COVER PAGE **Recipient Committee Campaign Statement** CALIFORNIA **FORM** Cover Page Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only January 1, 2017 from ur busia file June 30, 2017 11/8/16 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure □ Preelection Statement Quarterly Statement State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee ☐ Amendment (Explain below) Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee (Also Complete Part 7) Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1383545 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Ronald E. Frankiewicz John Stephens for Costa Mesa City Council 2016 MAILING ADDRESS 400 N. Tustin Avenue Suite 460 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 2004 N. Capella Ct. Santa Ana CA 92705 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Costa Mesa CA 92626 714-434-7852

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

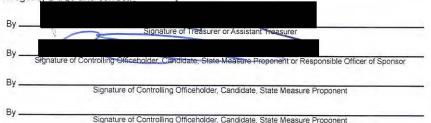
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complet	e
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	3.0

AREA CODE/PHONE

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

STATE

ZIP CODE



OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS

CITY

AREA CODE/PHONE

STATE

ZIP CODE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page _____ of ____

Officeholder or Candidate Control	led Committee	6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
John Stephens							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Costa Mesa City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND S] OF FOSE
2004 N. Capella Ct	TREET) CITY STATE ZIP Costa Mesa CA 92626		Identify the controlling office	eholder, cand	idate, or state m	easure prop	onent, if any.
and the second s			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PI	ROPONENT		
Related Committees Not Included	in this Statement: List any committees						
not included in this statement that are control contributions or make expenditures on behalf	led by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER		_				
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRES	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)		Primarily Formed Can officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR		OFFICE SOUGI		SUPPOR
CITY STA	70.005						OPPOSE
CITY STA	TE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	UT OR UELD	U OFFOSE
			NAME OF OFFICEROLDER OR	CANDIDATE	OFFICE SOUGI	HI OK HELD	T1 2000000
20144TTEE 4000E00	YES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES	SS (NO P.O. BOX)						OPPOSE
COMMITTEE ADDRESS STREET ADDRES	SS (NO P.O. BOX)						

Campaign Disclosure Statement **Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA January 1, 2017 FORM from Page 3 June 30, 2017 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER John Stephens for Costa Mesa City Council 2016 1383545

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$250	\$ 250	General Elections
2. Loans Received	2000	2100	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2250	\$ 2350	20. Contributions Received \$\$
4. Nonmonetary Contributions	250	250	24 5
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$2500	\$2600	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made	\$3850	\$3850	Candidates
7. Loans Made			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3850	\$3850	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	817	5811	Date of Election Total to Date
10. Nonmonetary Adjustment		-	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$4661	\$9611	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B.	
13. Cash Receipts Column A, Line 3 above	2250	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	781	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	3850	of your last report. Some amounts in Column A may	reported in Column E.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$13	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	 this is the first report being filed for this calendar year, only carry over the amounts 	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$	any).	
19. Outstanding Debts	\$7911		FPPC Form 460 (Jan/2016)
		I	FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fppc.ca.gov

Schedule A Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement cov	rers period y 1, 2017	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through June	30, 2017	Page	1 of 9	
NAME OF FILER						I.D. NU	JMBER	
John Step	hens for Costa Mesa City Council 2016					1383		
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 T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
4/16/2017	Benefit Capital Holdings Inc 3235 N. Pioneer Road, Lagundale, NV 89021	□IND □COM ☑OTH □PTY □SCC		250	:	250		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	\$ 250				

.....\$ _____\$

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

*Contributor Codes

IND - Individual

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

as Terror and all the season are all	Δm	nounts may be ro	unded				SCHE	DULE B - PART	
Schedule B – Part 1 Loans Received	to whole dollars.				Statement cove from January	190	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through June	30, 2017	Page 5	of 9	
NAME OF FILER							I.D. NUMBER		
John Stephens for Costa Mesa City Cour	ncil 2016						1383545		
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	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE	
John Stephens	Attorney Stephens Friedland LLP			PAID \$ FORGIVEN	s2100	% RATE	s	SPER ELECTION*	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s100	\$2000	\$	DATE DUE	\$	DATE INCURRED	\$	
		22		PAID \$	\$	% RATE	s	CALENDAR YEAR	
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$	FORGIVEN \$	DATE DUE	s	DATE INCURRED	PER ELECTION	
				PAID \$	\$	%	\$	CALENDAR YEAR	
*		s	\$	☐ FORGIVEN		RATE \$		PER ELECTION ³	
T IND COM OTH PTY SCC		SUBTOTALS :	\$ 2000	e	\$	\$	DATE INCURRED		
Cahadula D. Cumamama		SUBTUIALS .	2000	φ	27-	(Enter (e) on			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loar				\$	2000_	Schedule E, Line 3			
Loans paid or forgiven this period (Total Column (c) plus loans under \$1)				\$	-	1	Contributor Codes ND – Individual COM – Recipient C (other than		

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

PTY - Political Party

(May be a negative number)

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

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received			Amounts may be rounded						SCHEDULE (
		•	to whole dollars.		Statement covers period			CALIFORNIA 160	
					from	January 1,	2017	FO	RM TOO
SEE INSTRUC	CTIONS ON REVERSE				througi	June 30,	2017	Page	6 of 9
NAME OF FILE	ik.					<u>-</u>		I.D. NUMI	BER
John Ste	ephens for Costa Mesa City Council 2016							138354	15
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CALEND/	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/17	R.C. Edwards & Company, LLP 400 N. Tustin Ave. Suite 460 Santa Ana, CA 92705	□IND □COM □OTH □PTY □SCC		Salaries for accounting services		250			
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL\$	250		minetali (
1. Amount	le C Summary received this period – itemized nonmonetal				•	250	*Cor	ntributor Co – Individua	des
	e all Schedule C subtotals.)				·	230		(other th	nan PTY or SCC)
	received this period – unitemized nonmone onmonetary contributions received this perior	-	ions of less than \$100		\$		PTY	- Political 1	- 1
J. IUIAI NU	mmonetary continuutions received this perior	u.					SCC	, Small C₁	ontributor Committee

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ _

250

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from ____ January 1, 2017 through ___ June 30, 2017

california 460 form

Page.

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John Stephens for Costa Mesa City Council 2016

1383545

NAME AND ADDRESS OF CREDITOR	PRT print ads CODE OR	(a) OUTSTANDING	(b) AMOUNT INCURRED	nnology costs (internet, e	(d) OUTSTANDING
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PERIOD (ALSO REPORT ON E)	BALANCE AT CLOSE OF THIS PERIOD
Desnoo & Desnoo PO Box 11426 Santa Ana, CA 92711	CNS	5000	4612	3801	581
					7
* Payments that are contributions or independent expenditures must also be					
summarized on Schedule D,	SUBTOTALS \$	5000	\$ 4612 \$	3801	\$ 581

Schedule F Summary

1	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	
	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	4612

3.	Net change this period.	(Subtract Line 2 from Line 1.	Enter the difference here and		
	on the Summary Page,	Column A, Line 9.)		NET \$	811
				Control of the Contro	May be a penative number

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

OFC office expenses

Statement covers period January 1, 2017 from

SCHEDULE E **CALIFORNIA FORM**

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

CNS campaign consultants

NAME OF FILER

John Stephens for Costa Mesa City Council 2016

June 30, 2017 through

RAD radio airtime and production costs

RFD returned contributions

I.D. NUMBER

1383545

Page.

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	OFC office expenses PET petition circulating PHO phone banks POL polling and survey resipostage, delivery and PRO professional services (PRT print ads	messenger services	SAL campaign workers' salaries TEL t.v. or cable airtime and product candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees VOT voter registration WEB information technology costs	I meals ind meals of the same candidate/sponsor
NÂME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
DeSnoo & DeSnoo P.O. Box 11426 Santa Ana, CA 92711	CNS	Political consul	tants	3801
* Payments that are contributions or independent expenditures must also I	be summarized on Schedule D.		SUE	BTOTAL \$ 3801
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedu	ıle E subtotals.)			\$3801
2. Unitemized payments made this period of under \$100				
3. Total interest paid this period on loans. (Enter amount fro				
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on the Sur	nmary Page, Colum	n A, Line 6.) TO	TAL \$ 3850

Schedule I Miscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Amounts may be rounded to whole dollars.	Statement covers period fromJanuary 1, 2017 throughJune 30, 2017	CALIFORNIA FORM 460
	ens for Costa Mesa City Council 2016			I.D. NUMBER 1383545
DATE RECEIVED	FULL NAME AND ADDRESS OF SOUR (IF COMMITTEE, ALSO ENTER I.D. NUMBER	RCE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/6/2017	City Of Costa Mesa	Refund of over	erage - Campaign Fees	781
Attach add	litional information on appropriately labeled continuation s	sheets.	SUBTOT	AL\$ 781
Schedule I	I Summary			
	ncreases to cash this period.		\$7	⁷ 81
	d increases to cash of under \$100 this period			
	interest received this period on loans made to othe			
4. Total misce	ellaneous increases to cash this period. (Add Lines Page, Line 14.)	1, 2, and 3. Enter here and on the		81