Recip Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	Lo College of Le VA	IFORNIA 460
Government Code Sections 64200-64210.5)	Statement covers period from 1/01/12	Date of election if applicable: (Month, Day, Year) CITY CLERE N OFFICE CITY OF LAGUNA SEAGE CA	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 6/30/12	NOVEMBER 6, 2012	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. Irimarily Formed Ballot Measure committee Controlled Sponsored Uso Complete Part 6) Irimarily Formed Candidate/ Uso Complete Part 7)	2. Type of Statement:	-Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STEVE DICTEROW DICTEROW FOR CITY COUNCIL STREET ADDRESS (NO P.O. BOX) 361 HOLLY STREET CITY STATE ZIP CO MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B CITY STATE ZIP CO	DE AREA CODE/PHONE 51 949-500-1132 OX	Treasurer(s) NAME OF TREASURER STEVE DICTEROW MAILING ADDRESS 361 HOLLY STREET CITY STATE ZIP CODE LAGUNA BEACH CA 92651 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE ZIP CODE	AREA CODE/PHONE 949.500-1132 AREA CODE/PHONE
optional: FAX/E-MAIL ADDRESS Schicterow 1121 C yah	00. do m	optional: FAX/E-MAIL ADDRESS -Sdicterow 1121 @ Yahoo.	com
I. Verification	g this statement and to the best of my kno a that the foregoing is true and correct. By	Signature of Controlling Officeholder. Candidate, State Measure Proponent Signature of Controlling Officeholder. Candidate, State Measure Proponent Signature of Controlling Officeholder. Candidate, State Measure Proponent	ue and complete. I certify

5. Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ballot	Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
STEVE DICTEROW					•	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N	SUPPORT
CITY COUNCIL MEMBER					·	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP					
361 HOLLY STREET LAGUNAB	EACH CA 92651		Identify the controlling offic			ire proponent, ir any.
	ersterne de 1904 en 1904 de la composition de 1904 de 1905 de 1904 de 1904 de 1904 de 1904 de 1904 de 1904 de 1		NAME OF OFFICEHOLDER, CAND	IDATE, OR PR	OPONENT	
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your ca	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT !	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
			n			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	 Primarily Formed Cand officeholder(s) or candidate(s) 			
	YES NO					
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	3OX)		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER .		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
	YES NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I	BOX)		Management of the state of the			
CITY STATE ZIP	CODE AREA CODE/PHONE		Attacl	n continuatio	on 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 **CALIFORNIA** FORM Page ___ I.D. NUMBER

FPPC Form 460 (January/05)

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 134-5653 SIEVE DICTEROW Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 5993.00 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B. Line 3 5993.00 20. Contributions 5993.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 0 21. Expenditures 5993.00 5993.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** Candidates 6. Payments Made Schedule E. Line 4 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 2827 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) 2821.09 **Current Cash Statement** To calculate Column B. add 5993.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. 2811.09 report. Some amounts in Column A may be negative 3165.91 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

- 1		10	whole donars.	from 1/01/20	12	FO	RM 400
SEE INSTRUCTION	NS ON REVERSE			through 6/30/	2012	Page	1of_6
NAME OF FILER Steve DI	CTEROW	Physical resistance in the second sec	NAMESONGODESH MYGHAYFAMIGINKONGONESH EUCESSON U AN			1.D. NUM 134	BER -5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DEC. (JAN. 1 - DEC.)	AR	PER ELECTION TO DATE (IF REQUIRED)
4.04.12	CANTLEEN M. ARNOLD	☐IND ☐COM ☐OTH	INSTRUCTIONAL AIDE	100.00			
		□ PTY □ SCC	TIJERAS CREEK Elementary Scho	bel			. /
.15.12	ELENA BEZZUBOVA	☐ND ☐COM ☐OTH ☐PTY ☐SCC	PSYCHOANALYST NEW CENTER FOR PSYCHOANALYSIS	200.00			
1.59.12	JEFFREY D BOLWELL	TÍND CÓM OTH PTY SCC	FINANCE MORGAN, STANLEY SMITH	160.00			
1.15.12	MACIEJ CZAJKOWSKI	IND COM OTH PTY SCC	ENGINEER JZMC CONSULTING	250.00			
1.15.12	FRANK W. DANIEL, JR	COM COM OTH PTY SCC	RETIRED	100.00			
			SUBTOTAL \$	\$ 750.00			
1. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution	s of less than S	\$\$ \$100\$	1351.00	IND – COM- OTH -	(other th	I nt Committee han PTY or SCC) e.g., business entity)
3. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	•	•	5993.00	1000		ontributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

NAME OF FILER STEVE:	DICTEROW	·		through 6/30	I.D. N	1 of 6 UMBER 14-5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODATE (IF REQUIRED)
4.17.12	EDWARD J DOMANSKIS, M.D., INC.	IND COM OTH PTY	EDWARD J DOMANSKI M.D., INC.	s 360.00		
4.04.12	ROBERTEARL	☑ND □COM □OTH □PTY □SCC	ARCHITECT ROBERTEARL - ARCHITECT	00.00	,	
4 · 14 · 12	JG HOOVER	☐ COM ☐ COM ☐ OTH ☐ PTY ☐ SCC	NOTARY PUBLIC	100.00		
5.16.12	CHERYL KINSMAN	☑IND □COM □OTH □PTY □SCC	CPA KINSMAN & KINSMAN	360.00		
5.16.12	MICHAEL D. KINSMAN	☑fND □COM □OTH □PTY □SCC	CPA EINSMAN É EINSMAN	360.00		
			SUBTOTAL	\$ 1280,00		

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from 1/01/12	california 460 form
through 6/30/12	Page 3 of 6
	I.D. NUMBER

STEVE I	DICTEROW					13.	4-5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
4.15.12	KARL L KOSKI	☐IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	200.00	,		
4.15.12	ZAHIDE LAWRENCE	OIND OTH OTH Scc	RETIRED	300.00			
4.15.12	ROBERT A MCGRAW-ARCHITECT	☐IND ☐COM ØOTH ☐PTY ☐SCC	KOBERT A. MCGRAW- ARCHITECT	100.00		·	
4.24.12	PAMELA J OLIGINO	□SCC □SCC	PARTNER OFFICIA OLIGINO CONSTRUCTIO SERVICES, CORP.				
4.15.12	MG ORGILL	□IND □COM □OTH □PTY □SCC	DIRECTOR FINANCE DEEMARK, LLC	200,00			
			SUBTOTAL\$	900.00			

*Contributor Codes

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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)

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

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

,		to whole d	lollars.	from 1/01/20	112	FO	RM 460
				from 1/0 1/20 through 5/30/2	2012	Page	4 of 6
NAME OF FILER	DICTEROW					I.D. NUM	MBER 4-5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
4.5.12	DAVID PERRY	MIND COM OTH PTY SCC	LAWYER K&L GATES	250.00			
4.04.12	DENNIS SRIFF	☐IND ☐COM ☐PTY ☐SCC	PENNIS S RIFF, M.D.	360.00			
4.16.12	FREDERIC L SATTLER	☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	· · · · ·		*
4-04-12	DONALD H. SEGRETTI		ATTORNEY LAW OFFICES OF DONALD H. SEGRETTI	100.00			
f. 15·12	L.J. SHARDLOW	OTH PTY SCC	RETIRED	102.00			
			SUBTOTAL	\$1012.00			

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(other than PTY or SCC)

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PTY - Political Party

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

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

	SCHEDULE A (CONT.
Statement covers period from 1/01/2012	CALIFORNIA 460
through 6/30/2012	Page 5 of 6
	I.D. NUMBER
	1211 5/62

STEV	E PICTEROW				124	3633
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
4.03.12	ROBER TORRIERO	₩D ☐COM ☐OTH ☐PTY ☐SCC	REAL ESTATE GRIFFIN STR HOLDINGS	100.00		
4.15.12	E. WILLIAM WEDMORE	☐IND ☐COM ☐OTH ☐PTY ☐SCC	PRUDENTIAL	100.00		
4.01.12	MELISSA R WILLENBRING	□AIND □COM □OTH □PTY □SCC	RETIRED	100.00		
6.12-12	CYNTHIA B CARR	☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00		
6.11.12	NORIKO Y CHERUB	IND COM OTH SCC	RETIRED	100.00		
			SUBTOTAL \$	500.00		

*Contributor Codes

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NAME OF FILER

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(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)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

NAME OF FILER STEVE	DICTEROW			through 6/30/	2012	I.D. NUI	6 of 6 MBER 4.5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
6.14.12	HANS R SCHARER	GIND COM OTH PTY scc	RETIRED	100.00		-	
6.24.12	JUDY JOSEPHSON	☐COM ☐OTH ☐PTY ☐SCC	MANAGER- ENVIRONMENTAL COATING SYSTEMS	100.00			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC				,	
			SUBTOTAL	\$ 200.00			

*Contributor Codes

IND - Individual

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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.

	JOH HEDULE L
Statement covers period	CALIFORNIA ACO
from 1/01/2012	FORM 400
through 6/30/2012	Page of
	I.D. NUMBER
	134-5653

COUEDUIEE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE PICTEROW

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID
REVOLVIS CONSULTING, INC. -1185 NAVAJO KOAD, STE P. SAN DIGGO, CA 92119	LIT PRT
REVOLVIS CONSULTING, INC	LIT
REVOLVIS CONSULTING, INC	CMP LIT POS

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

SUBTOTAL\$ 2827.09

Schedule E Summary	ŧ	2821.09
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2021.01
2. Unitemized payments made this period of under \$100	\$	<i>D</i>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	D'
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	2827.00

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from $\frac{9/30/2012}{\text{through}}$	Date of election if applicable (Month, Day, Year) November 6, 2012	OCT 0 9 2012 CITY CLERK'S OFFICE CITY OF LARRINA BEALS, CO	Page of For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee) Controlled) Sponsored so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	Spec Supp Supp State	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STEVE DICTEROW DICTEROW DICTEROW DICTEROW DICTEROW DICTEROW DICTEROW STREET ADDRESS (NO P.O. BOX) 3 6 1 HOLLY STREET CITY STATE ZIP COLL MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COLL OPTIONAL: FAX / E-MAIL ADDRESS SCICTEROW [121 @ You	AREA CODE/PHONE SI 949-500-1132 DE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER STEVE DICTE MAILING ADDRESS BLI HOLLY CITY LAGUNA BEAC NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDI SALCH	STREET STATE ZIP CO CA 92 RER, IF ANY STATE ZIP CO	000 AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	this statement and to the best of my know that the foregoing is true and correct. By		erein and in the attached schedu Treasurer poponent or Responsible Officer of Sponsor State Measure Proponent	

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

COVER PAGE - PAI	₹T 2
CALIFORNIA /	7
FORM 40	4
Page 1 of 1	

i. Officeholder or Candidate Controlled Com	mittee	6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
STEVE DICTEROW						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	,		BALLOT NO. OR LETTER	JURISDICTIC	DN	SUPPORT OPPOSE
CITY COUNCIL MEMBER				<u> </u>	THE PROPERTY OF THE PROPERTY O	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 361 HOLLY STREET, LAGUND	BEACH CA 9265	ı	Identify the controlling office	ceholder, can	ndidate, or state meas	ure proponent, if any
Jet 110 - O Joseph C., Choulds		t.	NAME OF OFFICEHOLDER, CANI	DIDATE, OR PR	OPONENT	
Related Committees Not Included in this S not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	u or are primarily formed to receive		OFFICE SOUGHT OR HELD	an er en gregoria (en gregoria de la colo nia de la colonia de la colon	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		and the desired from the second production and the second
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this		formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)		WANTE OF OFFICEROEDER OR OF	MOIDALL	OTTIOL OCCUPIED	SUPPORT OPPOSE
CITY STATE ZIF	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O	. BOX)					
CITY STATE ZIF	P CODE AREA CODE/PHONE		Attac	h continuatio	on 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 CALIFORNIA FORM Page _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE DICTERON			1345653
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 ^ Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5157.00 \$ 5157.00 \$ 5157.00	\$ 11,150.00 \$ 11,150.00 \$ 11,150.00	Contributions 1/1 through 6/30 7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2218.39 \$ 2218.39	\$ 5045.48 \$ 5045.48	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	\$ 2218.39	\$ 5045.48	Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement Beginning Cash Balance Column A, Line 3 above 14. Miscellaneous Increases to Cash Column A, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 3165.91 5157.00 2218.39 6104.52	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	any).	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 1/01/2012 CALIFORNIA 460 FORM Through 9/30/2012 Page 1 of 4

1.D. NUMBER 134-5653

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE DICTEROW

	STEVE PICTEROW				i a	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
9-11-2012	IVLIE CABANG LOIZIDES	HIND COM OTH PTY SCC	CAPANG, LIC	102.00		
3/14/2012	ROBERTA FREEMAN COX	DIND COM OTH PTY Scc	REALTOR BOBBI COX REALTY	360.00		
/11/2012	CRAIG DAVIS	IND COM OTH PTY SCC	RETIRED	100.00		
/15/2012	ALLEN E. DOBY	DIND COM DOTH SCC	RETIRED	100.00		
1./2012	PATRICK J FREEMAN	□ IND □ COM □ OTH □ PTY □ SCC	FREEMAN INSUPANCE COMPANY	250.00		
	<u></u>		SUBTOTAL	\$ 912.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

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

*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)

Type or print in ink.

Amounts may be rounded to whole dollars.

NA	ME OF FILER	STEVE DICTEROW			,	13	4-5653
\$518,000	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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,	/2012	JUDITH A REGAN	ZIND COM OTH PTY SCC	GER CONSULTING LLC	100.00		
9/1-	1/2012	OTIS M HEALY	IND COM OTH PTY SCC	RETIRED	100.00		
9/1	1/2012	HOWARD HILLS	IND COM OTH PTY SCC	ATTORNEY US HOUSE OF REPRESENTATIVES	250.00	349.00	
9/19	5/2012	FRED KARGER	DIND COM OTH PTY SCC	RETIRED	100:00		
9/1	11/2012	JOE & AMY KRAMER	COM COM OTH PTY SCC	J KRAMER CORP.	250.00		
===				SUBTOTALS	\$ 800.00		

*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)

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

SCHEDULE A (CONT.)

Statement covers period

Monetary Contributions Received		to whole dollars.		Statement covers period from $\frac{1/01/2012}{}$		california 460	
				through 9/30	/2012	Page _	3 of 4
NAME OF FILER	STEVE DICTEROW					1.D. NUN 131	H-5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/21/2012	BORDEN T MOLLER	□ COM □ OTH □ PTY □ SCC	ENGINEER MOLLER & ASSOCIATES	360.00			
3/19/2012	EMIL MONDA	□scc □com □com □com	RETIRED	360.00			
po/2012	LEONARD R OLDS	DIND COM OTH PTY SCC	RETIRED	200.00			
1/11/2012	LANCE POLSTER	DIND COM OTH PTY Scc	ARCHITECT LANCE POLSTER & ASSOCIATES	360.00			
9/20/2012	MOTILO REYES	IND COM OTH SCC	BUILDER	200.00			
			SUBTOTAL	\$ 1480.00			

*Contributor Codes

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(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA ACO
from 1/01/2012	FORM 40U
through 9/30/2012	Page 4 of 4
	I.D. NUMBER

NAME OF FILER	STEVE DICTEROW				1.D. NUN 13	4-5653	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR ((FCOMMITTEE, 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)	
8/21/2012	FRANK NICHOLAS RICCHIA721	□IND □COM □OTH □PTY □SCC	RETIRED	360.00			
1/11/2012	BARBARA J ROSTOLDER	☐IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	100.00			
9/13/2012	PAREN M SMITH	□IND □COM □OTH □PTY □SCC	RetireD	250.00			
9/13/2012	MATTHEW M SMITH	□IND □COM □OTH □PTY □SCC	HJ BAKER & BROS INC. DIRECTUR CHAIRMAN				
**************************************	· · · · · · · · · · · · · · · · · · ·	□IND □COM □OTH □PTY □SCC					
	SUBTOTAL \$ 960.00						

*Contributor Codes

IND-Individual

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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.

Statement covers period from 1/01/2012	california 460
through 9/30/2012	Page of
	I.D. NUMBER
	1245653

COUCHIEC

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE DICTEROW

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
COGS SOUTH 3309 S. MAIN ST., SANTA ANA 92707	CMP	SIGNAGE	1000-00
LOGS SOUTH 3309 S. MAIN ST., SANTA ANA, CA 92707	CMP	316 NA6E	907.18
HART & ASSOCIATES 1300 BRISTOL ST. NORTH, STE 100 NEWPORT BEACH. CA 92660	LIT	SLATE MAILER	190.00

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

SUBTOTAL\$ 2097-18

Recipient Committee	Type or print in it	COVER PAGE in ink.				
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type of print in it			CALIFORNIA 460		
(5010111110111 5040 50540115 5,1200 6 12 1010)	Statement covers period from 10/1/2012	Date of election if applicable: (Month, Day, Year)	OCT 25 2012	Page of For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through 10/20/2012	NOVEMBER 6, 2012	i. Sandis	Annual Company		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		·		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Soc Complete Part 6) rimarily Formed Candidate/ officeholder Committee Soc Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Sp Scrmination) St	uarterly Statement secial Odd-Year Report upplemental Preelection atement - Attach Form 495		
3. Committee Information	NUMBER 134-5653	Treasurer(s)		debytemensk frikkli i debterklannfotskrivitisk graviju ovjenn i Byr, contakte su orjeni provinskoper Skrivit (Chinfots stylen		
STEVE DICTEROW DICTEROW FOR CITY COUNT		NAME OF TREASURER STEVE DICTOR MAILING ADDRESS 361 HOLLY				
STREET ADDRESS (NO P.O. BOX) 361 HOLLY STREET CITY STATE ZIP CO LAGUNA BEACH CA 92	de area code/phone 651 949-500-1132	CITY LAGUNA BEACH NAME OF ASSISTANT TREASUR	STATE ZIP	CODE AREA CODE/PHONE 926S1 949-500-1132		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	<u> </u>	MAILING ADDRESS				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE		
optional: FAX / E-MAIL ADDRESS 5 dicterow 1121 C ya	hoo.com	OPTIONAL: FAX / E-MAIL ADDF	ress terow 1121 @ >	kahpo com		
4. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	y this statement and to the best of my know a that the foregoing is true and correct. By	/)/ //	rein and in the attached sche Treasurer ponent or Responsible Officer of Spons	edules is true and complete. I certify		
Executed on	Rv :	Signature of Controlling Officeholder, Candidate, S				

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

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	······································	ALLEY AND		
STEVE DICTEROW			•				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	OT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	1	Į	SUPPORT
CITY COUNCIL MEMBER	••						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP						
361 HOLLY STREET, LAGUN	IA BEALH CA 9265	1	Identify the controlling offic	eholder, can	didate, or st	ate measure	proponent, if any
Der Marinett,	The state of the s		NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your care	or are primarily formed to receive		OFFICE SOUGHT OR HELD	unicos escar esconer escardo atrada como es estar escardo		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER		Mar fordfor return by representations as all and both as follows over the first of the following			AND	ala ayroni muutane a addii aaddii ahaldii ahada ahad
·		7	Primarily Formed Cand	idate/Office	eholder Co	mmittee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	officeholder(s) or candidate(s)	for which this	committee is	primarily for	med.
	YES NO		NAME OF OFFICEHOLDER OR CA	MDIDATE	OFFICE SOL	GHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		TO ME OF OFFICE IOLDER OR OF	WOOD WE			SUPPORT OPPOSE
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)				<u> </u>		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 10/1/2012 CALIFORNIA 460 FORM 460

through 10/20/2012 Page 3 of 13

I.D. NUMBER

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

STEVE DICTEROW

0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0			
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
 Monetary Contributions Loans Received Schedule A, Line 3 Subtotal Cash Contributions Add Lines 1 + 2 Nonmonetary Contributions Total Contributions RECEIVED Add Lines 3 + 4 	\$ 11,094.00 \$ 11,094.00 \$ 11,094.00	\$ 22,244.00 \$ 22,244.00 \$ 22,244.00	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 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 4035.01 \$ 4035.01 \$ 4035.01	\$ 9080,49 \$ 9080.49 \$ 9080.49	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 6104.52 11094.00 \tilde{\psi}\$ 4035.01 \$ 13163,51	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	\$
17. LOAN GUARANTEES RECEIVED	Contrarie des Arectos emplesivos escrimos de Colonias e execución de Arecto de Arecto en en entre consecuence com	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	\$		FPPC Form 460 (June/0

Schodula A

Type or print in ink.

COUEDINE A

Monetary Contributions Received		Amoun	ts may be rounded whole dollars.	Statement covering from 10/1/2	012	california 460		
SEE INSTRUCTION	NS ON REVERSE			through 10/20	12012	Page	4 01 13	
NAME OF FILER	STEVE DICTEROW			<u> </u>			IMBER 4-5653	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/16/2012	DAVE CONLEY	IND COM OTH PTY	VP LOMM DEVELOPMENT THE IRVINE CO.	325.00				
0/17/2012	KIESHA DOMANSKIS	COM COM OTH PTY	HOMEMAKER	100.00				
0/1/2012	JAMES CONRAD	COM COM COTH PTY SCC	CONDAD DEVELOPMENT	250.00				
0/1/2012	DENNIS BUCCOLA	☐ COM ☐ COTH ☐ PTY ☐ SCC	DAKLEAF LANDSCAPE, INC	150.00				
0/1/2012	CHARLES GRISWOLD	□IND □COM □OTH □PTY □SCC	·	00.00				
			SUBTOTAL	\$ 1025.00				
Schedule A	Summary	anguar ngagagar na na 19 ti ta di tanan kapan kapan kapan kata na Na 19 ti tanan kapan ya			i	ntributor	f	

1. Amount received this period – contributions of \$100 or more.

3. Total monetary contributions received this period.

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

SCHEDULE A (CONT.) Statement covers period **CALIFORNIA** from 10/1/2012 **FORM** 5

NAME OF FILER	STEVE DICTEROW					1.D. NUM	MBER 4-5653				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)				
1/2012	JAMES T EVERINOT	OTH SCC	REBEL WALTZ, INC	100,00							
10/1/2012	ANTHONY K MIRZALE	DIND COM OTH PTY SCC	CARSON BONITA PLAZA, LLC	100,00							
10/1/2012	BRUCE MOHSENI	□IND □COM □OTH □PTY □SCC	WEST BATE HOMES, INC	T00.001		7					
10/13/2012	JON DELANCIS	Z#ND COM OTH PTY SCC	LONTINENTAL PROPERTIES. INC.	250.00							
10/13/2012	RUSSELL E FLUTER	DIND COM OTH PTY SCC	CANNERY VILLAGE REALTY INC	300.00							
	SUBTOTAL\$ 850.00										

*Contributor Codes

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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)

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER	teve picterow	g galantin and a fine to an analysis galantin galantin galantin galantin galantin galantin galantin galantin g				IUMBER 34-5653
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)
10/9/2012	PAUL HAMILTON	IND COM OTH PTY	MOUNTAIN PACIFIC, INC	200.00		
10/10/2012	LYNN & CAPOUYA	DIND COM OTH PTY SCC	LYNN CAPOUYA LANDSCAPE ARCHITECT, INC	100.00		
10/9/2012	SUSAN FRIEDMAN	DIND COM OTH PTY SCC		150.00		
9/10/2012	DENNIS GERTMENIAN	DIND COM DITH PTY SCC	PRODUCE	360.00		
0/10/2012	BUSAN GERT MENIAN	IND GOM GOTH GOTH GOC		360.00		
Production of the Control of the Con			SUBTOTAL	1170.00		

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IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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

Statement covers period from 10/1/2012 CALIFORNIA 460 FORM 460

SCHEDULE A (CONT.)

NAME OF FILER	STEVE DICTEROW				134	F-5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/6/2012	EUGENE C GRATZ	☐IND ☐COM ☐OTH ☐PTY ☐SCC	EUGENE C BRATZ LAW OFFICES	100.00		
10/12/2012	CATHERINE V HELSHOT	□ SCC	LAGUNA TOOLS	100.00		
10/3/2012	GILBERT E LEVASSEUR, TR	DIND COM OTH PTY Scc	LEVASSEUR CAPITAL PARTNERS, LLC	360.00		
10/3/2012		□IND □COM □OTH □PTY □SCC	HOME MAKER	360.00		
10/11/2012	AVSTIAG H PARINEH	□ HND □ COM □ OTH □ PTY □ SCC	ATTORNEY	360.00		

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FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

1280.00

SUBTOTAL\$

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/1/2012

through 10/20/2012

Through 10/20/2012

CALIFORNIA 460
FORM 460

Page 8 of 13

I.D. NUMBER

	STEVE DICTEROW				**************************************	34-5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
10/8/2012	DANIELLE PURCELL.	DIND COM OTH PTY Scc	TEAM LAGUNA	360.00		
10/10/2012	- ~ D D	OTH SCC	VISION DEVELOPMENT CENTER	100.00		
	THOMAS W TRAYLOR, JR	DIND COM OTH PTY Scc	LAGUNA CRESTVIEW PROPERTIES, LLC	200.00		
10/13/2012	STEVE KAWARATANI	☐ SCC	STEVE KAWARATAN CONSULTATION E. DESIGN	1 360.00		
10/15/2012	GRINGALLO	DIND COM OTH PTY SCC	CALLO BLDRS. INC	360.00		
			SUBTOTALS	1380.00	AVVESTICAL OF CLASSES	

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IND-Individual

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OTH - Other

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SCC - Small Contributor Committee

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

Statement covers period from 10/01/2012 GALIFORNIA 460 FORM 460 through 10/2012

NAME OF FILER	STEVE DICTEROW					1	1.D. NUN	5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE O (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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
10/15/2012	RD MCGRMICK		COM COTH PTY SCC	RD MCCORMICK ASSOC., INC	360.00			
10/15/2012	SARAH JANE MCELRO	7	DIND COM OTH PTY scc	MCELROY COMMUNICATIONS, INC	300.00			
19/10/2012	MITCHELL ROSENBER	<i></i>	-DIND COM OTH PTY SCC	MM ROSENBERC & ASSOC.	360.00		The state of the s	
9/30/2012	JON MADISON	1	ZTND COM OTH PTY SCC	MADISON SQUARE CORPORATION	360.00			
10/14/2012	PETER NAVARRO		IND COM OTH PTY SCC	PERRIAVARROCO.	100.00			
prompt memory and a finding through the second and a second				SUBTOTAL \$	1480.60			

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
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Statement covers period from 10/1/2012 CALIFORNIA 460 FORM 460 through 10/2012 Page 10 of 13

NAME OF FILER STEVE	DICTEROW					1.D. NUN 134	MBER - 5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBÚTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/15/2012	EDWARD A PETERSEN	DIND COM OTH PTY Scc	RETIREP	100.00			
10/4/2012	PUANE R ROBERTS	DIND COM OTH PTY Scc	DRR PROPERTIE	\$ 360.00			
10/5/2012	KELLY ROBERTS	☑ÑD □COM □OTH □PTY □SCC	KRR PROPERTIES	360.00			
, ,	CHRISTINE RUSSELL	□IND □COM □OTH □PTY □SCC		360.00			
10/8/2012	KENT RUSSELL	□IND □COM □OTH □PTY □SCC	RUSSELL PROPERTIES	360.00			
	The state of the s		SUBTOTAL	1540.00			

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OTH - Other

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Type or print in ink.

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SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d		from 10/01/2012 through 10/20/2012			FORNIA 460 II of 13 MBER	
WANT OF THERE	STEVE	DICTEROW						4-5653
DATE RECEIVED		ADDRESS AND ZIP CODE OF CONTRIBUTOR WMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
18/2012	MAGGIE.	Pussell,	DOM COM OTH PTY SCC	RETIRED	360.00			
10/12/2012	WENDY	SCHIRRIPA	□IND □COM □OTH □PTY □SCC		350.00			
10/01/2012	LINDA S	SHEPARD	DIND COM OTH PTY SCC	URBANUS, LLC	100.00			

THE GODDARD

ANDERS LASATER

ARCHITECTS

SCHOOL

□сом

□OTH □PTY □SCC

□IND

□COM □OTH

□PTY □SCC

SUBTOTAL\$ 1110.00

200.00

100.00

*Contributor Codes

IND-Individual

10/12/2012

COM - Recipient Committee

(other than PTY or SCC)

10/18/2012 MICHAEL SMITHERS

ANDERS LASATER

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received NAME OF FILER		Amounts may to whole o		Statement cover from $\frac{10}{1}$	ors period ol2 /2012	CALIFORNIA 460 FORM 12 of 13			
NAME OF FILER	StEVE DICTEROW					1	1.D. NUMBER 134-5653		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
c,2/2012	MICHAEL WILSON	DIND COM OTH PTY SCC	MAKENA TECHNOLOGIES	360.00	·				
· {		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC				's			
		□IND □COM □OTH □PTY □SCC							
The second secon		-	SUBTOTAL	\$ 360.00					

*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**

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

Statement covers period **CALIFORNIA** from 10/01/2012 **FORM** I.D. NUMBER 134-5653

SEE INSTRUCTIONS ON REVERSE

Schedule E Summary

NAME OF FILER

STEVE DICTEROIL

COL	DES: If one of the following codes accurately describes	the p	payment, you may enter the code. (Otherwise, o	describe the payment.
CMP CNS CTB	DES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research	RAD RFD SAL TEL TRC TRS	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals
LEG LIT	legal defense campaign literature and mailings	PRO PRT	professional services (legal, accounting) print ads	VOT WEB	voter registration 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
AM Management do the Monaco Group 1011 S. Linwood Ave., Santa Ana, CA 92705	pos	postage	137.06
AM Management Vothe Mohaco Group 1011 S. Linwood Ave; Santa Am. CA 92705	1205	postage	2075.
Starfire Productions 15555 Huntington Village Lane, Ste 37 HUNTINGTON BEACH. CA 92647		WEBSITE	1000.00

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

1. Itemized payments made this period. (Inclu	ide all Schedule	E subtot	a
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sant.	

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100 ... Pir yx, Inc. 22.95

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

				COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in	ink.	Date Stamp	california 460
(Government Code Sections 84200-84216.5)	Statement covers period from 10/21/2012	Date of election if applicable: (Month, Day, Year)	OCT 29 2012	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/29/2012	NOVEMBER 6,2012		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Naso 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 T	t Sp Sr Fermination) St	uarterly Statement pecial Odd-Year Report upplemental Preelection atement - Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STEVE DICTEROW DICTEROW FOR CITY COUNCESTREET ADDRESS (NO P.O. BOX) 361 HOLLY STREET CITY STATE ZIP COUNCESTRY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E CITY STATE ZIP COUNCESTRY OPTIONAL: FAX / E-MAIL ADDRESS SCICHEROW 121 C YA	AREA CODE/PHONE 051 9495001132 BOX DDE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER STAVE DICTE MAILING ADDRESS 3G1 HOLLY S CITY LAGUHA BEAC NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADE SCACE	STREET STATE ZIF CA S JRER, IF ANY STATE ZIF	code AREA CODE/PHONE 2651 949 500 1132 Code AREA CODE/PHONE Yahoo.com
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californi Executed on	g this statement and to the best of my kr a that the foregoing is true and correct. By		erein and in the attached sch In Treasurer Proponent or Responsible Officer of Spor	edules is true and complete. I certify

NAME OF OFFICEHOLDER OR CANDIDATE	mittee	NAME OF B	BALLOT MEASURE			
STEVE DICTEROW OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)	BALLOT NO	O. OR LETTER J	JURISDICTION		SUPPORT OPPOSE
CITY COUNCIL MEMBER						Learning Company of the Company of t
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 361 HOLLY STREET, LAGUNA T	SEACH CA 52651		the controlling officel			e proponent, if any
JET HOLLY GIREET, CABONAT		NAME OF	OFFICEHOLDER, CANDID	DATE, OR PROP	ONENT	
Related Committees Not Included in this s not included in this statement that are controlled by yo contributions or make expenditures on behalf of your	ou or are primarily formed to receive	OFFICE SO	OUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER	party or committee to Australia		······································		
C C						
		7. Primari	ily Formed Candid	date/Officeh	nolder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	officehold	der(s) or candidate(s) fo	or which this c	ommittee is primarily f	ormed.
	☐ YES ☐ NO	officehold	ily Formed Candid der(s) or candidate(s) fo OFFICEHOLDER OR CAN	or which this c	nolder Committee committee is primarily for DFFICE SOUGHT OR HEL	ormed.
NAME OF TREASURER . COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	☐ YES ☐ NO	NAME OF	der(s) or candidate(s) fo	or which this c	ommittee is primarily f	D SUPPORT OPPOSE
NAME OF TREASURER . COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	YES NO	NAME OF	der(s) or candidate(s) fo	NDIDATE C	ommittee is primarily f	D SUPPORT OPPOSE D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.C. CITY STATE ZI	P CODE AREA CODE/PHONE	NAME OF	der(s) or candidate(s) fo OFFICEHOLDER OR CAN OFFICEHOLDER OR CAN	NDIDATE C	ommittee is primarily f DFFICE SOUGHT OR HEL DFFICE SOUGHT OR HEL	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.C. CITY STATE ZI COMMITTEE NAME	P CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF	OFFICEHOLDER OR CAN OFFICEHOLDER OR CAN OFFICEHOLDER OR CAN	NDIDATE C	ommittee is primarily for the control of the contro	D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE D SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

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

Statement covers period from 10/21/2012 CALIFORNIA 460

through 10/24/2012 Page 3 of 6

1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1480.00 \$ 1480.00 \$ 1480.00	\$ 23,724.60 \$ 23,724.00 \$ 23,724.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$ 4784.69 \$ 4784.69 \$ 4784.69	\$ 13,865.18 \$ 13,865.18 \$ 13,865.18	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	1 480.00 \$\tilde{\Phi}\$ 4784.69 9858.72	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	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents		any).	FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPP

Schedule A **Monetary Contributions Received**

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

Statement covers period

Monetary Contributions Received			whole dollars.	Statement coverage from $\frac{10/21/2}{2}$		california 460		
SEE INSTRUCTIO	NS ON REVERSE			through 10/29	12012	Page	£of6	
NAME OF FILER	STEVE DICTEROW					I.D. NUM		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
26/2012	ER DANOFF	☐ÍND ☐COM ☐OTH ☐PTY ☐SCC	ATTORNEY	100.00				
0/26/2012	BLORIA G FICKLING	☐ COM ☐ OTH ☐ PTY ☐ SCC	WRITER	00.001				
	JAM A HALEY	COM COM OTH PTY SCC	SELF EmployED temp.administrative operational	360.00				
•	JOHN A HAMIL, D.V.M.	□COM □OTH □PTY □SCC	JOHN A HAMIL D.V.M.	360.00				
17/2012	KEINTA RUSSELL	DÍND COM OTH PTY SCC	EFFICE MGR RUSSELL Properties	360.00				
			SUBTOTAL	1280.00				
Amount rec (Include all Amount rec	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions tary contributions received this period.	s of less than S	\$ \$100\$	740,00	IND- COM OTH PTY	(other th – Other (e – Political I	nt Committee nan PTY or SCC) e.g., business entity)	
	1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	1480.00			Form 460 (January/05	

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may l to whole d		Statement coverage from $\frac{10/21/3}{\text{through}}$		CALIFORNIA 460		
NAME OF FILER	STEVE DICTEROW					1.D. NUI	MBER -57653	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
= 1/2012	H LAWSON MEAD	GOM GOTH PTY SCC	ATTORNEY	50.	100.			
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
gaga, ang an andraka kan di Ali sa			SUBTOTAL	\$ 50.00		termina virina virinater den usuttamin		

*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

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE DICTEROW

134-5653

CODES: If one of the following codes accurately describes	s the payment, yo	ou may ente	er the code. Otherwise,	describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	OFC office experiments of the petition circuments of the petition circuments of the petition circuments of the petition circuments of the petition of the petition circuments of the petition of the petition circuments of the petition circ	d appearances nses llating s survey researd livery and mes	S RFD SAL TEL TRO	campaign workers' salaries t.v. or cable airtime and production cost candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the saff voter registration	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESCRIPTI	ON OF PAYMENT	AMOUNT PAID
REVOLVIS CONSULTING, INC. 7185 HAVAJORD, STE.P SAN DIEGO, CA 92119			CONSULTING	FEE	3011.96
AM MANAGEMENT C/O THE MONACO GROUP 1011 S. LINWOOD XUE., SANTA ANA, CA	, 92705	Pos			1772.73
		ł	'		1

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

SUBTOTAL\$ 4784.69

Schedule E Summary		4784.60
. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	-1101.6
2. Unitemized payments made this period of under \$100	\$	
	or or	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	Ф	4101110
Total navments made this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6,)	L \$	1104.6

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		REPETVED AUG 18 2014	CALIFORNIA 460 FORM of 1
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/01/2012	Date of election if applicable (Month, Day, Year)	City Clerk's Office City of Laguna Beach, CA	For Official Use Only
		2 Trees of Statement		
1. Type of Recipient Committee: All Committees — Committees — Committee — Comm	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 T Amendment (Explain b	t Specia Supple Statem	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
3. Committee Information	I.D. NUMBER 134-5653	Treasurer(s)	a yana da katala ay ing katala ay katala	METANCE THAT BENCHMAN OF THE PROPERTY AND ADMINISTRATIVE PROPERTY AND ADMINISTRATIVE ADMINISTRATIVE AND ADMINISTRATIVE AND ADMINISTRATIVE AND ADMINISTRATIVE ADMINISTRATIVE AND ADMINISTRATIVE ADMINISTRATIVE AND ADMINISTRATIVE ADMINISTRATI
		NAME OF TREASURER STEVE DICTE MAILING ADDRESS 361 HOLLY ST CITY LABUMA BLAC NAME OF ASSISTANT TREASU	TREET STATE ZIP COI LH CA 9265	DE AREA CODE/PHONE 2
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		3004 Marie Carlle (1988-1989) 30 Annie Carlle (1988-1989) 40 Annie Carlle (1988-1989)
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS Sdicterow 1121 @	tahoo.com	OPTIONAL: FAX / E-MAIL ADD	ress Erow 1121 C Ya	hos.com
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Californ		wledge the information contained he	erein and in the attached scheduk	es is true and complete. I certify
Executed on	Ву чинана положения положе	Signature of Treasurer or Assistan	t Treasurer	AND Special country
Executed on	BySignature of Con	trolling Officeholder, Candidate, State Measure Pr	roponent or Responsible Officer of Sponsor	and the second s
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDBC Form 460 (language)

Officeholder or Candidate Controlled C	ommittee	6.	Primarily Formed Ballo	ot Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
STEVE DICTEROW						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND I	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
CITY GOUNCIL MEMBER	Printers.					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET 361 HOLLY STREET LAG	•	- 51	Identify the controlling of	ficeholder, candidate,	or state measure	proponent, if any
	, and a second s	-	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PROPONEN	T	
Related Committees Not Included in the not included in this statement that are controlled be contributions or make expenditures on behalf of year.	y you or are primarily formed to receiv	•	OFFICE SOUGHT OR HELD		DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER		MEETING the many coled action to at minutes an analysis beauty and an artificial representation of the college		CHARLES AND	7
NAME OF TREASURER	CONTROLLED COMMITTEE?	- 7 -	Primarily Formed Can officeholder(s) or candidate(s)	s) for which this commi		rmed.
COMMITTEE ADDRESS STREET ADDRESS (NC) P.O. BOX)					SUPPORT OPPOSE
CITY STATE	ZIP CODE - AREA CODE/PHONE	=	NAME OF OFFICEHOLDER OR	CANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	***	NAME OF OFFICEHOLDER OR	CANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO CITY STATE	ZIP CODE AREA CODE/PHONI	<u>-</u>	Atta	ch continuation shee	ts if necessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 11/01/2017

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1.D. NUMBER 134-5653

Contributions Received 1. Monetary Contributions	\$ 20.00	Column B CALENDAR YEAR TOTAL TO DATE \$ 14,584.00 \$ 24,584.00 \$ 24,584.00	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 \$ \$
Expenditures Made 6. Payments Made	\$ 3526.22 \$ 3526.22 \$ 3526.22	\$ 17,391.40 \$ 11,391.40 \$ 20,718.61 \$ 38 110.01	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 9888.72 \$60.00 3576.72 \$ 7192.50	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/05 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

Schedule A **Monetary Contributions Received**

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

SCHEDULE A

Monetary Contributions Received		to whole dollars.		from 11/01/12		CALIFORNIA 460 FORM	
SEE INSTRUCTION	NS ON REVERSE			through		Page	of
NAME OF FILER	STEVE & ICTEROW					1.D. NL 134	- 5653
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
1/07/2012	KEMMENT FISCHBECK	COM COTH PTY scc	CONTRACTOR LAGUNA CREST ENTERPRISE, INC	360.00			
1/06/2012	DAVID VANDER-VEEN	OTH OTH SCC	ENTRE PRENEUR SARSHELA, INC	250.00			
106/2012	SARAH KOOPS VANTERVEN	IND COM OTH PTY SCC	WRITER.	250.00			
		□IND □COM □OTH □PTY □SCC					
		IND COM OTH PTY SCC					
			SUBTOTAL	860.00			
1. Amount red (Include all 2. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contributions			860.00	IND- COM OTH PTY	(other – Other – Politica	al ent Committee than PTY or SCC) (e.g., business entity)
o. Total monet Add Lines)	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	<u> </u>			: Form 460 (January/05)

Schedule E Payments Made

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

Statement covers period from	CALIFORNIA 460
through 12/31/2012	Page of
	1.D. NUMBER 134 - 5653

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

STEVE DICTEROW

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

campaign consultants contribution (explain nonmonetary)*

CVC civic donations candidate filing/ballot fees FIL

independent expenditure supporting/opposing others (explain)* ND

LEG legal defense

FND fundraising events

campaign literature and mailings PRT

MBR member communications MTG meetings and appearances

OFC office expenses petition circulating

PHO phone banks POL polling and survey research

POS postage, delivery and messenger services professional services (legal, accounting) print ads

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/spor

VOT voter registration

WEB information technology costs (internet, e-mail)

Pos	1278.00
PRT	450.00
PO S	1759.52
1	PRT

Schedule E Summary

Schedule	e F			
Accrued	Expenses	(Unpaid	Bills)	

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

Statemant covers period	CA
from /2012	of the second
12/31/2012	ar Managhan
through	Pa

CA	VIIIE	ORN	IΙΔ	AA		7
	والدين والمراكزة والدين والمراكزة	PM.		41		
30				200	A STATE OF	160

SEE INSTR	UCTIONS	ON	REV	ER.	SE

NAME OF FILER

STEVE DICTEROW

I.D. NUMBER 134-5653

CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime ar returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer between VOT voter registration returned control of the candidate trave staff/spouse tra transfer between voter registration returned control of the candidate are registration returned control of the candidate are returned control of the candidate	nd production costs butions kers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the sa	s ame candidate/sponsor
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
COGS SOUTH SIGNS 3309 S MAIN ST SANTA ANA, CA 92707	CMP SIGNAGE		546.84		546.84
FIREBRAND MEDIA LLC 25D BROADWAY ST. LAGUNA BEACH, CA 92651	PRT		525.00		525.00
LOS ANGELES TIMES MEDIA GROUP FILE 54221 LOS ANGELES, CA 90074-4221	PRT		1050.00	,	(0.00.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$ 21 21.84 :	\$	\$ 2121-84
The state of the s					······································

Schedule F Summary

1.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$ _	20.718.6
	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 \$ _	
	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$ 2	20, 718.67 lay be a negative number

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

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

MBR member communications

petition circulating

OFC office expenses

print ads

phone banks

PET

PHO

POL

POS

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

Statement covers period from

CALIFORNIA

SCHEDULE F (CONT.)

134-5653

FORM

I.D. NUMBER

NAME OF FILER

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

campaign literature and mailings

candidate filing/ballot fees

CNS campaign consultants

fundraising events

CVC civic donations

LEG legal defense

FIL

ND

STEVE DICTEROW

independent expenditure supporting/opposing others (explain)*

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

through

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

candidate travel, lodging, and meals TRC TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

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

			\$18596.83		\$ 18,596.83
7185 NAVAJO RD, STE.P SAN DIEGO, CA 92119			(83,6.82		10,346.8
13 MELODYLANE IRVINE. CA 92614 REVOLUIS CONSULTING/INC	CNS		18346.83		18,346.83
WEIGHBORHOOD TAX FIGHTER	LIT	OF THIS PERIOD	250.00	(ALSO REPORT ON E)	OF THIS PERIOD
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE