

Person(s) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: SHOALS

First Name: JOHN P.

Committee Name: SHOALS FOR GROVER BEACH MAYOR 2014 (ID #1368790)
(only if applicable)

Street Address: 1185 ENCINITAS CT

City: GROVER BEACH State: CA Zip: 93433

Telephone: (805) 710-1476

Fax: () -

E-mail: jps Shoals@aol.com

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

See attachments: KEVIN P. RICE'S VERIFIED PETITION AND COMPLAINT AGAINST JOHN P. SHOALS; EXHIBITS A-H; DECLARATION OF KEVIN P. RICE; DECLARATION OF RON ARNOLDSSEN.

ABSTRACT: John P. Shoals has demonstrated an exceptionally noxious pattern and practice of failing to report required information in campaign reports, filing reports days or weeks late, or not filing reports at all. Of \$20,712.38 in contributions John P. Shoals reported in 2014, over half, or \$10,778.42, was reported late. Five late contribution reports required within 24-hours were never filed, totaling \$7,229.42 during the 2014 mayor race and concealing one-third of Shoals' campaign intake—\$3,081.89 of that occurring within one week of the election. Of the financial reports Shoals did file, half were late. John P. Shoals deprived his opponent (and the public) of knowledge of large late contributions, mailings, display ads, and automated telephone calls. A mere 170 voters could have changed the election, but Shoals misled his opponent to win.

***IMPORTANT! Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is NOT considered evidence of a violation.**

Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

See attachments: KEVIN P. RICE'S VERIFIED PETITION AND COMPLAINT
AGAINST JOHN P. SHOALS; EXHIBITS A-H; DECLARATION OF KEVIN P. RICE;
DECLARATION OF RON ARNOLDSEN.

ALLEGED VIOLATIONS DESCRIBED IN THE AFOREMENTIONED ATTACHMENT:

- (I) ¶1 §§ 84101(a), 84103(a) [2 Counts]; ¶2 § 84102(f).
- (II) ¶3 §§ 84200.5(b), 84200.7(b)(1), 82046(b).
- (III) ¶4-6 § 84200(a).
- (IV) ¶7-11 § 84203(a).
- (V) ¶12 § 84203(a); ¶13 § 84203(b); ¶14 § 84203(a).
- (VI) ¶15-17 § 84211(f).
- (VII) ¶18 § 84211(f)(2) [3 Counts]; ¶19-20 § 84211(k)(2); ¶21 § 84211(f)(2);
- (VIII) ¶22-29 § 84211(f)(3); ¶29 § 84211(f)(4).
- (IX) ¶30-35 § 84211(m).
- (X) ¶36 § 84211(g) [8 Counts]; ¶37 §§ 84211(f)(1), 84211(f)(5), 84211(m), § 84211(f).
- (XI) ¶38 §§ 84303 and 84211(k)(6) [2 Counts]; ¶39 §§ 84303 and 84211(k)(6).

###

Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: MCMAHON, GROVER BEACH CITY CLERK

First Name: DONNA

Street Address: 154 S 8TH ST

City: GROVER BEACH State: CA Zip: 93433

Telephone: (805) 473 - 4568

Fax: (805) 489 - 9657

E-mail: dcmcmahon@grover.org

Last Name: PETERSON (Mayor Debbie Peterson 2014 ID #1309431)

First Name: DEBBIE

Street Address: 280 W GRAND AVE APT B

City: GROVER BEACH State: CA Zip: 93433

Telephone: (805) 550 - 4490

Fax: (805) 467 - 0612

E-mail: debbie@debbiepeterson.com

###

Last Name: ARNOLDSEN (former Mayor and Council Member)

First Name: RON

Street Address: 754 NEWPORT AVE

City: GROVER BEACH State: CA Zip: 93433

Telephone: (805) 468 - 2568

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E-mail: rarnolds@ash.dsh.ca.gov

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 May 11, 2016
(Signature) (Date)

KEVIN P. RICE
(Please Print Your Name)

Clear Page

Print Page

1 Kevin P. Rice
2 PO Box 14107
3 San Luis Obispo CA 93406-4107
4 (805) 602-2616
5 kevin@kevinrice.org

6
7
8 **STATE OF CALIFORNIA**
9
10 **FAIR POLITICAL PRACTICES COMMISSION (“FPPC”)**

11 **KEVIN P. RICE**, an individual,
12
13 Petitioner and Complainant,

14 v.

15
16 **JOHN P. SHOALS**, an individual and
17 Mayor of the City of Grover Beach,
18 Respondent.

**KEVIN P. RICE’S VERIFIED
PETITION AND COMPLAINT
AGAINST JOHN P. SHOALS (Gov.
Code §§ 81000 et seq.);
DECLARATION OF KEVIN P. RICE
IN SUPPORT OF HIS PETITION
AND COMPLAINT AGAINST JOHN
P. SHOALS;
EXHIBITS A–H**

19
20 COMES NOW, Petitioner and Complainant, Kevin P. Rice alleging fifty-two separate
21 violations of the Political Reform Act^{1,2} against John P. Shoals, controlling candidate and
22 treasurer of the controlled committee,³ *Shoals for Grover Beach Mayor 2014* (FPPC ID
23 #1368790). Kevin P. Rice seeks enforcement for each of these alleged violations, which will
24 provide prospective relief benefitting the public interest by protecting against future

25
26 ¹ Gov. Code § 81000 et seq.

27 ² Unless otherwise indicated, all statutory references herein are to the California Government Code as in effect
at the time of each alleged violation.

28 ³ § 82016. “Controlled Committee” defined.

1 violations. Each violation detailed herein has harmed those relying on truthful and accurate
2 campaign finance reports: voters, the interested public, the opposing candidate, and the
3 media.

4 Introduction

5 John P. Shoals has demonstrated an exceptionally noxious pattern and practice of
6 failing to report required information in campaign reports, filing reports days or weeks late, or
7 not filing reports at all.

8 Of \$20,712.38⁴ in contributions John P. Shoals reported in 2014, over half, or
9 \$10,778.42,⁵ was reported late. Five late contribution reports (FPPC Form 497) required
10 within 24-hours were never filed,⁶ totaling \$7,229.42⁷ during the 2014 mayor race and
11 concealing one-third of Shoals' campaign intake—\$3,081.89⁸ of that occurring within one
12 week of the election. Of the financial reports Shoals did file, half were late.⁹

13 John P. Shoals won the November 4, 2014 election by 339 votes. (See Exhibit E,
14 Official Election Results.) If a mere 170 voters—one-half of the 339—had voted, instead, for
15 Shoals' opponent, then Shoals would have lost the election. However, Shoals deprived his
16 opponent (and the public) of knowledge of large late contributions, several mailings, display
17 ads, and automated telephone calls. (Declaration of [former Grover Beach Mayor] Ron
18 Arnoldsen, at ¶¶ 2, 3.) Had Shoals not hidden his campaign finances, his opponent would
19 likely have adjusted strategy and swayed the election result. (Declaration of Ron Arnoldsen,
20 at ¶¶ 4, 5.)

21 John P. Shoals' repetitive violations of the Political Reform Act constitute a willful
22 disregard and negligence toward campaign transparency laws that injured the interested

23 ⁴ Exhibit A, at p. 57, line 5, column B.

24 ⁵ ¶¶ 1, 4, 7–11, 13 and 15, *infra*.

25 ⁶ Section IV, ¶¶ 7–11, *infra*.

26 ⁷ *Ibid*.

27 ⁸ ¶¶ 10 and 11, *infra*.

28 ⁹ ¶¶ 1, 2, 4–6, 13, 14, *infra*.

1 public and the opposing candidate, depriving all of the right to timely and complete
2 information about the contributions, influences, and lobbyists of John P. Shoals. Shoals has
3 failed to “fully and truthfully disclos[e] in order that the voters may be fully informed and
4 improper practices may be inhibited.” (§ 81002.)

5 In alleging these violations, Petitioner and Complainant avers the Political Reform Act
6 “should be liberally construed to accomplish its purposes” (§ 81003) and that “[a]dequate
7 enforcement mechanisms should be provided to [] private citizens in order that this title[, the
8 Political Reform Act,] will be vigorously enforced.” (§ 81002(f).)

9
10 **Provisions of the Political Reform Act Allegedly Violated**
11 **and When the Violations Occurred**

12
13 **I. Failure to timely file complete statements of organization (2 Counts.)**

14
15 **1. §§ 84101(a) and 84103(a). Failure to timely report (within ten days) that**
16 ***Shoals for Grover Beach Mayor 2014* became a qualified committee on August 5, 2014**
17 **(concealing his first \$1,000 for 55 days), thus depriving the local public, media and**
18 **opposing candidate of knowing his committee had begun raising significant funds; and,**
19 **furthermore, failure to file all statements of organization with both the Secretary of**
20 **State and the local filing officer (44 days late.)**

21 John P. Shoals concealed from the local public and opposing candidate for fifty-four
22 (54) days that *Shoals for Grover Beach Mayor 2014* had become a qualified
23 “committee”^{10,11}—nearly seven weeks—at a time when the election was only five weeks

24
25
26 _____
27 ¹⁰ § 82013. “Committee” defined.

28 ¹¹ § 84101. A statement of organization shall be filed within 10 days after the committee has qualified.

1 away. Thus, Shoals concealed he had received his first \$1,000¹² until his first campaign
2 statement was filed on October 6, 2014 (Exhibit A, at p. 14), fifty-five (55) days later.
3 Moreover, John P. Shoals failed to file all statements of organization with ***both*** the Secretary
4 of State and the local filing officer (§§ 84101(a) and 84103(a).)

5 On July 14, 2014, John P. Shoals filed an “initial” (not yet qualified) statement of
6 organization for *Shoals for Grover Beach Mayor 2014* (Exhibit A, at pp. 1–2, FPPC Form
7 410) with the local filing officer. Subsequently, John P. Shoals filed an amended statement of
8 organization with the Secretary of State on August 28, 2014 (Exhibit A, at p. 4) indicating his
9 committee became qualified 23 days prior on August 5, 2014, but Shoals did not file a copy
10 with the local filing officer. A third statement of organization was filed with both the local
11 filing officer on September 28, 2014 (Exhibit A, at pp. 10–11) and with the Secretary of State
12 on September 30, 2014 (Exhibit A, at p. 12.) Each of the amended statements report *Shoals*
13 *for Grover Beach Mayor 2014* qualified as a “Committee” on August 5, 2014.

14 John P. Shoals was required to report within ten days of August 5, 2014 the fact that
15 *Shoals for Grover Beach Mayor 2014* became a qualified committee. Instead, John P. Shoals
16 did not report this fact until twenty-three days later to the Secretary of State (13 days late),
17 and fifty-four days later to the local filing officer¹³ (44 days late.) By filing over six weeks
18 late with the local filing officer, John P. Shoals particularly deprived the local public, media
19 and opposing candidate of knowing his committee had begun raising funds.

20 **2. § 84102(f). Failure to timely report committee financial institution**
21 **information within ten days of *Shoals for Grover Beach Mayor 2014* becoming qualified**
22 **as a committee (44 days late.)**

23 John P. Shoals concealed from the public and the opposing candidate for fifty-four
24

25 _____
26 ¹² A \$1,000 loan from John P. Shoals to his own committee (Exhibit A, at p. 22). Although Shoals filed an
27 unnecessary late contribution report (FPPC Form 497) on September 17, 2014 (Exhibit A, at p. 7) which
28 disclosed this loan, it was not clear this was the same \$1,000 that caused his committee to become
qualified until his first campaign statement was filed on October 6, 2014 (Exhibit A, at p. 14.)

¹³ The City Clerk of the City of Grover Beach.

1 (54) days, the financial institution information of *Shoals for Grover Beach Mayor 2014*
2 required by § 84102(f). John P. Shoals was required to disclose the financial institution
3 information of *Shoals for Grover Beach Mayor 2014* by August 15, 2014 (within ten days of
4 his committee becoming qualified), but delayed forty-four (44) additional days—more than
5 six weeks—at a time when the election was only five weeks away.

6 On July 14, 2014, John P. Shoals filed an “initial” (not yet qualified) statement of
7 organization for *Shoals for Grover Beach Mayor 2014* (Exhibit A, at pp. 1–2, FPPC Form
8 410) with the local filing officer. This initial statement of organization disclosed no financial
9 institution information (*Id.*, at p. 2.)

10 Subsequently, John P. Shoals filed an amended statement of organization with the
11 local filing officer on September 28, 2014 (Exhibit A, at pp. 10–11.) While this amended
12 statement discloses the financial institution information (*Id.*, at p. 11) required by § 84102(f),
13 the statement indicates *Shoals for Grover Beach Mayor 2014* became qualified as a
14 committee on August 5, 2014, a total of fifty-four (54) days prior. This delay prolonged a
15 false appearance that Shoals’ committee had raised no money until only five weeks prior to
16 the election.

17
18 **II. Failure to file initial campaign statement.**

19
20 **3. §§ 84200.5(b), 84200.7(b)(1), 82046(b). Failure to file a first campaign**
21 **statement covering the period beginning January 1, pursuant to § 82046(b), or even**
22 **covering the entire period the committee was active.**

23 John P. Shoals failed to file an initial campaign statement covering the period
24 beginning on January 1, 2014 as required by § 82046(b)¹⁴. Inexplicably, John P. Shoals filed
25 his first campaign statement—a preelection statement due on October 6, 2014—covering the
26

27 _____
28 ¹⁴ § 82046(b) “If a person has not previously filed a campaign statement, the period covered begins on January
1.”

1 peculiar period of August 5, 2014 through September 30, 2014 (Exhibit A, at pp. 14–31,
2 Form 460.) Shoals’ committee organized on July 9, 2014 according to his verified initial
3 statement of organization filed July 14, 2014 (Exhibit A, at pp. 1–2, Form 410), yet John P.
4 Shoals failed to cover the period of July 9, 2014 through August 4, 2014 in his first campaign
5 statement despite that his committee was active during this time.

6
7 **III. § 84200(a). Failure to timely file semi-annual campaign statements (3 Counts.)**

8
9 **4. § 84200(a). Failure to timely file semi-annual campaign statement which**
10 **concealed \$4,380.89¹⁵. (7 days late.)**

11 On Monday, February 2, 2015, a semi-annual statement was due for the period ending
12 December 31, 2014¹⁶. John P. Shoals filed a semi-annual statement for this period on
13 February 9, 2015 (Exhibit A, at p. 55), seven (7) days late.

14 **5. § 84200(a). Failure to timely file semi-annual campaign statement (3 days**
15 **late.)**

16 On Friday, July 31, 2015, a semi-annual statement was due for the period ending June
17 30, 2015 (FN 14, *supra.*) John P. Shoals filed a semi-annual statement for this period on
18 August 3, 2015 (Exhibit A, at p. 69), three (3) days late.

19 **6. § 84200(a). Failure to timely file semi-annual campaign statement (3 days**
20 **late.)**

21 On Monday, February 1, 2016, a semi-annual statement was due for the period ending
22 December 31, 2015 (FN 14, *supra.*) John P. Shoals filed a semi-annual statement for this
23 period on February 4, 2016 (Exhibit A, at p. 82), three (3) days late.

24
25 ¹⁵ \$1,399.00 in monetary contributions and \$2,981.89 in nonmonetary contributions (Exhibit A, at p. 57, lines 1
26 and 4.)

27 ¹⁶ FPPC Filing Schedule for Local Candidates and Officeholders (Including Superior Court Judges) Not Being
28 Voted Upon in 2015. ([http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/
Filing%20Schedules/2015/2015%200015%20Loc%20Cand%20Not%20on%20Ballot.pdf](http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/Filing%20Schedules/2015/2015%200015%20Loc%20Cand%20Not%20on%20Ballot.pdf)).

1
2 **IV. § 84203(a). Failure to file 24-hour late contribution reports (5 Counts) resulting**
3 **in an aggregate \$7,229.42 being concealed between 13 and 104 days.**
4

5 **7. § 84203(a). Failure to report late contribution (13-day concealment.)**

6 John P. Shoals entirely neglected to file a late contribution report in connection with a
7 \$1,227.50 non-monetary contribution from *Central Coast Printing* received on Monday,
8 September 22, 2014 (Exhibit A, at p. 23, FPPC Form 460, Schedule C, line 1.) By doing so,
9 John P. Shoals concealed this late contribution from the public thirteen (13) days after a late
10 contribution report was required until disclosed on his October 6, 2014 preelection statement
11 (*Id.*, at p. 14, Cover Page)

12 **8. § 84203(a). Failure to report late contribution (19-day concealment.)**

13 John P. Shoals entirely neglected to file a late contribution report in connection with a
14 \$1,416.43 non-monetary contribution from *Central Coast Printing* received on Friday,
15 October 3, 2014 (Exhibit A, at p. 40, FPPC Form 460, Schedule C, line 1.) By doing so, John
16 P. Shoals concealed this late contribution from the public nineteen (19) days after a late
17 contribution report was required, until the filing of his October 23, 2014 preelection statement
18 (*Id.*, at p. 32, Cover Page)

19 **9. § 84203(a). Failure to report late contribution (13-day concealment.)**

20 John P. Shoals entirely neglected to file a late contribution report in connection with a
21 \$1,503.60 non-monetary contribution from *Central Coast Printing* received on Thursday,
22 October 9, 2014 (Exhibit A, at p. 40, FPPC Form 460, Schedule C, line 2.) By doing so, John
23 P. Shoals concealed this late contribution from the public thirteen (13) days after a late
24 contribution report was required, until the filing of his October 23, 2014 preelection statement
25 (*Id.*, at p. 32, Cover Page.)

26 **10. § 84203(a). Failure to report late contribution (104-day concealment.)**

27 John P. Shoals entirely neglected to file a late contribution report in connection with
28 an aggregate \$1,604.00 contribution received eight days before the election from *San Luis*

1 *Obispo County for Better Government* (FPPC ID #1363607) received on Monday, October
2 27, 2014 (Exhibit A, at p. 61, FPPC Form 460, Schedule C, lines 1 and 2.) By doing so, John
3 P. Shoals concealed this late contribution from the public one hundred four (104) days after a
4 late contribution report was required, until the filing of his February 9, 2015 semi-annual
5 statement (*Id.*, at p. 55, Cover Page.)

6 **11. § 84203(a). Failure to report late contribution (102-day concealment.)**

7 John P. Shoals *entirely neglected* to file a late contribution report in connection with a
8 \$1,477.89 non-monetary contribution received *six days before the election* from *Central*
9 *Coast Printing* received on Wednesday, October 29, 2014 (Exhibit A, at p. 61, FPPC Form
10 460, Schedule C, line 3.) By doing so, John P. Shoals concealed this late contribution from
11 the public one hundred two (102) days after a late contribution report was required, until the
12 filing of his February 9, 2015 semi-annual statement (*Id.*, at p. 55, Cover Page.)

13
14 **V. § 84203. Failure to timely file 24-hour late contribution reports (3 Counts.)**

15
16 **12. § 84203(a). Failure to timely disclose street address for late contribution (7**
17 **days late.)**

18 On September 11, 2014, John P. Shoals failed to report within 24 hours the true street
19 address of *Pace Homes, LLC* in connection with a \$1,000.00 contribution received on
20 September 10, 2014, instead reporting a post office box address (Exhibit A, at p. 5, FPPC
21 Form 497.) John P. Shoals amended his report on September 18, 2014 (Exhibit A, at p. 8),
22 eight days after the contribution occurred—seven (7) days late.

23 **13. § 84203(b). Failure to timely report \$1,000 late contribution within 24**
24 **hours (1 day late.)**

25 John P. Shoals failed to report within 24 hours a \$1,000 contribution from *Santa Ynez*
26 *Band of Mission Indians* received on Monday, September 15, 2014 (Exhibit A, at p. 6, FPPC
27 Form 497.) Instead, John P. Shoals reported the contribution one (1) day late, on Wednesday,
28 September 17, 2014. Even then, the September 17, 2014 late contribution report failed to

1 disclose required information (See ¶ 14, *infra*.)

2 **14. § 84203(a). Failure to timely disclose amount received and street address**
3 **for late contribution (2 days late.)**

4 On September 17, 2014, John P. Shoals failed to report within 24 hours the amount of
5 a contribution received and the true street address of *Santa Ynez Band of Mission Indians* in
6 connection with a \$1,000.00 contribution received on September 15, 2014, instead reporting
7 nothing (blank) for “amount received” and reporting a post office box address (Exhibit A, at
8 p. 6, FPPC Form 497.) John P. Shoals amended his report on September 18, 2014 (Exhibit A,
9 at p. 9), three days after the contribution occurred—two (2) days late.

10
11 **VI. § 84211(f). Failure to report contributions (3 Counts.)**

12
13 **15. § 84211(f) Failure to report a contribution (17 days late.)**

14 On September 16, 2014, *SLO County Democratic Party* (“*SLOCDP*”) reported a
15 \$250.00 monetary contribution to *Shoals for Grover Beach Mayor 2014* (Exhibit F, *SLOCDP*
16 preelection statement (excerpts), at p. 1, line 4; also, at p. 2, line 4.) However, John P. Shoals
17 failed to report this contribution in his preelection statement filed on October 6, 2014 (Exhibit
18 A, at pp. 14–31) which covers the period of August 5, 2014 through September 30, 2014.
19 Instead, Shoals reported what appears to be this same contribution listed with a different
20 transaction date of October 1, 2014 (Exhibit A, at p. 35) in his subsequent preelection
21 statement filed on October 23, 2014. By misreporting the actual transaction date, Shoals
22 deferred reporting and concealed this contribution for seventeen (17) days beyond the proper
23 filing date.

24 **16. § 84211(f) Failure to report a contribution (\$282.66 concealed.)**

25 On October 1, 2014, *SLO County Democratic Party* (“*SLOCDP*”) reported a \$282.66
26 nonmonetary contribution to *Shoals for Grover Beach Mayor 2014* (Exhibit F, *SLOCDP*
27 preelection statement (excerpts), at p. 3, line 2.) for “Member Communication” (See also *Id.*,
28 at p. 4, line 1.) However, John P. Shoals failed to report this nonmonetary contribution in his

1 preelection statement filed on October 23, 2014 (Exhibit A, at pp. 32–46), or in any other
2 campaign report.

3 **17. § 84211(f) Failure to report a contribution (\$150.00 concealed.)**

4 John P. Shoals failed to report a \$150.00 nonmonetary contribution received from *SLO*
5 *County Democratic Party* (“*SLOCDP*”) on October 27, 2014 in any campaign statement.

6 On October 27, 2014, *SLO County Democratic Party* (“*SLOCDP*”) reported a \$150.00
7 independent expenditure in support of *Shoals for Grover Beach Mayor 2014* for “Phone
8 Bank” (Exhibit F, *SLOCDP* preelection statement (excerpts), at p. 5, line 2.) However, this
9 was not an “independent expenditure”¹⁷ because, in reality, this expense was “made at the
10 behest”¹⁸ of *Shoals for Grover Beach Mayor 2014*, as explained forthwith:

11 *SLOCDP* reports the actual payee of the \$150 “Phone Bank” expenditure was *Public*
12 *Policy Solutions, Inc.* (*Id.*, at p. 6, line 3.) However, at the very same time *Public Policy*
13 *Solutions, Inc.* was a payee of *SLOCDP* for phone bank advertising, *Public Policy Solutions,*
14 *Inc.* was also providing professional campaign consulting services to John P. Shoals and his
15 committee, *Shoals for Grover Beach Mayor 2014*, to wit:

- 16 i. *Public Policy Solutions, Inc.* wrote and disseminated media announcements for
17 John P. Shoals (Exhibit D.)
- 18 ii. *Shoals for Grover Beach Mayor 2014* paid *Public Policy Solutions, Inc.* for a
19 strategic “Grover Beach voter walklist” (Exhibit A, at p. 25, line 3.)
- 20 iii. *Shoals for Grover Beach Mayor 2014* accrued \$1,500.00 in unpaid bills owed
21 to *Public Policy Solutions, Inc.* for consulting services during the election
22 period (Exhibit A, at p. 65 [payment code “CNS” is “campaign consultants”].)

23 Because *Public Policy Solutions, Inc.*, was a “common consultant”¹⁹ between *SLO*
24 *County Democratic Party* and *Shoals for Grover Beach Mayor 2014*, the “phone bank”
25

26 ¹⁷ § 82031. “Independent expenditure” defined.

27 ¹⁸ 2 Cal. Code of Regs., § 18225.7 (Regulations of the Fair Political Practices Commission); *See also* § 82015.

28 ¹⁹ 2 Cal. Code of Regs., § 18225.7(d)(3) (Regulations of the Fair Political Practices Commission.)

1 expenditure paid by *SLOCDP* is “presumed to be coordinated” and “made at the behest” of
2 John P. Shoals and *Shoals for Grover Beach Mayor 2014* (See FPPC Regs., § 18225.7(d).)

3 John P. Shoals should have, but failed, to report the October 27, 2014 nonmonetary
4 \$150.00 “phone bank” contribution from *SLOCDP* in any of his campaign statements²⁰
5 (Exhibit A.)

6
7 **VII. §§ 84211(f)(2) and 84211(k)(2). Failure to report street address of contributor**
8 **and/or payee (6 Counts.)**

9
10 **18. § 84211(f)(2). Failure to report street address of contributor (3 Counts.)**

11 On three separate occasions, John P. Shoals failed to report the true street address of
12 *San Luis Obispo County for Better Government*²¹ (FPPC ID #1363607):

- 13 i. In conjunction with a \$100.00 nonmonetary contribution received on October
14 17, 2014 (Exhibit A, at p. 40, line 3, preelection statement filed October 23,
15 2014); and,
16 ii. In conjunction with a \$350.00 nonmonetary contribution received on October
17 23, 2014 (Exhibit A, at p. 61, line 1, semi-annual statement filed February 9,
18 2015); and,
19 iii. In conjunction with a \$1,154.00 nonmonetary contribution received on October
20 27, 2014 (Exhibit A, at p. 61, line 2, semi-annual statement filed February 9,
21 2015.)

22 On each of these three occasions, John P. Shoals improperly reported a private
23

24 ²⁰ Equally, *SLO County Democratic Party* should have reported its expense as a contribution, not an
25 independent expenditure.

26 ²¹ *San Luis Obispo County for Better Government* and its principal officer(s) have demonstrated an ongoing
27 practice of improperly using private mailbox addresses (See Exhibit H) obtained within the jurisdiction
28 of local elections in order to appear to be a “local voice” within the electorate’s community. This may
be the subject of a future complaint, however the FPPC is encouraged to investigate and act *sua sponte*,
if it so wishes.

1 mailbox address that belongs to UPS Store #6192, located at 1375 E Grand Avenue, Suite
2 103, in Grover Beach (Exhibit B.)

3 The FPPC advises private mailbox addresses are not a “street address” (Exhibit C.)

4 John P. Shoals should have easily recognized the private mailbox address as such—or,
5 at the very least, recognized the address as odd and worth inquiry—due to the doubled-up
6 suite number and box number: “1375 East Grand, Suite 103 #102”. As committee treasurer,
7 Shoals is obligated to use “all reasonable diligence” (§ 81004(a)) (emphasis added). “All”
8 reasonable diligence certainly includes investigating such a doubled-up non-standard address.

9 Furthermore, Shoals is well-acquainted with the assistant treasurer of *San Luis Obispo*
10 *County for Better Government*, Cory Black—in fact, Shoals hired Cory Black and his firm,
11 *Public Policy Solutions, Inc.*, for campaign consulting services (Exhibit A, at p. 65, line 1;
12 *See also* Exhibit D.)

13 Due to his direct personal acquaintance with Cory Black, Shoals knew *San Luis*
14 *Obispo County for Better Government* is a minor political committee²² and does not maintain
15 office space in Grover Beach. Shoals knew the address was a private mailbox—or, should
16 have at least utilized “all reasonable diligence” to investigate the address—because *Public*
17 *Policy Solutions, Inc.* and Cory Black do business from within the city of San Luis Obispo,
18 which Shoals knew (*See* Exhibit A, at p. 65, line 1).

19 Finally, Shoals, as a years-long resident and former mayor and council member in the
20 small city of Grover Beach knew, or should have known, this address lies within a retail
21 shopping center (Exhibit B) on the city’s main street (i.e., Grand Avenue) and is not the true
22 street address of *San Luis Obispo County for Better Government*. As treasurer of *Shoals for*
23 *Grover Beach Mayor 2014*, John P. Shoals failed to use “all reasonable diligence” (§
24 81004(a)) in the filing of his preelection statement “to the best of his knowledge [that] it is
25 true and complete.” (*Ibid.*)

26 _____
27 ²² *San Luis Obispo County for Better Government* reported only \$10,924 in contributions for all of 2014 (FPPC
28 Form 460, covering the period July 1, 2014 through December 31, 2014, filed (late) on March 2, 2015.)

1 **19. § 84211(k)(2). Failure to report street address of payee.**

2 On February 9, 2015, in his semi-annual statement, John P. Shoals failed to report the
3 true street address of *Public Policy Solutions, Inc.* (Exhibit A at p. 65, line 1.) Instead, John P.
4 Shoals improperly reported a post office box address.

5 **20. § 84211(k)(2). Failure to report street address of payee.**

6 On August 3, 2015, in his semi-annual statement, John P. Shoals failed to report the
7 true street address of *Public Policy Solutions, Inc.* (Exhibit A, at p. 77, line 2.) Instead, John
8 P. Shoals improperly reported a post office box address.

9 **21. § 84211(f)(2). Failure to timely report street address of contributor.**

10 On October 23, 2014, in his preelection statement, John P. Shoals failed to timely
11 report the true street address of Gary Grossman in connection with a \$250.00 contribution
12 received on October 10, 2014 (Exhibit A, at p. 36, line 1.) Instead, John P. Shoals improperly
13 reported a post office box address. Shoals amended the report four days later (past the
14 October 23 filing deadline) on October 27, 2014 (Exhibit A, at p. 53, line 1.)

15
16 **VIII. §§ 84211(f)(3) and 84211(f)(4). Failure to report occupation and/or employer (9**
17 **Counts.)**

18
19 **22. § 84211(f)(3). Failure to report occupation of contributor.**

20 On October 6, 2014, John P. Shoals failed to disclose the occupation of Stephen
21 Lieberman alongside the \$100.00 contribution received on August 9, 2014 (Exhibit A, at p.
22 17, line 3).

23 **23. § 84211(f)(3). Failure to report occupation of contributor.**

24 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the
25 occupation of John Hayashi in connection with a \$250.00 contribution received on September
26 9, 2014 (Exhibit A, at p. 19, line 2.) “Self-Employed” does not describe an occupation.

27 **24. § 84211(f)(3). Failure to report occupation of contributor.**

28 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the

1 occupation of Lupe Alvarez in connection with a \$150.00 contribution received on September
2 18, 2014 (Exhibit A, at p. 21, line 3.) “Self-Employed” does not describe an occupation.

3 **25. § 84211(f)(3). Failure to report occupation of contributor.**

4 On October 23, 2014, in his preelection statement, John P. Shoals failed to report the
5 occupation of Noreen Martin in connection with a \$500.00 contribution received on October
6 5, 2014 (Exhibit A, at p. 35, line 3.) “Self-Employed” does not describe an occupation.

7 **26. § 84211(f)(3). Failure to report occupation of contributor.**

8 On October 23, 2014, in his preelection statement, John P. Shoals failed to report the
9 occupation of Gary Grossman in connection with a \$250.00 contribution received on October
10 10, 2014 (Exhibit A, at p. 36, line 1.) “Self-Employed” does not describe an occupation.
11 Shoals amended the report four days later (Exhibit A, at p. 53, line 1), but Grossman’s
12 occupation remains “Self-Employed.” Gary Grossman is, in fact, President of Coastal
13 Community Builders, a very prominent developer and homebuilder in San Luis Obispo
14 County (See <http://www.coastalcommunitybuilders.com/about-ccb.php>.)

15 **27. § 84211(f)(3). Failure to report occupation of contributor.**

16 On February 9, 2015, in his semi-annual statement, John P. Shoals failed to report the
17 occupation of Lloyd Nelson in connection with a \$200.00 contribution received on October
18 20, 2014 (Exhibit A, at p. 58, line 1.) “Self-Employed” does not describe an occupation.

19 **28. § 84211(f)(3). Failure to report occupation of contributor.**

20 On February 9, 2015, in his semi-annual statement, John P. Shoals failed to report the
21 occupation of William R. Dyer in connection with a \$100.00 contribution received on
22 October 21, 2014 (Exhibit A, at p. 58, line 2.) “Self-Employed” does not describe an
23 occupation.

24 **29. §§ 84211(f)(3) and 84211(f)(4). Failure to report both occupation and
25 employer of contributor. (2 Counts.)**

26 On August 3, 2015, in his semi-annual statement, John P. Shoals failed to report both
27 the occupation and employer of Steven J. Montrie in connection with a \$200.00 contribution
28 received on January 14, 2015 (Exhibit A, at p. 72, line 2.) Shoals also neglected to check any

1 “contributor code” checkbox to indicate Montrie is an individual.
2

3 **IX. § 84211(m). Failure to report committee ID number (6 Counts.)**
4

5 **30. § 84211(m). Failure to timely report committee ID number of contributor.**

6 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the
7 committee ID number of *Plumbers & Steamfitters 403* (FPPC ID #880500) in connection
8 with a \$500.00 contribution received on August 15, 2014 (Exhibit A, at p. 18, line 1.) John P.
9 Shoals amended his preelection statement on October 23, 2014 (Exhibit A, at p. 50, line 1),
10 thus properly reporting this contribution seventeen (17) days late.

11 **31. § 84211(m). Failure to timely report committee ID number of contributor.**

12 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the
13 committee ID number of *Southern California Pipe Trades* (FPPC ID #760715) for a \$500.00
14 contribution received on August 15, 2014 (Exhibit A, at p. 18, line 3.) John P. Shoals
15 amended his preelection statement on October 23, 2014 (Exhibit A, at p. 50, line 3), thus
16 properly reporting this contribution seventeen (17) days late.

17 **32. § 84211(m). Failure to timely report committee ID number of contributor.**

18 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the
19 committee ID number of *Home Builders Association of the Central Coast* (FPPC ID
20 #1279679) for a \$500.00 contribution received on August 30, 2014 (Exhibit A, at p. 18, line
21 5.) John P. Shoals amended his preelection statement on October 23, 2014 (Exhibit A, at p.
22 50, line 5), thus properly reporting this contribution seventeen (17) days late.

23 **33. § 84211(m). Failure to report committee ID number of contributor.**

24 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the
25 committee ID number of *Santa Ynez Band of Mission Indians* (FPPC ID #494306) in
26 connection with a \$1,000.00 contribution received on September 15, 2014 (Exhibit A, at p.
27 20, line 4.)

28 **34. § 84211(m). Failure to report committee ID number of recipient of an**

1 **expenditure.**

2 On October 6, 2014, in his preelection statement, John P. Shoals failed to report the
3 committee ID number of *San Luis Obispo County Democratic Party* (FPPC ID #742552) in
4 connection with a \$150.00 expenditure (Exhibit A, at p. 27, line 3.)

5 **35. § 84211(m). Failure to report committee ID number of contributor.**

6 On August 3, 2015, in his semi-annual statement, John P. Shoals failed to report the
7 committee ID number of *Plumbers & Steamfitters 403* (FPPC ID #880500) in connection
8 with a \$200.00 contribution received on January 15, 2015 (Exhibit A, at p. 72, line 3.) Shoals
9 also neglected to check any “contributor code” checkbox to indicate *Plumbers & Steamfitters*
10 *403* is a committee.

11
12 **X. § 84211. Failure to report other required information in campaign statements**
13 **(11 Counts.)**

14
15 **36. § 84211(g). Failure to report required loan information (8 Counts.)**

16 On August 5, 2014, John P. Shoals made a loan in the amount of \$1,000.00 to *Shoals*
17 *for Grover Beach Mayor 2014* (Exhibit A, at p. 7, FPPC Form 497, “Check if Loan” box is
18 checked.) John P. Shoals was required to report the details of this loan in his campaign
19 statements using Schedule B.

20 On October 6, 2014, in his preelection statement, John P. Shoals failed to report
21 information in connection with his loan (Exhibit A, at p. 22), as follows:

22 (a) The original date and amount of each loan (§ 84211(g)(5));

23 (b) The due date and interest rate of the loan (§ 84211(g)(6));

24 (c) The balance outstanding at the end of the reporting period (§ 84211(g)(8)); and,

25 (d) The cumulative amount of contributions (§ 84211(g)(9).)

26 On the same October 6 Schedule B (*Ibid.*), Shoals reports a \$1,000.00 “outstanding
27 balance beginning this period” suggesting a previous unreported \$1,000.00 loan also exists;
28 however, in the absence of complete reporting it is impossible to track.

1 On October 23, 2014, in his preelection statement, John P. Shoals failed to report
2 information in connection with his loan (Exhibit A, at p. 38) as follows:

3 (e) The original date of the loan (§ 84211(g)(5)); and,

4 (f) The due date of the loan (§ 84211(g)(6).)

5 On October 27, 2014, in his amended preelection statement for the period October 1,
6 2014 through October 18, 2014 (Exhibit A, at p. 54), John P. Shoals failed to report:

7 (g) The original date of the loan (§ 84211(g)(5).)

8 On February 9, 2014, in his semi-annual statement for the period October 19, 2014
9 through December 31, 2014 (Exhibit A, at p. 59), John P. Shoals failed to report:

10 (h) The original date of the loan (§ 84211(g)(5).)

11 **37. § 84211(f)(1), § 84211(f)(5), § 84211(m). Failure to report the true source,
12 date and committee ID number for a contribution (3 Counts); or, in the alternative,
13 failure to report a contribution (§ 84211(f)) (1 Count.)**

14 A \$250 contribution from Adam Hill, an individual, was reported as received on
15 September 14, 2014 (Exhibit A, at p. 20, line 3). Adam Hill is an elected San Luis Obispo
16 County Supervisor who controls the committee, *Friends of Adam Hill, County Supervisor*
17 *2012*²³ (FPPC ID #1294032). The semi-annual campaign statement of *Friends of Adam Hill,*
18 *County Supervisor 2012* reports a monetary contribution expenditure of \$250 made to *Shoals*
19 *for Grover Beach Mayor 2014* (ID #1368790) on September 2, 2014 (Exhibit G, at p. 5, line
20 3; also, at p. 9, line 5.)

21 Therefore, either: (1) John P. Shoals failed to report the true source and date of the
22 \$250 contribution that actually came from *Friends of Adam Hill* on September 2, 2014; or, in
23 the alternative, (2) John P. Shoals failed to report a separate contribution from the committee
24 *Friends of Adam Hill* (in addition to the \$250 contribution received from Adam Hill as an
25 individual.)

26
27
28 ²³ This committee name was subsequently amended to “Friends of Adam Hill, County Supervisor 2016”.

1 **XI. §§ 84303 and 84211(k)(6). Failure to report “Expenditure by Agent or**
2 **Independent Contractor” and/or “subvendor information” pursuant to Reg. §**
3 **18431.²⁴ (3 Counts.)**
4

5 **38. §§ 84303 and 84211(k)(6). Failure to report “Expenditure by Agent or**
6 **Independent Contractor” and/or “subvendor information” pursuant to Reg. § 18431. (2**
7 **Counts.)**

8 On two occasions, John P. Shoals failed to disclose subvendor expenditures and
9 corresponding subvendor information relating to his expenditures to *Graphics by Erick*:

10 (a) \$2,479.10 for “Campaign Postcard Design, signs, buttons, misc.” (Exhibit A, at
11 p. 26, line 1.)

12 (b) \$1,907.53 for “Campaign brochures, signs, misc.” (Exhibit A, at p. 27, line 4.)

13 *Graphics by Erick* advertises itself primarily as a graphic design firm, not a printing
14 business. The *Graphics by Erick* web site²⁵ advertises, “We also do: Print brokering.” (See
15 inset text box on web site: <http://graphicsbyerick.com/>.) A “print broker” is an intermediary
16 (*i.e.*, middleman) who outsources print jobs to a capable print shop.

17 The two expenditures above total \$4,386.63. Because *Graphics by Erick* is a print
18 broker, it is highly likely *Graphics by Erick* expended \$500 or more on one or more
19 subvendor expenditures. These subvendor expenditures fall under FPPC Regulation §
20 18431(a)(2), specifically: “(A) Printed campaign literature” and “(C) Campaign buttons and
21 other campaign paraphernalia.”

22 John P. Shoals was required to report all subvendor expenditures made by *Graphics by*
23 *Erick*, and *Graphics by Erick* was required to “make known to the candidate or committee all
24 the information required for reporting the expenditure[s] under Section 84211.” (Reg. §
25 18431(d).)

26 _____
27 ²⁴ 2 Cal. Code of Regs., § 18431 (Regulations of the Fair Political Practices Commission.)

28 ²⁵ <http://graphicsbyerick.com/>

1 **39. §§ 84303 and 84211(k)(6). Failure to report “Expenditure by Agent or**
2 **Independent Contractor” and/or “subvendor information” pursuant to Reg. § 18431.**

3 On October 27, 2014, John P. Shoals failed to disclose a subvendor expenditure related
4 to a \$1,154.00 nonmonetary contribution from *San Luis Obispo County for Better*
5 *Government* (ID #1363607) received on October 23, 2014 and described as, “Display Ad in
6 Five Cities Times Newspaper” (Exhibit A, at p. 61, line 2.)

7 Because:

8 (a) *San Luis Obispo County for Better Government* made an expenditure in excess of
9 \$500 (§§ 84303 and 84211(k)(6)); and,

10 (b) Because the expenditure was admittedly “made at the behest”²⁶ of and coordinated
11 with John P. Shoals—Shoals admits coordination by virtue of reporting the
12 expenditure as a contribution (as opposed to being solely reported by *San Luis*
13 *Obispo County for Better Government* as an independent expenditure); and,

14 (c) Because the expenditure is presumed to be “coordinated/made at the behest” of
15 John P. Shoals because the assistant treasurer of *San Luis Obispo County for Better*
16 *Government*, Cory Black, was also serving as campaign consultant for John P.
17 Shoals (*See* Exhibit D.) FPPC Regulation § 18225.7(d) enumerates three specific
18 circumstances²⁷ which create this presumption; and,

19 (d) Because Cory Black, the assistant treasurer of *San Luis Obispo County for Better*
20 *Government*, was an “agent”²⁸ of John P. Shoals as his campaign consultant (*See*
21 Exhibit D); and,

22 (e) Because expenditures by an agent for “advertising time or space” must be reported
23 pursuant to FPPC Reg. § 18431(a)(2)(B);

24 ²⁶ FPPC Reg. 18225.7.

25 ²⁷ FPPC Regulation § 18225.7 (d). “Expenditures Presumed to be Coordinated/Made at the Behest.” ¶(1)
26 “Campaign Needs.” As Shoals’ campaign consultant, Cory Black, knew of Shoals’ campaign needs;
27 and, ¶(2) “Agent.” Cory Black was an agent of Shoals at the time of the expenditure; and, ¶(3)
28 “Common Consultants.” Cory Black was a common consultant between both committees.

²⁸ § 84303 and FPPC Reg. § 18431.

1 7. John P. Shoals' campaign regularly placed signs on properties without
2 obtaining permission. Multiple signs were installed in visible commercial locations in
3 violation of the city sign ordinance over the weekend when the city was closed, thus
4 maintaining the exposure for several days before the city could contact the campaign to
5 remove the signs.

6 8. **Exhibit A**, attached hereto, is a true and correct copy of **all** of the campaign
7 finance filings of John P. Shoals' committee, *Shoals for Grover Beach Mayor 2014* (FPPC ID
8 #1368790.) I personally obtained each of these documents from the local filing officer—the
9 City of Grover Beach City Clerk—via a number of Public Records Act requests from 2014
10 through 2016. I have verified with the local filing officer that Exhibit A includes each page of
11 every filing through February 5, 2016 by comparing the documents I have received with
12 those on file with the city clerk (the filing officer.)

13 9. **Exhibit B**, attached hereto, is a true and correct copy of *The UPS Store #6192*
14 web page, which I retrieved from the Internet on or about February 19, 2016, depicting
15 directions and the address for this retail store.

16 10. **Exhibit C**, attached hereto, is a true and correct copy of the Fair Political
17 Practices Commission's February 22, 2016 response to my request for advice regarding
18 private mail box addresses.

19 11. **Exhibit D**, attached hereto, is a true and correct copy of John P. Shoals' July
20 14, 2014 electronic mail campaign announcement for candidacy for Grover Beach Mayor as
21 received by me.

22 12. **Exhibit E**, attached hereto, is a true and correct copy of the City of Grover
23 Beach Mayor official election results for the November 4, 2014 general election, as published
24 by the County of San Luis Obispo Clerk-Recorder on the Clerk-Recorder web page and
25 retrieved by me on May 10, 2016.

26 13. **Exhibit F**, attached hereto, is a true and correct copy of certain excerpts of
27 campaign statements (FPPC Form 460) filed by the *SLO County Democratic Party* (FPPC ID
28 #742552), as personally retrieved by me from the Secretary of State's Cal-Access web site

1 (<http://cal-access.sos.ca.gov/>) on or about April 14, 2016.

2 14. **Exhibit G**, attached hereto, is a true and correct copy of the semi-annual
3 statement (FPPC Form 460) campaign filing of *Friends of Adam Hill, County Supervisor*
4 *2012* (FPPC ID #1294032) for the period covering July 1, 2014 through December 31, 2014,
5 as personally obtained by me on or about March 3, 2016 via Public Records Act request made
6 to the County of San Luis Obispo Clerk-Recorder.

7 15. **Exhibit H**, attached hereto, is a true and correct copy of the Initial Statement of
8 Organization (FPPC Form 410) of *San Luis Obispo County For Better Government* (FPPC ID
9 #1363607) as filed with both the Secretary of State and local county filing officer, and
10 personally obtained by me on or about September 24, 2015 via Public Records Act request
11 made to the County of San Luis Obispo Clerk-Recorder.

12
13 I declare under penalty of perjury under the laws of the State of California that the
14 forgoing is true and correct. Executed on May 11, 2016 at San Luis Obispo County,
15 California.

16
17 

18 s/s Kevin P. Rice
19 PO Box 14107
20 San Luis Obispo CA 93406-4107
21 (805) 602-2616
22 kevin@kevinrice.org

EXHIBIT A

All Campaign Filings of

Shoals for Grover Beach Mayor 2014 (ID #1368790)

(through February 5, 2016)

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp CITY OF GROVER BEACH JUL 14 2014 RECEIVED	CALIFORNIA FORM 410 For Official Use Only
--	---

NAME OF COMMITTEE
Shoals for ~~Mayor~~ Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach, CA 93433

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 919, Grover Beach, CA 93483

FAX / E-MAIL ADDRESS
jshoals@aol.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Luis Obispo Grover Beach

NAME OF TREASURER
John Shoals

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach, CA 93433

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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

Executed on 07/09/2014 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/09/2014 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**
Page 2
I.D. NUMBER

COMMITTEE NAME
Shoals for Grover Beach Mayor 2014

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<u>John Shoals</u>	<u>Grover Beach Mayor</u>	<u>2014</u>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp CITY OF GROVER BEACH JUL 17 2014 RECEIVED	CALIFORNIA FORM 501 For Official Use Only
---	---

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) John P. Shoals	DAYTIME TELEPHONE NUMBER (805) 710-1476	FAX NUMBER (optional) ()	E-MAIL (optional) shoals4groverbeachmayor@aol.com
STREET ADDRESS 1185 Encinitas Court	CITY Grover Beach	STATE CA	ZIP CODE 93433
OFFICE SOUGHT (POSITION TITLE) Mayor	AGENCY NAME City of Grover Beach	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County: Grover Beach <small>(Name of Multi-County Jurisdiction)</small>	2014 <small>(Year of Election)</small>

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2014 Primary/general election Special/runoff election
(Year of Election) (Year of Election)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/17/2014
(month, day, year)

Signature _____
(Candidate)

FPPC Form 501 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

40

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1368790

#

08 05 2014

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

AUG 28 2014

CALIFORNIA
FORM 410

For Official Use Only

1 Committee Information

NAME OF COMMITTEE

Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)

1185 Encinitas Court

CITY

Grover Beach

STATE

CA

ZIP CODE

93433

AREA CODE/PHONE

805-710-1476

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 919, Grover Beach, CA 93483

FAX / E-MAIL ADDRESS

shoals4groverbeachmayor@aol.com

COUNTY OF DOMICILE

San Luis Obispo

JURISDICTION WHERE COMMITTEE IS ACTIVE

Grover Beach

2 Treasurer and Other Principal Officers

NAME OF TREASURER

John Shoals

STREET ADDRESS (NO P.O. BOX)

1185 Encinitas Court

CITY

Grover Beach

STATE

CA

ZIP CODE

93433

AREA CODE/PHONE

805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3 Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 08/22/2014

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/22/2014

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Shoals for Grover Beach Mayor		Date of This Filing 09/11/2014	Date Stamp SEP 11 2014 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-710-1476	I.D. NUMBER (if applicable) 1368790	Report No. CR-1	CITY OF GROVER BEACH SEP 11 2014 RECEIVED	
STREET ADDRESS 1185 Encinitas Court		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Grover Beach	STATE CA	ZIP CODE 93433	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/10/2014	Pace Homes, LLC P.O. Box 519 Arroyo Grande, CA 93421	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Entity	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****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 497 (March/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Shoals for Grover Beach Mayor 2014		Date of This Filing 09/16/2014	Date Stamp CITY OF GROVER BEACH SEP 17 2014 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-710-1476	I.D. NUMBER (if applicable) 1368790	Report No. CR-2		
STREET ADDRESS 1185 Encinitas Court		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Grover Beach	STATE CA	ZIP CODE 93433	No. of Pages 1	

1. Contribution(s) Received

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
09/15/2014	Santa Ynez Band of Mission Indians - Tribal Gov't Operations P.O. Box 517 Santa Ynez, CA 93460-0517	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****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 497 (March/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Shoals for Grover Beach Mayor 2014		Date of This Filing <u>09/17/2014</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 805-710-1476	I.D. NUMBER (if applicable) 1368790	Report No. <u>CR-3</u>	CITY OF GROVER BEACH SEP 17 2014 RECEIVED	
STREET ADDRESS 1185 Encinitas Court		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Grover Beach	STATE CA	ZIP CODE 93433	No. of Pages <u>1</u>	

1. Contribution(s) Received

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
08/05/2014	John P. Shoals 1185 Encinitas Court Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Relations Pacific Gas and Electric Co.	<input checked="" type="checkbox"/> Check if Loan <u>0</u> % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

****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 497 (March/2011)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Shoals for Grover Beach Mayor AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (805) 710-1476 1368790 STREET ADDRESS 1185 Encinitas Court CITY STATE ZIP CODE Grover Beach CA 93433		Date of This Filing 09/18/14 Report No. CR-1 <input checked="" type="checkbox"/> Amendment to Report No. CR-1a (explain below) No. of Pages 1	Date Stamp CITY OF GROVER BEACH SEP 18 2014 RECEIVED <i>DM</i>	CALIFORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/10/2014	Pace Homes LLC 602 Farroll Road, Unit C Grover Beach, CA 93433	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: to add the contributors street address

*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 497 (November/07)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Shoals for Grover Beach Mayor <hr/> AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (805) 710-1476 1368790 <hr/> STREET ADDRESS 1185 Encinitas Court <hr/> CITY STATE ZIP CODE Grover Beach CA 93433		Date of This Filing 09/18/14 <hr/> Report No. CR-2 <hr/> <input checked="" type="checkbox"/> Amendment to Report No. CR-2a <small>(explain below)</small> <hr/> No. of Pages 1	Date Stamp CITY OF GROVER BEACH SEP 18 2014 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/15/2014	Santa Ynez Band of Mission Indians - Tribal Gov't Operations 1000 Via Juana Lane Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____ to add the contributors street address

*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 497 (November/07)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: 1368790
 # _____
 Date qualified as committee: 08 / 05 / 2014 Date of Termination: _____
(If applicable)

Date Stamp	CALIFORNIA FORM 410
CITY OF GROVER BEACH	
SEP 28 2014	For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93433 805-710-1476

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 919, Grover Beach, CA 93483

FAX / E-MAIL ADDRESS
shoals4groverbeachmayor@aol.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Luis Obispo Grover Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER
John Shoals

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93433 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 09/25/2014 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/25/2014 By [Signature] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE 800-942-6222	BANK ACCOUNT NUMBER 0434977764
ADDRESS 899 West Grand Avenue	CITY Grover Beach	STATE ZIP CODE CA 93433

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
John Shoals	Grover Beach Mayor	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 1368790

COMMITTEE NAME
Shoals for Grover Beach Mayor 2014

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Rabobank	AREA CODE/PHONE 800-942-6222	BANK ACCOUNT NUMBER 0434977764
ADDRESS 899 West Grand Avenue	CITY Grover Beach	STATE ZIP CODE CA 93433

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
John Shoals	Grover Beach Mayor	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 460 2001/02 FORM
CITY OF GROVER BEACH	Page <u>1</u> of <u>18</u>
OCT 6 2014	For Official Use Only
RECEIVED	

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
--	--

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

Ballot Measure Committee
 Primarily Formed
 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
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER 1308790

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY Grover Beach STATE CA ZIP CODE 93433 AREA CODE/PHONE 805-710-1476

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. BOX 919

CITY Grover Beach STATE CA ZIP CODE 93483 AREA CODE/PHONE 805-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
John P. Shoals

MAILING ADDRESS
1185 Encinitas Court

CITY Grover Beach, CA STATE CA ZIP CODE 93433 AREA CODE/PHONE 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 10/06/2014 By [Signature]
Date Signature of Treasurer or Assistant Treasurer

Executed on 10/06/2014 By [Signature]
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 18

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John P. Shoals

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City of Grover Beach Mayor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
154 S. 9th Street Grover Beach, CA 92133
San Luis Obispo County

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed 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="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation 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 from <u>08/05/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>18</u>
	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>8,136.96</u>	\$ <u>8,136.96</u>
2. Loans Received Schedule B, Line 3	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,136.96</u>	\$ <u>9,136.96</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>1,227.50</u>	\$ <u>1,227.50</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>10,364.46</u>	\$ <u>10,364.46</u>

**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	\$ <u>6,851.21</u>	\$ <u>6,851.21</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,851.21</u>	\$ <u>6,851.21</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,851.21</u>	\$ <u>6,851.21</u>

**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	\$ <u>0</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>9,136.96</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments Column A, Line 8 above	\$ <u>6,851.21</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,285.75</u>

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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 08/05/2014
through 09/30/2014

CALIFORNIA FORM **460**
Page 4 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Shoals for Grover Beach Mayor 2014 I.D. NUMBER 1308790

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)
08/9/2014	Gene Pello 919 N. 6th Street Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$ 100.00	\$ 100.00	
08/9/2014	Jeff Lee 558 N. 14th Street Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Civil Engineer County of San Luis Obispo	\$ 250.00	\$ 250.00	
08/9/2014	Stephen Lieberman 540 Oceanview Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	County of San Luis Obispo	\$ 100.00	\$ 100.00	
08/09/2014	Mja Thiesmeyer 126 Ritchie Court Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Attorney County of San Luis Obispo	\$ 100.00	\$ 100.00	
08/11/2014	Jeri Rosebord 1394 Trouville Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$ 100.00	\$ 100.00	

SUBTOTAL \$ 750.00

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 7,483.96
- Amount received this period – unitemized contributions of less than \$100 \$ 653.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,136.96

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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>18</u>

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1368790

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)
08/15/2014	Political Action Committee - Pumehon & Steam Fitters 91463 3710 Broad Street San Luis Obispo, CA 93401	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC		\$500.00	\$500.00	
08/15/2014	Joe Whitaker 2356 Willet Way Arroyo Grande, CA 93420	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$100.00	\$100.00	
08/15/2014	Southern California Pipe Trades 501 Shatto Place, Suite 400 Los Angeles, CA 90020	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC		\$500.00	\$500.00	
08/30/2014	Jay Conner 519 Maunten Street Santa Maria, CA 93458	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Realtor Conner Coast and Country	\$100.00	\$100.00	
08/30/2014	Home Builders Association of the Central Coast 5705 S. Figueroa St., Suite 102 San Luis Obispo, CA 93406	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				<u>1,100.00</u>		

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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	09/05/2014	
through	09/30/2014	Page 6 of 18

NAME OF FILER: Shoals for Grover Beach Mayor 2014
I.D. NUMBER: 1368790

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)
09/08/2014	Ronald Hurd 602 Balboa Court Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$100.00	\$100.00	
09/09/2014	John Hayashi 2626 Nevada Lane Arroyo Grande, CA 93420	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Self-Employed Irrigation West	\$250.00	\$1250.00	
09/09/2014	Bruce A. Smith 2258 Tattler St. Arroyo Grande, CA 93420	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$100.00	\$100.00	
09/09/2014	William Gerrish 200 S. 15th Street, Suite 208 Grover Beach, CA 93433	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Accountant Compass Health	\$100.00	\$100.00	
09/10/2014	Pace Homes LLC 602 Farroll Road, Unit C Grover Beach, CA 93433	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$1,000.00	\$1,000.00	
SUBTOTAL \$				1550.00		

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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	08/05/2014	
through	09/30/2014	Page 7 of 8

NAME OF FILER <i>Shoals for Grover Beach Mayor 2014</i>	I.D. NUMBER <i>1368790</i>
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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)
09/14/2014	<i>Ishwar Realty LLC 875 N. 5th Street Grover Beach, CA 93433</i>	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$500.00	\$500.00	
09/14/2014	<i>Nayesh I. Patel 875 N. 5th Street Grover Beach, CA</i>	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	<i>Retired</i>	\$500.00	\$500.00	
09/14/2014	<i>Adam Hill 105 Country Club Drive San Luis Obispo, CA</i>	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	<i>Supervisor County of San Luis Obispo</i>	\$250.00	\$250.00	
09/15/2014	<i>Santa Ynez Band of Mission Indians 1000 Via Juana Lane Santa Ynez, CA 93460</i>	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC		\$1,000.00	\$1,000.00	
09/18/2014	<i>Jessica Ann Carson 1041 Margarita Ave. Grover Beach, CA 93433</i>	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	<i>Budget Analyst Cal Poly, SLO</i>	\$250.00	\$250.00	
SUBTOTAL \$				<i>2,500.00</i>		

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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>18</u>

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1368990

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)
09/17/2014	James D. Glines 1435 Genoa Way Santa Maria, CA 93455	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Banker Community Bank of Santa Maria	\$100.00	\$100.00	
09/18/2014	IBEW Local 639 PAC #1213997 6363 Edna Road San Luis Obispo, CA 93401	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC		\$500.00	\$500.00	
09/18/2014	Lupe Alvarez 830 Guadalupe Street Guadalupe, CA 93434	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Self-Employed Lupe's Company	\$150.00	\$150.00	
09/19/2014	Brenda Shoals 10813 S. Grantland Riverdale, CA 93656	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$133.96	\$133.96	
09/27/2014	Beach Place Enterprises LLC 2041 Carriage Lane Arroyo Grande, CA 93420	<input type="radio"/> IND <input type="radio"/> COM <input checked="" type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$100.00	\$100.00	
SUBTOTAL \$				<u>983.96</u>		

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

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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period
from 08/05/2014
through 09/30/2014

CALIFORNIA FORM **460**
Page 9 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John P. Shoals 1189 Encinitas Ct. Grover Beach, CA 93433 <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Mr. Govt. Relations Rep. Pacific Gas & Electric Company	\$ 1,000.00	\$ 1,000.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$								

Schedule B Summary

1. Loans received this period \$ 1,000.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

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

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 09/05/2014
through 09/30/2014

CALIFORNIA FORM 460

Page 10 of 18

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>09/22/2014</u>	<u>Central Coast Printing 921 Huston Street Grover Beach, CA 93433</u>	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		<u>printing services brochures</u>	<u>\$1,227.50</u>	<u>\$1,227.50</u>	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,227.50

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 1,227.50
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 1,227.50

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

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

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>18</u>

NAME OF FILER: Shoals for Grover Beach Mayor 2014

I.D. NUMBER: 1368790

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				<u>0</u>		

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

**Schedule E
Payments Made**

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

SCHEDULE

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>18</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>City of Grover Beach 154 S. Eighth Street Grover Beach, CA 93433</u>	<u>FIL</u>	<u>Candidate Filing Fees</u>	<u>\$450.00</u>
<u>Acro Photography 404 Marsh Street, Suite A San Luis Obispo, CA 93401</u>	<u>CMP</u>	<u>Campaign Photographs</u>	<u>\$187.50</u>
<u>Public Policy Solutions 1240 San Ramon Road Atascadero, CA 93422</u>	<u>CMP</u>	<u>CP Voter Walklist</u>	<u>\$500.00</u>

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

SUBTOTAL \$ 1,137.50

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>6,630.71</u>
2. Unitemized payments made this period of under \$100	\$ <u>220.50</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>6,851.21</u>

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

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

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

SCHEDULE E (CONT.)

Statement covers period from 08/09/2014 through 09/30/2014	CALIFORNIA FORM 460
	Page 3 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Shoals for Grover Beach Mayor 2014

I.D. NUMBER: 1368790

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
Gradnick by Erick 479 Mitchell Drive San Luis Obispo, CA 93401	LIT	Campaign Postcard Design, signs, buttons, misc.	\$2,479.10
Fed Ex 1127 Chom Street San Luis Obispo, CA 93401	LIT	Copies of campaign materials and handouts	\$179.58
CRTA (California Republican Taxpayers Association) 1130 Fremont Blvd. #105-115 Seaside, CA 93955	LIT	Campaign Literature Mailers	\$122.00
Acra Photographs 464 Market Street, Suite A San Luis Obispo, CA 93401	CMP	Campaign photographs for brochure & postcard	\$150.00

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

SUBTOTAL \$ 2,930.68

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

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

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

SCHEDULE E (CONT.)

Statement covers period
from 08/05/2014
through 09/30/2014

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

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

- | | | |
|---|---|---|
| CVP 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
Secretary of State 1500 11th Street, Room 495 Sacramento, CA	FIL	Campaign Committee Filing Fees	\$50.00
Allied Printing 1912 O Street Sacramento, CA 95811	LIT	Campaign Remit Envelopes	\$254.98
San Luis Obispo County Democratic Party 3592 Broad Street #100 San Luis Obispo, CA 93401	FND	San Luis Obispo County Democratic Party Labor Day Picnic / BBQ	\$150.00
Graphics by Erick 479 Mitchell Drive San Luis Obispo, CA 93401	LIT	Campaign Brochures, Signs misc.	\$1,907.53
Arroyo Grande Grover Beach Chamber of Commerce 900-A West Branch Street Arroyo Grande, CA 93420	CMP	Arroyo Grande Grover Beach Candidates Forum	\$100.00

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

SUBTOTAL \$ 2,502.53

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

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

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

SCHEDULE F (CONT.)

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>18</u>

NAME OF FILER <u>Shoals for Grover Beach Mayor 2014</u>	I.D. NUMBER <u>1368790</u>
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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
SUBTOTALS \$		<u>0</u>	\$	\$	<u>0</u>

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

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period
 from 08/05/2014
 through 09/30/2014

SCHEDULE G
CALIFORNIA FORM 460

Page 16 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period
from 08/05/2014
through 09/30/2014

SCHEDULE
CALIFORNIA FORM 460
Page 18 of 18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

[Handwritten signature]

Schedule I Summary

- 1. Increases to cash of \$100 or more this period. \$ _____
- 2. Unitemized increases to cash under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp CITY OF GROVER BEACH OCT 23 2014 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
--	--

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 1508790

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY Grover Beach STATE CA ZIP CODE 93433 AREA CODE/PHONE 809-710-1476

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 919

CITY Grover Beach STATE CA ZIP CODE 93483 AREA CODE/PHONE 809-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
John P. Shoals

MAILING ADDRESS
P.O. Box 919

CITY Grover Beach STATE CA ZIP CODE 93433 AREA CODE/PHONE 809-710-1476

NAME OF ASSISTANT TREASURER, IF ANY
NA

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 10/23/2014 By [Signature]
Date Signature of Treasurer or Assistant Treasurer

Executed on 10/23/2014 By [Signature]
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 19

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John P. Shoals

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor - City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
154 S. 8th Street Grover Beach, CA 93433
San Luis Obispo County

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed 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="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation 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 from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>19</u>
	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3,197.00</u>	\$ <u>11,333.96</u>
2. Loans Received Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>1,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,197.00</u>	\$ <u>2,333.96</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>3,770.03</u>	\$ <u>4,997.53</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>6,967.03</u>	\$ <u>17,331.49</u>

**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	\$ <u>2,782.24</u>	\$ <u>9,633.45</u>
7. Loans Made Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>2,782.24</u>	\$ <u>9,633.45</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>3,770.03</u>	\$ <u>4,997.53</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>6,552.27</u>	\$ <u>14,630.98</u>

**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	\$ <u>2,285.75</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>3,197.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments Column A, Line 8 above	\$ <u>2,782.24</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,700.51</u>

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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

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

CALIFORNIA FORM **460**
Page 4 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1368790

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. 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)
10/01/2014	910 County Democratic Party - 742552 5429 Madison Avenue Sacramento, CA. 95841	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$ 250.00	\$ 250.00	
10/03/2014	Jennifer Mandulay-Poelking 828 N. 5th Street Grover Beach, CA 93433	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Realtor Blair Properties	\$ 500.00	\$ 500.00	
10/05/2014	Noreen Martin 2171 Shoreline Drive Shell Beach, CA 93449	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Self-Employed Martin Resorts, Inc.	\$ 500.00	\$ 500.00	
10/05/2014	Caren Ray 750 Myrtle Street Arroyo Grande, CA. 93420	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Supervisor County of San Luis Obispo	\$ 100.00	\$ 100.00	
10/06/2014	Peggy Meneice 2288 Bushnell Street San Luis Obispo, CA. 93401	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Planner City of San Luis Obispo	\$ 100.00	\$ 100.00	
SUBTOTAL \$				1,490.00		

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2,700.00
- Amount received this period – unitemized contributions of less than \$100 \$ 497.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3,197.00

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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

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

CALIFORNIA FORM **460**
Page 5 of 15

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1368790

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)
10/10/2014	Gary Grossman (St. Address Requested) P.O. Box 133 Pismo Beach, CA 93448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Coastal Community Builders	\$250.00	\$250.00	
10/13/2014	Salud Carbajal #1260493 360 Hope Avenue #0300 Santa Barbara, CA 93105	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$250.00	\$250.00	
10/15/2014	Gregory DeVitt 4160 La Posada San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney County of San Luis Obispo	\$150.00	\$150.00	
10/15/2014	Christopher Ehrler 329 Parkview Ave. Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marine Biologist Tenere Environmental	\$100.00	\$100.00	
10/17/2014	Stanley Shoals 1835 N. Carnegie Fresno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corrections state of California	\$100.00	\$100.00	
SUBTOTAL \$				950.00		

*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)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

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

CALIFORNIA FORM **460**
Page 6 of 15

NAME OF FILER Shoals for Grover Beach Mayor 2014 I.D. NUMBER 1368790

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)
10/17/2014	Paul Bischoff 888 S. 16th Street Grover Beach, CA 93435	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Builder Bischoff Homes, Inc.	\$100.00	\$100.00	
10/17/2014	Ziyad Naccasha 1410 Marsh Street San Luis Obispo, CA 93401	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Attorney Carmel + Naccasha	\$100.00	\$100.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				900.00		

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

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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>15</u>
	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>John P. Shoals 1155 Encinitas Court Grover Beach, CA 93433</u>	<u>Government Relations Pacific Gas & Electric Co.</u>	<u>\$ 1,000.00</u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 1,000.00</u>	<u>0</u> % RATE <u>0</u>	<u>\$ 1,000.00</u>	CALENDAR YEAR <u>\$ 1,000.00</u> PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____	DATE INCURRED _____	DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____	DATE INCURRED _____	DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE _____	DATE INCURRED _____	DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$							\$	\$

Schedule B Summary

1. Loans received this period \$ 1,000.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

**Schedule B – Part 2
Loan Guarantors**

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

SCHEDULE B - PART 2

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Shoals for Grover Beach Mayor 2014</u>	I.D. NUMBER <u>1368790</u>
--	-------------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	

SUBTOTAL \$ <u>0</u>	Enter on Summary Page, Line 17 only.
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FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

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

CALIFORNIA FORM **460**
Page 9 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.O. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/03/2014	Central Coast Printing 921 Huston Street Grover Beach, CA 93433	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing Postcards	\$1,416.43	\$2,643.93	
10/09/2014	Central Coast Printing 921 Huston Street Grover Beach, CA 93433	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$1,503.60	\$4,147.53	
10/17/2014	San Luis Obispo County for #136300 Better Government 1375 East Grand, Suite 103 #102 Arroyo Grande, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		Automated phone calls	\$100.00	\$100.00	
10/18/2014	Ad Smart, Inc. 1606 Ramona Ave. Grover Beach, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Website service	\$750.00	\$750.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 3,770.03

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 3,770.03
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 3,770.03

*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)

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

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

SCHEDULED

CALIFORNIA FORM 460

Page 10 of 15

I.D. NUMBER
1768790

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input type="checkbox"/> Oppose				

SUBTOTAL \$ 0

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

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 10/01/2014
through 10/18/2014

SCHEDULE
CALIFORNIA FORM **460**

Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1768790

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
10/01	Central Coast Printing 921 Huston Street Grover Beach, CA 93433	POS		Postage for postcard	\$ 1,029.41
10/02	Central Coast Printing 921 Huston Street Grover Beach, CA 93433	POS		Postage for Brochure Mailer	\$ 1,029.41
10/16	Graphics by Erick 4791 Mitchell Drive San Luis Obispo, CA 93401	LIT		Design Campaign Mailer/postcard	\$ 405.32

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

SUBTOTAL \$ 2,464.14

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,464.14
2. Unitemized payments made this period of under \$100	\$ 318.10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 2,782.24

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

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

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

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1308790

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

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

SUBTOTALS \$

0 \$ 0 \$ 0 \$ 0

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- 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
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

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

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

SCHEDULE G

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>15</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Shoals for Grover Beach Mayor 2014</u>	I.D. NUMBER <u>1368790</u>
NAME OF AGENT OR INDEPENDENT CONTRACTOR <u>NA</u>	

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

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

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

CALIFORNIA FORM **460**

Page 14 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____ \$ _____
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____ \$ _____
		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE

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

CALIFORNIA FORM **460**

Page 15 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0
- 2. Unitemized increases to cash of under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM	460
CITY OF GROVER BEACH	Page <u>1</u> of <u>4</u>	For Official Use Only
OCT 23 2014	RECEIVED	

Statement covers period from <u>08/05/2014</u> through <u>09/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
--	--

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

- | | |
|---|--|
| <input 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 | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

- ① Change Treasurer's mailing address
 ② Correct Nonmonetary Adjustment - Line 10 of Summary Page
 ③ Add ID# for Small Contributor Committees on pg. 5 of IS
 of original 460

3. Committee Information

I.D. NUMBER
1308790

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

Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)

1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE

Grover Beach CA 93433 805-710-1476

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

P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE

Grover Beach CA 93433 805-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

John P. Shoals

MAILING ADDRESS

P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE

Grover Beach CA 93433 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 10/22/2014
Date

Executed on 10/22/2014
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

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

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA FORM 460	
Page <u>2</u> of <u>4</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John P. Shoals

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor - City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
154 S. Elm Street Grover Beach, CA 93433
San Luis Obispo County

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed 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="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="radio"/> SUPPORT <input type="radio"/> OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (June/11)
FPPC Toll-Free Helpline: 866/ASK-FPI
State of California

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>08/09/2014</u> through <u>09/30/2014</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>8,136.96</u>	\$ <u>8,136.96</u>
2. Loans Received Schedule B, Line 3	<u>1,000.00</u>	<u>1,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>9,136.96</u>	\$ <u>9,136.96</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>1,227.50</u>	<u>1,227.50</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>10,364.46</u>	\$ <u>10,364.46</u>

**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	\$ <u>6,851.21</u>	\$ <u>6,851.21</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>6,851.21</u>	\$ <u>6,851.21</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>1,227.50</u>	<u>1,227.50</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>8,078.71</u>	\$ <u>8,078.71</u>

**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	\$ <u>0.00</u>
13. Cash Receipts Column A, Line 3 above	<u>9,136.96</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>6,851.21</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,285.75</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period
from 08/05/2014
through 09/30/2014

CALIFORNIA FORM 460

Page 4 of 4

NAME OF FILER: Shoals for Grover Beach Mayor 2014

I.D. NUMBER: 1368790

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)
08/15/2014	Political Action Committee - # 980500 Plumbers & Steamfitters 4000 3710 Broad Street San Luis Obispo, CA 93401	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC SP		\$500.00	\$500.00	
08/15/2014	Joe Whitaker 2356 Willet Way Arroyo Grande, CA 93420	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Retired	\$100.00	\$100.00	
08/15/2014	Southern California Pipe Trades # 160715 501 Shatto Place, Suite 400 Los Angeles, CA 90020	<input type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC SP		\$500.00	\$500.00	
08/30/2014	Jay Conner 519 Mayten Street Santa Maria, CA 93458	<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$100.00	\$100.00	
08/30/2014	Homebuilders Association of the Central Coast # 1276979 3765 S. Higuera St., Suite 102 San Luis Obispo, CA 93406	<input checked="" type="radio"/> IND <input checked="" type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input checked="" type="radio"/> SCC SP		\$500.00	\$500.00	
SUBTOTAL \$				1,700.00		

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

FPPC Form 460 (June/0)
FPPC Toll-Free Helpline: 866/ASK-FPP

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 460 2001/02 FORM
CITY OF GROVER BEACH	Page <u>1</u> of <u>4</u>
OCT 27 2014	For Official Use Only
RECEIVED	

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

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

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1368790

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

Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)

1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93433 805-710-1476

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

P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93433 805-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

John P. Shoals

MAILING ADDRESS

P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach, CA 93433 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 10/25/2014
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 10/25/2014
Date

By [Signature]
Signature of Candidate, Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John P. Shoals

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

Mayor - City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

154 S. 8th Street Grover Beach CA 93433

San Luis Obispo County

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)

CITY 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)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed 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

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

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

CALIFORNIA FORM **460**
Page 3 of 4

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1268790

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)
10/10/2014	Gary Grossman 121 Indio Pismo Beach, CA 93449	<input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Self-Employed Coastal Community Builders	\$250.00	\$250.00	
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
		<input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC				
SUBTOTAL \$				<u>250.00</u>		

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

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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period from <u>10/01/2014</u> through <u>10/18/2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>4</u>
	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John P. Shoals 1185 Encinitas Ct. Grover Beach, CA 93433 † <input checked="" type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC	Govt. Relations Pacific Gas and Electric Co.	\$ 1,000.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,000.00 <u>12/1/2014</u> DATE DUE	0% RATE 0 DATE INCURRED	\$ 1,000.00 DATE INCURRED	CALENDAR YEAR \$ 1,000.00 PER ELECTION** \$
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="radio"/> IND <input type="radio"/> COM <input type="radio"/> OTH <input type="radio"/> PTY <input type="radio"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 1,000.00	\$ 0		

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unfitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 0
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COPY

Date Stamp

City of Grover Beach

CALIFORNIA 2001/02 FORM **460**

Page 1 of 14
For Official Use Only

Statement covers period
from 10/19/2014
through 12/31/2014

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

FEB 09 2015
RECEIVED

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
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1368790

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

Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)

1185 Encinitas Court

CITY Grover Beach STATE CA ZIP CODE 93433 AREA CODE/PHONE 805-710-1476

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

P.O. Box 919

CITY Grover Beach STATE CA ZIP CODE 93483 AREA CODE/PHONE 805-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

John P. Shoals

MAILING ADDRESS

P.O. Box 919

CITY Grover Beach, CA STATE CA ZIP CODE 93483 AREA CODE/PHONE 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 02/06/2015

Executed on 02/06/2015

Executed on _____

Executed on _____

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>14</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John P. Shoals

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

Mayor - City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

154 N. 8th Street Grover Beach, CA 93433

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

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
-------------------	---

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="radio"/> YES <input type="radio"/> NO
-------------------	---

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed 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="radio"/> SUPPORT <input type="radio"/> OPPOSE
-----------------------------------	-----------------------	---

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

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

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

Attach continuation sheets if necessary

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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>14</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE <i>SPS</i>
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,399.00</u>	\$ <u>12,732.96</u>
2. Loans Received Schedule B, Line 3	<u>-1,000.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>399.00</u>	\$ <u>12,732.96</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>2,981.89</u>	<u>7,979.42</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,380.89</u>	\$ <u>20,712.38</u>

**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 <i>SPS</i>
6. Payments Made Schedule E, Line 4	\$ <u>3,082.24</u>	\$ <u>12,715.69</u>
7. Loans Made Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>3,082.24</u>	\$ <u>12,715.69</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>1,900.00</u>	<u>1,500.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>2,981.89</u>	<u>7,979.42</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>7,964.13</u>	\$ <u>22,195.11</u>

**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	\$ <u>2,700.51</u>
13. Cash Receipts Column A, Line 3 above	<u>399.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>3,082.24</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>16.76</u>

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).

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>1,900.00</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM **460**
Page 4 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

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)
10/10/2014	Lloyd Nelson 695 Triño Lane Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Open Air Sports	\$200.00	\$200.00	
10/21/2014	William R. Dyer 531 Oceanview Drive Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Dyer Engineering	\$100.00	\$100.00	
10/28/2014	Val Baldana 20 El Viento Avenue Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/29/2014	Hospitality St. Augustine, LLC 475 Commerce Lake Drive St. Augustine, Florida 32095	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00	\$750.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1,150.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,150.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 249.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1,399.00**

*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)

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM **460**

Page 5 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>John P. Shoals</u> <u>1185 Encinitas Court</u> <u>Grover Beach, CA 93433</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Government Relations</u> <u>Pacific Gas & Electric</u> <u>Company</u>	\$ <u>1,000.00</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> PAID \$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>0.00</u> <u>N/A</u> DATE DUE	<u>0</u> % RATE	\$ <u>1,000.00</u>	CALENDAR YEAR <u>\$ 1,000.00</u> PER ELECTION** \$ _____ DATE INCURRED
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
SUBTOTALS \$		<u>0.00</u>	<u>\$ 1,000.00</u>	<u>\$ 0.00</u>	<u>\$ 0</u>	<u>\$ 0</u>		

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 1,000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** -1,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

(Enter (e) on
Schedule E, Line 3)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule B – Part 2
Loan Guarantors**

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

SCHEDULE B - PART 2

Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>14</u>
I.D. NUMBER <u>1368790</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$ <u>0.00</u>					Enter on Summary Page, Line 17 only	

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

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM **460**
Page 7 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2014	San Luis Obispo County for Better Government 1375 East Grand, Suite 103 #102 Arroyo Grande, CA 93420 FPPC # 1363607	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Automated Phone Calls	\$350.00	\$450.00	
10/27/2014	San Luis Obispo County for Better Government 1375 East Grand, Suite 103 #102 Arroyo Grande, CA 93420 ID# 1363607	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Display Ad in Five Cities Times Newspaper	\$1,154.00	\$1,604.00	
10/29/2014	Central Coast Printing 921 Houston Street Grover Beach, CA. 93433	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing & Mailing	\$1,477.89	\$5,625.42	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,981.89

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 2,981.89
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 2,981.89

*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)

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from 10/19/2014
through 12/31/2014

SCHEDULED
CALIFORNIA FORM **460**
Page 8 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368190

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 0

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

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		CALIFORNIA FORM 460	
from	10/9/2014	Page	9 of 14
through	12/31/2014	I.D. NUMBER	1368790

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

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
Central Coast Printing 921 Huston Street Grover Beach, CA 93433	POS	Postage for Postcards	\$942.54
Graphics by Erick 414 Mitchell Drive San Luis Obispo, CA 93401	LIT	Design Campaign Mailer	\$603.90
The Sign Place, SLO 812 Fiero Lane, Suite F San Luis Obispo, CA 93401	CMP	Yard Signs	\$123.63

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

SUBTOTAL \$ 1,670.07

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,606.04
2. Unitemized payments made this period of under \$100	\$ 476.20
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 3,082.24

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

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
	Page <u>10</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

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
<u>Graphics by Erick 479 Mitchell Drive San Luis Obispo, CA 93401</u>	<u>CMP</u>	<u>Meet and Greet Flyers</u>	<u>\$133.88</u>
<u>A.J. Spurs 1766 El Camino Real Grover Beach, CA 93433</u>	<u>CMP</u>	<u>Election Night Event</u>	<u>\$802.09</u>

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

SUBTOTAL \$ 935.97

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

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from <u>10/19/2014</u> through <u>12/31/2014</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>14</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR
NA

I.D. NUMBER
1368790

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

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

Statement covers period
from 10/19/2014
through 12/31/2014

SCHEDULE H
CALIFORNIA FORM 460
Page 13 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
		\$ _____	\$ _____	\$ _____		\$ _____	_____ % RATE	\$ _____	CALENDAR YEAR _____ PERELECTION** _____ \$ _____
		\$ _____	\$ _____	\$ _____		\$ _____	_____ % RATE	\$ _____	CALENDAR YEAR _____ PERELECTION** _____ \$ _____
		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- 1. Loans made this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- 2. Payments received on loans \$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

Education
Miscellaneous Increases to Cash

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



SCHEDULE

Statement covers period
from 10/19/2014
through 12/31/2014

CALIFORNIA FORM 460

Page 14 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368796

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

0

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0
- 2. Unitemized increases to cash of under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ 0

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City of Grover Beach	Page <u>1</u> of <u>13</u>
AUG -3 2015	For Official Use Only
RECEIVED	

Statement covers period from <u>01/01/2015</u> through <u>04/30/2015</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
--	--

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 1368790

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93433 805-710-1476

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93483 805-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
John P. Shoals

MAILING ADDRESS
P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93483 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 07/31/2015
 Executed on 07/31/2015
 Executed on _____
 Executed on _____

By [Signature]
 By [Signature]
 By _____
 By _____

Signature of Treasurer or Assistant Treasurer
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Signature of Controlling Officer, Candidate, State Measure Proponent
Signature of Controlling Officer, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John P. Shoals

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor - City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
154 S. 8th Street Grover Beach, CA 93433

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation 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 from <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>1,891.38</u>	\$ <u>1,891.38</u>
2. Loans Received Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1,891.38</u>	\$ <u>1,891.38</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>1,891.38</u>	\$ <u>1,891.38</u>

**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	\$ <u>1,780.00</u>	\$ <u>1,780.00</u>
7. Loans Made Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>1,780.00</u>	\$ <u>1,780.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>1,780.00</u>	\$ <u>1,780.00</u>

**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	\$ <u>16.76</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>1,891.38</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments Column A, Line 8 above	\$ <u>1,780.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>128.14</u>

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).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
---	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

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

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 /

Statement covers period
from 01/01/2015
through 06/30/2015

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

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)
1/8/2015	<u>I.B.E.W. local 413 #1368790</u> <u>100 Thomas Road</u> <u>Buellton, CA 93427</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<u>\$100.00</u>	<u>\$100.00</u>	
1/14/2015	<u>Steven J. Montrie</u> <u>27836 Audrey Court</u> <u>Canyon Country, CA 91351</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$200.00</u>	<u>\$100.00</u>	
1/15/2015	<u>Plumbers & Steamfitters</u> <u>370 Broad Street</u> <u>San Luis Obispo, CA 93401</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$200.00</u>	<u>\$100.00</u>	
1/15/2015	<u>Sheet Workers - local 273</u> <u>Metal</u> <u>1794 Goodyear Ave. #1903/20</u> <u>Ventura, CA 93003</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<u>\$250.00</u>	<u>\$250.00</u>	
1/19/2015	<u>Heat & Frost Insulators & Allied Workers</u> <u>670 E. Foothill Blvd., Unit 2</u> <u>Azusa, CA 91702-2628 #1232371</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		<u>\$100.00</u>	<u>\$100.00</u>	
SUBTOTAL \$				<u>850.00</u>		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>1,450.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>241.38</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>1,891.38</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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT)

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>13</u>

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1368790

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)
1/19/2015	I.B.E.W. LOCAL 639 #1273951 6363 Edna Road San Luis Obispo, CA 93401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$500.00	\$500.00	
1/23/2015	Southwest Regional Council of Carpenters 533 South Fremont Ave. Ste 501 Los Angeles, CA 9007 #870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$300.00	\$300.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				<u>800.00</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

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

**Schedule B – Part 1
Loans Received**

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

SCHEDULE B - PART 1

Statement covers period
from 01/01/2015
through 06/30/2015

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____ % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____ % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____ % RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$								\$ _____	\$ _____

Schedule B Summary

1. Loans received this period \$ 8
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 8
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

(Enter (e) on Schedule E, Line 3)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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

**Schedule C
Nonmonetary Contributions Received**

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

Statement covers period
from 01/01/2015
through 02/30/2015

SCHEDULE
CALIFORNIA FORM 460

Page 7 of 13

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0

*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)

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	SCHEDULE D CALIFORNIA FORM 460
Page <u>8</u> of <u>13</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				

SUBTOTAL \$ 0

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 0

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 <u>01/01/2015</u> through <u>06/30/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

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
<i>Secretary of State 1500 I Street, Rm. 495 Sacramento, CA 95814</i>	<i>FIL</i>	<i>Committee Annual Fees</i>	<i>\$200.00</i>
<i>Public Policy Solutions P.O. Box 1254 San Luis Obispo, CA 93406</i>	<i>CNS</i>		<i>\$1,500.00</i>

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

SUBTOTALS

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>1,700.00</u>
2. Unitemized payments made this period of under \$100	\$ <u>80.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>1,780.00</u>

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

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from <u>01/01/2015</u>	Page <u>11</u> of <u>13</u>
through <u>06/30/2015</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 | PEF 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 |
| ND independent expenditure supporting/opposing others (explain)* | PCS 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 |
| LT 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 PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				<u>0</u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

**Schedule H
Loans Made to Others***

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

Statement covers period
from 01/01/2015
through 06/30/2015

SCHEDULE H
CALIFORNIA FORM 460
Page 12 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PERELECTION** \$ _____
		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

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

**Schedule I
Miscellaneous Increases to Cash**

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

Statement covers period from <u>01/01/2015</u> through <u>06/30/2015</u>	SCHEDULE CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Shoals for Grover Beach Mayor 2014 I.D. NUMBER 1368790

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0

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

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp City of Grover Beach FEB - 4 2016 RECEIVED	CALIFORNIA FORM 460
	Page <u>1</u> of <u>12</u> For Official Use Only

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
--	--

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:

Preliminary Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

3. Committee Information I.D. NUMBER 1368790

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Shoals for Grover Beach Mayor 2014

STREET ADDRESS (NO P.O. BOX)
1185 Encinitas Court

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93483 805-710-1476

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
P.O. Box 919

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93483 805-710-1476

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
John P Shoals

MAILING ADDRESS
PO Box 919

CITY STATE ZIP CODE AREA CODE/PHONE
Grover Beach CA 93483 805-710-1476

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 02/03/2016 By [Signature]
Date Signature of Treasurer or Assistant Treasurer

Executed on 02/03/2016 By [Signature]
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER PAGE - PART 2

CALIFORNIA FORM		460
Page	2	of 12

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John P. Shoals

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor - City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
154 N. 9th Street, Grover Beach, CA 93233

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

Contributions Received

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

**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	\$ <u>60.00</u>	\$ <u>60.00</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>60.00</u>	\$ <u>60.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>60.00</u>	\$ <u>60.00</u>

**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	\$ <u>128.14</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>60.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>68.14</u>

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0.00</u>
--	----------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE /

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

13168790

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				SUBTOTAL \$	<u>0.00</u>	

Schedule A Summary

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 0.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 0.00

*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 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Shoals for Grover Beach Mayor 2014 I.D. NUMBER: 1268790

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN* THIS PERIOD		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
SUBTOTALS \$								\$ _____	\$ _____

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on Schedule E, Line 3)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

FPPC Form 460 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 0.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0.00

*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 (Jan/2016)
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)
 www.fppc.ca.gov

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>12</u>
NAME OF FILER <u>Shoals for Grover Beach Mayor 2014</u>		I.D. NUMBER <u>1368790</u>

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				<u>0.00</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... TOTAL .. \$ 0.00

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>8</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER

1368790

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
<u>Rabobank 899 W. Grand Avenue Grover Beach, CA 93433</u>		<u>Keen. Maintenance fees</u>	<u>\$60.00</u>

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

SUBTOTAL \$ 60.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>0.00</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>60.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ <u>60.00</u>

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period
 from 07/01/2015
 through 12/31/2015

SCHEDULE G

CALIFORNIA FORM 460

Page 10 of 12

I.D. NUMBER
1368790

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Shoals for Grover Beach Mayor 2014

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

Amounts may be rounded to whole dollars.

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Shoals for Grover Beach Mayor 2014</u>	I.D. NUMBER <u>1368790</u>
--	-------------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____				
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	\$ _____
		SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____		

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

1. Loans made this period..... (Total Column (b) plus unitemized loans of less than \$100.)	\$ <u>0.00</u>	**If Required
2. Payments received on loans..... (Total Column (c) plus unitemized payments of less than \$100.)	\$ <u>0.00</u>	
3. Net change this period. (Subtract Line 2 from Line 1.)..... (Enter the net here and on the Summary Page, Column A, Line 7.)	NET \$ <u>0.00</u> <small>(May be a negative number)</small>	

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period from <u>07/01/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Shoals for Grover Beach Mayor 2014

I.D. NUMBER
1368790

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

Schedule I Summary


- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ _____

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

EXHIBIT B

UPS Store #6192

1375 E Grand Ave Ste 103

The UPS Store 

ABOUT OUR STORE

IN THE COMMUNITY

OUR STAFF


CONTACT US

JOB OPPORTUNITIES


CUSTOMER TESTIMONIALS

The UPS Store


1375 E GRAND AVE SUITE #103
ARROYO GRANDE, CA 93420

 [Get Directions to Our Store](#)

 (805) 904-6480


 (805) 904-6490

 store6192@theupsstore.com


 [Online Printing](#)

HOURS OF OPERATION

Monday - Friday	8:00 am - 6:00 pm
Saturday	9:00 am - 5:00 pm
Sunday	Closed

UPS AIR PICKUP TIMES 

Monday - Friday	4:30 pm
Saturday	12:00 pm

UPS GROUND PICKUP TIMES 

Monday - Friday	5:15 pm
-----------------	---------

[ABOUT OUR STORE](#) [PRODUCTS & SERVICES](#) [TRACK A PACKAGE](#)

THE UPS STORE

Directions to The UPS Store #6192

LOCATED IN THE COURTLAND SHOPPING CENTER WITH CVS, STARBUCKS, PANDA EXPRESS



EXHIBIT C

FPPC Advice Letter

“Street address” does not include a private mail box



Rice, Kevin <kevin@kevinrice.org>

ADVICE: Does "street address" include a private mail box?

Advice <Advice@fppc.ca.gov>

Mon, Feb 22, 2016 at 12:58 PM

To: "Kevin P. Rice" <kevin@kevinrice.org>

No, it does not. A street address must be provided.

This email advice is not a final decision of the FPPC and does not constitute legal advice, alter any legal right or liability or provide immunity to the requestor under Government Code Section 83115. It is not a rule, regulation or statement binding on the agency. The Political Reform Act (Government Code Sections 81000 through 91014) and the FPPC regulations (Sections 18110 through 18997) are on the FPPC website.

From: Kevin P. Rice [mailto:kevin@kevinrice.org]

Sent: Monday, February 22, 2016 9:05 AM

To: Advice

Subject: ADVICE: Does "street address" include a private mail box?

QUESTION: Does "street address" include a private mail box?

Retail packing and shipping stores (i.e., UPS Store, et al.) offer private mail box rentals. Also known as a PMB, private mail box addresses usually include the physical street address of the store, followed by a box number (e.g., 123 MAIN ST SUITE 107 #32.)

Private mail box addresses appear to fulfill the definition of "street address", yet also appear to evade the prohibition against using a PO box address in reports (where applicable.)

May a private mail box address be reported as the "street address" of a committee, treasurer, candidate, or other person? If not, what is the authority or regulation that applies?

Has the FPPC overlooked a loophole?

Sincerely,

Kevin P. Rice
San Luis Obispo
(805) 602-2616

EXHIBIT D

Shoals Campaign Announcement

by Cory Black, Public Policy Solutions, Inc.

Fw: TODAY: JOHN SHOALS TO ANNOUNCE CAMPAIGN FOR GROVER BEACH MAYOR

1 message

On Monday, July 14, 2014 10:31 AM, Cory Black <cory@publicpolicyinc.com> wrote:



Contact: John Shoals at [805-710-1476](tel:805-710-1476) or jpschoals@aol.com

JOHN SHOALS TO ANNOUNCE CAMPAIGN FOR GROVER BEACH MAYOR***Council Members Lee and Nicolls, Mayors Ferrara and Higginbotham, Supervisors Hill and Ray To Endorse***

Former Grover Beach Mayor John Shoals will officially announce his candidacy for Grover Beach Mayor on Monday, July 14th at 1:30 pm at the Grover Beach City Hall located at 154 South 8th Street in Grover Beach. Grover Beach Mayor Pro Tem Jeff Lee, Council Member Bill Nicolls, Arroyo Grande Mayor Tony Ferrara, Pismo Beach Mayor Shelley Higginbotham, and Supervisors Adam Hill and Caren Ray will announce their endorsement. The City's first directly elected mayor, Shoals served on the Council from 2002 to 2012.

WHO: Former Grover Beach Mayor John Shoals, community leaders and supporters including Grover Beach Council Members Bill Nicolls and Jeff Lee, Arroyo Grande Mayor Tony Ferrara, Pismo Beach Mayor Shelley Higginbotham, and Supervisors Adam Hill and Caren Ray.

WHAT: John Shoals to announce campaign for Grover Beach Mayor.

WHEN: Monday, July 14th at 1:30 pm.

WHERE: Grover Beach City Hall, which is located at 154 South 8th Street in Grover Beach

"John Shoals is an experienced and effective leader with a proven track record of accomplishments. He is also a friend that I have known for over 20 years. I attribute John's success to his honest and respectful approach to developing positive relationships with people," stated former Grover Beach Mayor and Council Member Steve Lieberman. **"He led the efforts on our beachfront lodge project and the investment and installation of broadband fiber in our city."**

During his time on the Council, Shoals worked closely with city partners and community leaders on many important projects, including:

- Grover Beach Beachfront Lodge and Conference Center;
- West Grand Avenue Corridor Improvements;
- Significant investment on local infrastructure and streets including Fourth Street, Atlantic City, 12th Street, Longbranch and Grand Avenue;
- Adoption of a long-term funding strategy to construct and repair local streets;
- Adoption of the Grover Beach Technology Master Plan and installation of broadband fiber;
- Adoption of an Economic Development Strategy that establishes the framework of how the City will go about attracting and retaining business.

- Formation of the Five Cities Fire Authority to improve fire protection and emergency services; and
- Construction of the South County Transit Facility and parking at Ramona Park.

"I am humbled and honored by the support and encouragement that I have received from community leaders, local elected officials and my neighbors," stated John Shoals. **"I am pleased to announce that I will be a candidate for Grover Beach Mayor."**

###

Cory Black
Public Policy Solutions, Inc.
[916-455-1000](tel:916-455-1000) or [805-265-5401](tel:805-265-5401)
cory@publicpolicyinc.com

EXHIBIT E

Official Election Results

November 4, 2014 General Election

Election Summary Report
CONSOLIDATED GENERAL ELECTION
 Summary For Jurisdiction Wide, All Counters, All Races
NOVEMBER 4, 2014 GENERAL ELECTION
FINAL OFFICIAL SUMMARY

Date:11/19/14
 Time:10:28:42
 Page:13 of 22

Registered Voters 150139 - Ballots Cast 87705 58.42%

Num. Report Precinct 163 - Num. Reporting 163 100.00%

CITY OF GROVER BEACH MAYOR

	Polling	VBM	Total	
Number of Precincts	7	0	7	
Precincts Reporting	7	0	7	100.0 %
Vote For	1	1	1	
Ballots Cast (Reg. Voters 6373)	1161	2336	3497	54.9 %
Total Votes	1090	2215	3305	
Times Blank Voted	70	121	191	
Times Over Voted	1	0	1	
Number Of Under Votes	0	0	0	
JOHN P. SHOALS	615	1186	1801	54.49%
DEBBIE PETERSON	458	1004	1462	44.24%
Write-in Votes	17	25	42	1.27%

CITY OF GROVER BEACH COUNCILMEMBER

	Polling	VBM	Total	
Number of Precincts	7	0	7	
Precincts Reporting	7	0	7	100.0 %
Vote For	2	2	2	
Ballots Cast (Reg. Voters 6373)	1161	2336	3497	54.9 %
Total Votes	1194	2521	3715	
Times Blank Voted	283	598	881	
Times Over Voted	0	0	0	
Number Of Under Votes	562	955	1517	
BARBARA NICOLLS	668	1413	2081	56.02%
MARIAM SHAH	492	1051	1543	41.53%
Write-in Votes	34	57	91	2.45%

CITY OF EL PASO DE ROBLES MAYOR

	Polling	VBM	Total	
Number of Precincts	15	0	15	
Precincts Reporting	15	0	15	100.0 %
Vote For	1	1	1	
Ballots Cast (Reg. Voters 14519)	2280	5714	7994	55.1 %
Total Votes	1790	4516	6306	
Times Blank Voted	490	1198	1688	
Times Over Voted	0	0	0	
Number Of Under Votes	0	0	0	
STEVEN W. MARTIN	1719	4325	6044	95.85%
Write-in Votes	71	191	262	4.15%

EXHIBIT F

Campaign Filings (excerpts)

SLO County Democratic Party (ID #742552)

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	09/30/2014	Page 12 of 20
NAME OF FILER SLO County Democratic Party		I.D. NUMBER 742552

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2014	Payee Name: Re-Elect Jan Marx for Mayor 2014 Candidate Name: Jan Marx Mayor Jurisdiction: City of San Luis Obispo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$250.00	\$250.00	2014G: \$250.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/16/2014	Payee Name: Carlyn Christianson for City Council 2014 Candidate Name: Carlyn Christianson City Council Member Jurisdiction: City of San Luis Obispo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$200.00	\$200.00	2014G: \$200.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/16/2014	Payee Name: Vote Rivoire for City Council 2014 Candidate Name: Dan Rivoire City Council Member Jurisdiction: City of San Luis Obispo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$200.00	\$200.00	2014G: \$200.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/16/2014	Payee Name: Shoals for Grover Beach Mayor 2014 Candidate Name: John Shoals Mayor Jurisdiction: City of Grover Beach	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$250.00	\$250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

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

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

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

Statement covers period from 07/01/2014 through 09/30/2014	CALIFORNIA FORM 460
	Page 15 of 20
I.D. NUMBER 742552	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
SLO County Democratic Party

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, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-Elect Jan Marx for Mayor 2014 San Luis Obispo, CA 93405 Committee ID: 1364038	CTB		\$250.00
Carlyn Christianson for City Council 2014 San Luis Obispo, CA 93401 Committee ID: 1367453	CTB		\$200.00
Vote Rivoire for City Council 2014 San Luis Obispo, CA 93401 Committee ID: 1368559	CTB		\$200.00
Shoals for Grover Beach Mayor 2014 Grover Beach, CA 93433 Committee ID: 1368790	CTB		\$250.00
Solorio for Senate 2014 Long Beach, CA 90807 Committee ID: 1334323	CTB		\$65,000.00

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

SUBTOTAL

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

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2014	
through	10/18/2014	Page 10 of 21
NAME OF FILER SLO County Democratic Party		I.D. NUMBER 742552

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/1/2014	Payee Name: Mary Matakovitch for Harbor Commissioner 2014 Candidate Name: Mary Matakovitch Harbor Commissioner Jurisdiction: Port San Luis Harbor District <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication	\$282.66	\$782.66	
10/1/2014	Payee Name: Shoals for Grover Beach Mayor 2014 Candidate Name: John Shoals Mayor Jurisdiction: City of Grover Beach <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication	\$282.66	\$532.66	
10/1/2014	Arroyo Grande Charter Arroyo Grande Charter, Measure C-14 Jurisdiction: San Luis Obispo County <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication	\$565.15	\$565.15	
10/1/2014	Cuesta College 2014 Cuesta College Bond Measure, Measure Ballot Number or Letter: L Jurisdiction: San Luis Obispo County <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Member Communication	\$188.38	\$188.38	

SUBTOTAL

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

**Schedule E
Payments Made**

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

Statement covers period from 10/01/2014 through 10/18/2014	CALIFORNIA FORM 460
	Page 13 of 21
I.D. NUMBER 742552	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SLO County Democratic Party

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, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Allied Printing Company Sacramento, CA 95814	MBR	Member Communications	\$2,917.51
Chavez for Senate 2014 Sacramento, CA 95815	CTB		\$40,000.00
Committee ID: 1362453 Solario for Senate 2014 Santa Ana, CA 92704	CTB		\$50,000.00
Committee ID: 1334323			

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

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$98,106.16
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$98,106.16

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

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	10/19/2014	
through	11/22/2014	Page 8 of 22
NAME OF FILER SLO County Democratic Party		I.D. NUMBER 742552

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2014	Arroyo Grande Charter Arroyo Grande Charter, Measure C-14 Jurisdiction: San Luis Obispo County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Phone Bank	\$165.00	\$730.15	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/27/2014	Payee Name: Shoals for Grover Beach Mayor 2014 Candidate Name: John Shoals Mayor Jurisdiction: City of Grover Beach	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Phone Bank	\$150.00	\$682.66	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/27/2014	Payee Name: Re-Elect Jan Marx for Mayor 2014 Candidate Name: Jan Marx Mayor Jurisdiction: City of San Luis Obispo	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Phone Bank	\$83.33	\$1,941.33	2014G: \$1,941.33
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$45,389.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$45,389.00

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

**Schedule E
Payments Made**

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

Statement covers period from 10/19/2014 through 11/22/2014	CALIFORNIA FORM 460
	Page 12 of 22
I.D. NUMBER 742552	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
SLO County Democratic Party

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, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chavez for Senate 2014 Sacramento, CA 95815	CTB		\$30,000.00
Committee ID: 1362453 Public Policy Solutions, Inc. San Luis Obispo, CA 93406	IND	Phone Banking to Oppose Arroyo Grande Charter, Measure C-14	\$165.00
Public Policy Solutions, Inc. San Luis Obispo, CA 93406	IND	Phone Banking to Support John Sholas for Gover Beach Mayor	\$150.00

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

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$45,389.00
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$45,389.00

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

EXHIBIT G

Campaign Filing

Friends of Adam Hill, County Supervisor 2012 (ID #1294032)

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from 07/01/2014 through 12/31/2014

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

Date Stamp: E-Filed 01/22/2015 09:38:40 Filing ID: 153811919

CALIFORNIA FORM 460 Page 1 of 11 For Official Use Only

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1294032

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Adam Hill, County Supervisor 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE San Luis Obispo CA 93401 (805)550-7196

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS achill@hotmail.com

Treasurer(s)

NAME OF TREASURER Sharon McMahan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE Arroyo Grande CA 93420 (805)481-0268

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS mcmahanse@att.net

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 01/22/2015 Date

By Sharon A. McMahan Signature of Treasurer or Assistant Treasurer

Executed on 01/22/2015 Date

By Adam Hill Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on Date

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u> 2 </u> of <u> 11 </u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Adam Hill

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
County Supervisor: San Luis Obispo County District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
San Luis Obispo CA 93401

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

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

Attach continuation sheets if necessary

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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>3</u> of <u>11</u>
		I.D. NUMBER 1294032

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Adam Hill, County Supervisor 2012

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 2,500.00	\$ 7,000.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,500.00	\$ 7,000.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,500.00	\$ 7,000.00

**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

6. Payments Made Schedule E, Line 4	\$ 3,216.98	\$ 5,449.98
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,216.98	\$ 5,449.98
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 3,216.98	\$ 5,449.98

**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	\$ 27,067.37
13. Cash Receipts Column A, Line 3 above	2,500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	3,216.98
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 26,350.39

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 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

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 <u>07/01/2014</u> through <u>12/31/2014</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>11</u>		
NAME OF FILER Friends of Adam Hill, County Supervisor 2012		I.D. NUMBER 1294032

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Adam Hill, County Supervisor 2012

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)
12/15/2014	IBEW Local 639 PACCommittee ID # 1273957 San Luis Obispo, CA 93401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	5,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				2,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,500.00

*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)

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page <u>5</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Friends of Adam Hill, County Supervisor 2012		1294032

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Adam Hill, County Supervisor 2012

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/21/2014	Carlyn Christianson City Council Member City of San Luis Obispo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		300.00	300.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/02/2014	Tommy Gong County Clerk-Recorder County of San Luis Obispo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
09/02/2014	John Shoals Mayor City of Grover Beach	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				650.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 1,750.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 1,750.00

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	
through <u>12/31/2014</u>	Page <u>6</u> of <u>11</u>

NAME OF FILER Friends of Adam Hill, County Supervisor 2012	I.D. NUMBER 1294032
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2014	Save Our Streets Grover Beach <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	
09/02/2014	Kevin Kreowski Mayor City of Pismo Beach <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		300.00	550.00	
09/12/2014	Kevin Kreowski Mayor City of Pismo Beach <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	550.00	
10/02/2014	Kris Vardas City Council Member City of Pismo Beach <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		250.00	250.00	
SUBTOTAL \$				900.00		

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2014</u>	
through <u>12/31/2014</u>	Page <u>7</u> of <u>11</u>

NAME OF FILER Friends of Adam Hill, County Supervisor 2012	I.D. NUMBER 1294032
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/02/2014	Dan Rivoire City Council Member City of San Luis Obispo	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		200.00	200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				200.00		

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 8 of 11
NAME OF FILER		I.D. NUMBER
Friends of Adam Hill, County Supervisor 2012		1294032

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Adam Hill, County Supervisor 2012

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
U.S. POSTMASTER GROVER BEACH, CA 93433	POS		9.00
U.S. POSTMASTER GROVER BEACH, CA 93433	POS		146.00
Carlyn Christianson for City Council (ID# 1367453) San Luis Obispo, CA 93401	CTB		300.00

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

SUBTOTAL \$ 455.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	3,055.00
2. Unitemized payments made this period of under \$100	\$	161.98
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	3,216.98

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

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 9 of 11
NAME OF FILER		I.D. NUMBER
Friends of Adam Hill, County Supervisor 2012		1294032

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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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
poliARC Grover Beach, CA 93433	WEB			150.00
Committee to elect Kevin Kreowski for Mayor 2014 (ID# 1372077) Pismo Beach, CA 93449	CTB			300.00
San Luis Obispo County Democratic PartyFPPC # 742552 San Luis Obispo, CA 93401	CTB			100.00
Save Our Streets Grover Beach (ID# 1370791) Grover Beach, CA 93483	CTB			100.00
Shoals for Grover Beach Mayor 2014 (ID# 1368790) Grover Beach, CA 93483	CTB			250.00

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

SUBTOTAL \$ 900.00

FPPC Form 460 (January/05)
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**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 10 of 11
NAME OF FILER		I.D. NUMBER
Friends of Adam Hill, County Supervisor 2012		1294032

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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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
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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
Tommy Gong for SLO Clerk-Recorder 2014 (ID# 1362887) Atascadero, CA 9323	CTB			100.00
Vote Dan Rivoire for City Council 2014 (ID# 1368559) San Luis Obispo, CA 93406	CTB			200.00
Committee to elect Kevin Kreowski for Mayor 2014 (ID# 1372077) Pismo Beach, CA 93449	CTB			250.00
Committee to elect Kris Vardas for City Council 2014 (ID# 1370957) Pismo Beach, CA 93449	CTB			250.00
Avila Beach Civic Association Avila Beach, CA 93424	CVC			250.00

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

SUBTOTAL \$ 1,050.00

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

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

SCHEDULE E (CONT.)

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

Statement covers period		CALIFORNIA FORM 460
from	07/01/2014	
through	12/31/2014	Page 11 of 11
NAME OF FILER		I.D. NUMBER
Friends of Adam Hill, County Supervisor 2012		1294032

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Luis Obispo Self Storage San Luis Obispo, CA 93401	CMP			650.00

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

SUBTOTAL \$ 650.00

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

EXHIBIT H

Statement of Organization

SLO County for Better Government (ID #1363607)

40

1363607

Statement of Organization Recipient Committee

Statement Type

Initial Not yet qualified or

Amendment List I.D. number:

Termination - See Part 5 List I.D. number:

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California FEB 07 2014 DEBRA BOWEN Secretary of State CALIFORNIA FORM 410 FILED MAR - 3 2014 JULIE L. RODEWALD COUNTY CLERK

NAME OF COMMITTEE: San Luis Obispo County For Better Government
STREET ADDRESS (NO P.O. BOX): 1375 East Grand Avenue, Suite 103 #102
CITY: Arroyo Grande, STATE: CA ZIP CODE: 93420
MAILING ADDRESS (IF DIFFERENT): P.O. Box 884, Grover Beach, CA 93483
FAX / E-MAIL ADDRESS: 888-385-9120
COUNTY OF DOMICILE: San Luis Obispo JURISDICTION WHERE COMMITTEE IS ACTIVE: San Luis Obispo County

NAME OF TREASURER: David Baldwin
STREET ADDRESS (NO P.O. BOX): 1375 East Grand Avenue, Suite 103 #102
CITY: Arroyo Grande, STATE: CA ZIP CODE: 93420 AREA CODE/PHONE: 805-265-5401
NAME OF ASSISTANT TREASURER, IF ANY: Cory Black
STREET ADDRESS (NO P.O. BOX): 1375 East Grand Avenue, Suite 103 #102
CITY: Arroyo Grande, STATE: CA ZIP CODE: 93420 AREA CODE/PHONE: 805-265-5401
NAME OF PRINCIPAL OFFICER(S): David Baldwin + Cory Black
STREET ADDRESS (NO P.O. BOX): 1375 East Grand Avenue, Suite 103 #102
CITY: Arroyo Grande, STATE: CA ZIP CODE: 93420 AREA CODE/PHONE: 805-265-5401

Attach additional information on appropriately labeled continuation sheets.

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2-4-14 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 2-4-14 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

San Luis Obispo County For Better Government

Page 2

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
I.D. NUMBER

COMMITTEE NAME

San Luis Obispo County For Better Government

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support candidates + measures that support the working families in San Luis Obispo County and oppose candidates + measures that do not support the working families in San Luis Obispo County

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**DECLARATION OF RON ARNOLDSSEN IN SUPPORT OF
KEVIN P. RICE'S VERIFIED PETITION AND COMPLAINT AGAINST
JOHN P. SHOALS**

I have personal knowledge of the following facts, and am competent to testify thereto. I am a resident and taxpayer of the City of Grover Beach, the County of San Luis Obispo, and State of California. I served on the Grover Beach City Council from 1992–2004 and as Mayor in 1996 and 2004. If called as a witness herein I would competently testify to the following facts:

1. John P. Shoals and incumbent Debbie Peterson ran for the office of Mayor of the City of Grover Beach in the November 4, 2014 election.
2. In his campaign finance reports, filed with the Grover Beach City Clerk for the period from January 1, 2014 to December 31, 2014, Mr. Shoals delayed reporting his commencement of fundraising for his campaign and hid over half his campaign income by not reporting two monetary contributions and eight nonmonetary contributions for four mailings, two automated telephone calls, and two display ads.¹
3. Mr. Shoals thus made it appear that he had raised no campaign funds until one month before the election² and was able send several mass mailings right up to the election without his opponent knowing until they arrived by mail.
4. Using such methods, Mr. Shoals outraised his opponent while it appeared that his opponent was the lead fundraiser. Had his fundraising activities been reported as legally required when they began, more than three months before the election, and nonmonetary contributions of mailings been reported within 24 hours³ as required by law, it is likely his opponent would have adjusted her strategy to raise additional funds and run an equal advertising campaign.


¹ See Rice's Petition, ¶¶ 1, 4, 7–11, 13 and 15; See also Rice's Petition, Exhibit A, at p. 7.

² See Rice's Petition, ¶ 1.

³ See Rice's Petition, §§ IV and V, ¶¶ 7–14.

5. If only 170 voters out of 6,373 Registered Voters (2.7 percent) had voted differently⁴ Peterson would have won the election. On a level playing field with equivalent mailings and expenditure it is likely his opponent would have swayed these 170 votes (2.7 percent of registered voters) she needed to win.
6. Mr. Shoals misled me, the public, and the opposing candidate, depriving us of the right to timely and complete information and depriving us of the right to be fully informed.
7. These are not the “mistakes” of an inexperienced candidate. By 2014, Mr. Shoals had served as a council member or mayor of the City of Grover Beach for ten years and as the regional chair of the League of California Cities. In these positions, Mr. Shoals would have completed up to six ethics courses as required by California law.⁵ Mr. Shoals committed these many filing violations despite considerable opportunity to understand the rules of fair play and ethical behavior.
8. Mr. Shoals is the Government Affairs Executive for Pacific Gas & Energy, representing the interest of PG&E’s nuclear power plant at Diablo Canyon. The representation of a nuclear power plant in our community as the local government liaison mandates the highest level of integrity and trustworthiness.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct. Executed on April 27, 2016 at San Luis Obispo County, California.



s/s Ronald Arnoldsen
754 Newport Ave.
Grover Beach, CA 93433
(805) 468-2568

⁴ See Rice’s Petition, Exhibit E (official election results.)

⁵ AB 1234, Chapter 700, Statutes of 2005. (<http://www.fppc.ca.gov/learn/public-officials-and-employees-rules-ethics-training.html>)