cash Payments..... Column A, Line 8 above	13441.52
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8565.26

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 4679.81

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Sept. 25, 2016</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>11</u>
	I.D. NUMBER 1382074

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve M. Dicterow

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)
10/6/2016	Douglas Anderson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Advent Enterprises	100.00	100.00	
10/20/2016	Novart V. Apelian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscape Services Apelinc Landscape Services	150.00	150.00	
10/19/2016	Nancy Beverage	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	
10/19/2016	Al Bushala	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman Cedar Mountain, LLC	150.00	150.00	
9/27/2016	Linda Chan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker Associate The Petra Group	300.00	300.00	
SUBTOTAL \$				850.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>6185.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>432.00</u>
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>6617.00</u>

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 25,</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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NAME OF FILER Steve M. Dicterow	I.D. NUMBER 1382074
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2016	Jim Conrad	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Conrad Development	360.00	360.00	
10/19/2016	Thomas P. Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Davis Law	200.00	200.00	
10/13/2016	Alice A. Espinoza	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hairdresser Kelton Salon	325.00	325.00	
10/13/2016	Joel Harrison	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator UCLA	100.00	100.00	
10/20/2016	Sami Hermes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Aerospace TECT Power	160.00	360.00	
SUBTOTAL \$				1145.00		

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 25,</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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NAME OF FILER Steve M. Dicterow	I.D. NUMBER 1382074
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/18/2016	Jan Hobbs	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor JanHobbs Financial Group	360.00	360.00	
9/28/2016	Kenneth M. Kaplan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Davis Law	200.00	200.00	
9/29/2016	Tracy Katz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Heavy T & Little D, LLC	360.00	360.00	
10/07/2016	Joshua Kinsman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Clerk Kinsman & Kinsman	360.00	360.00	
10/07/2016	Nicholas Kinsman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Consultant self-employed	360.00	360.00	
SUBTOTAL \$				1640.00		

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 25,</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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NAME OF FILER Steve M. Dicterow	I.D. NUMBER 1382074
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2016	Penny K. Lew	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer OC Public Works	100.00	100.00	
10/15/2016	Behnaz R. Mahdav	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physicians Group Dr. Mahdavi, M.D.	350.00	350.00	
10/07/2016	Marty Matthews	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Home office	300.00	300.00	
10/18/2016	John Meehan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Market research JRM Company, LLC	300.00	300.00	
10/19/2016	Timothy Miller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Security Consultant Tim Miller Security	350.00	350.00	
SUBTOTAL \$				1400.00		

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 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**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Sept. 25, 2016</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1382074	

NAME OF FILER
Steve M. Dicterow

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)
9/29/2016	Elizabeth Pearson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Pacific Chorale	100.00	100.00	
10/16/2016	Jody J. Potiker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Events Coordinator Self-Employed home office	350.00	350.00	
10/16/2016	Debi Woelke	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	College Professor Fullerton College	350.00	350.00	
10/16/2016	Peggy Woelke	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Market research JRM Company, LLC	350.00	350.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1150.00		

*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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	Sept. 25, 2016	
through	October 22, 2016	Page 8 of 11
NAME OF FILER		I.D. NUMBER
Steve M. Dicterow		1382074

SEE INSTRUCTIONS ON REVERSE

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Laguna Digital 1705 S. Coast Highway Laguna Beach, CA 92651	LIT	Campaign Handout materials	618.84
Laguna Digital 1705 S. Coast Highway Laguna Beach, CA 92651	LIT	Campaign Handout materials	505.44
Kenny the Printer 17931 Sky Park Circle Irvine, CA 92614	LIT	Mailers	4720.00

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

SUBTOTAL \$ 5844.28

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 13,441.52
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 13441.52
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>Sept. 25, 2016</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve M. Dicterow

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
Leslie LeBon reimbursement for Staples order numbers: #6920933149, #6920978689, #6920970292, # 6921001889 26791 Aliso Creek Rd. Aliso Viejo, CA 92656	CMP	Campaign banners	544.28
Postmaster	POS	Mailer #1	7036.96
Bank of America P.O. Box 15284 Wilmington, DE 19824	OFC	Bank of America service fee	16.00

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

SUBTOTAL \$ 7597.24

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>Sept. 25, 2016</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve M. Dicterow

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
StuNewsLaguna 4S Publishing, LLC 668 N. Coast Highway, #1125 Laguna Beach, CA	PRT	975.00	0.00	0.00	975.00
FedEx -reimbursement required 1520 Westwood Blvd. Los Angeles, CA 90024	POS	6.53	0.00	0.00	6.53
Laguna Print - reimbursement required 435 N. Coast Highway Laguna Beach, CA 92651	CMP	17.28	0.00	0.00	17.28

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

SUBTOTALS \$ 998.81 \$ 0.00 \$ 0.00 \$ 998.81

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 \$ 3681.00**
- 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 \$ 3681.00**
May be a negative number

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

Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>Sept. 25, 2016</u> through <u>October 22, 2016</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1382074	

NAME OF FILER
Steve M. Dicterow

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

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

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Laguna Print ---reimbursement required 435 North Coast Highway Laguna Beach, CA 92651	LIT	0.00	81.00	0.00	81.00
Brian Ross Adams Invoice # SD 103 2170 Century Park East, #1601 Los Angeles, CA 90067	WEB	0.00	3600.00	0.00	3600.00
SUBTOTALS \$		0.00 \$	3681.00 \$	0.00 \$	3681.00