

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE
**CALIFORNIA 460
FORM**

**RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE**

Page 1 of 5
For Official Use Only

12 MAY 29 AM 11:29

Type or print in ink.

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

Statement covers period
from 01/01/2012
through 03/17/2012

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1331261

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

Voigts For Lake Forest City Council 2014

Treasurer(s)

NAME OF TREASURER

Mr. John Fugatt
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY Huntington Beach, CA STATE CA ZIP CODE 92647 AREA CODE/PHONE -
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Huntington Beach, CA STATE CA ZIP CODE 92647 AREA CODE/PHONE -
NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY Huntington Beach, CA STATE CA ZIP CODE 92647 AREA CODE/PHONE -
OPTIONAL: FAX / E-MAIL ADDRESS

CITY Huntington Beach, CA STATE CA ZIP CODE 92647 AREA CODE/PHONE -
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/29/12 Date
Executed on 5/24/12 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mr. Scott Voigts

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Lake Forest, CA 92630

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 01/01/2012
through 03/17/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Voigts For Lake Forest City Council 2014

I.D. NUMBER

1331261

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
Contributions Received			
1. Monetary Contributions	Schedule A, Line 3 \$ 4,302.26	\$ 4,302.26	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 0.00	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 4,302.26	\$ 4,302.26	
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 4,302.26	\$ 4,302.26	
Expenditures Made			
6. Payments Made	Schedule E, Line 4 \$ 0.00	\$ 0.00	
7. Loans Made	Schedule H, Line 3 0.00	0.00	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0.00	\$ 0.00	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 50.64	182.64	
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 50.64	\$ 182.64	
Current Cash Statement			
12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 9,105.84		
13. Cash Receipts	Column A, Line 3 above 4,302.26		
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00		
15. Cash Payments	Column A, Line 8 above 13,409.10		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 13,409.10		
<i>If this is a termination statement, Line 16 must be zero.</i>			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00		
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse \$ 0.00		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 182.64		
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
20. Contributions Received	\$ _____	\$ _____	
21. Expenditures Made	\$ _____	\$ _____	
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	
		\$ _____	
		\$ _____	

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

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).

Schedule A Monetary Contributions Received

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

Statement covers period
from 01/01/2012
through 03/17/2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Voigts For Lake Forest City Council 2014

I.D. NUMBER
1331261

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)
01/12/2012	Worldwide Commodities, LLC 22591 Killly Street Lake Forest, CA 92630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		447.00	447.00	
01/15/2012	CREPAC California Real Estate Political Action Committee (#890106) 525 S Virgil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
01/15/2012	Foothill Village, LLC 4185 Blackhawk Plaza Cir. #200 Danville, CA 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	2,500.00	
01/30/2012	BIA of Southern California PAC (#741733) 17744 Sky Park Circle, Ste 170 Irvine, CA 92614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
03/10/2012	BMS Management LLC 6200 S Syracuse Way Ste 200 MS500 Englewood, CO 80111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00	350.00	

SUBTOTAL \$ 4,297.00

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4,297.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 5.26
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4,302.26

*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 F
 Accrued Expenses (Unpaid Bills)**

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Voigts For Lake Forest City Council 2014

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
MTG	meetings and appearances	RFD	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (Internet, e-mail)

C/P 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
 LT campaign literature and mailings

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
Scott Voigts Lake Forest, CA 92630	POS	132.00	0.00	0.00	132.00

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

SUBTOTALS \$ 132.00 \$ 0.00 \$ 0.00 \$ 132.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 50.64**
- 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 \$ 50.64**
May be a negative number