Campaign Statement Recipient Committee

Cover Page from Statement covers period 9-24-2016 7-1-2016 Date of election if applicable: (Month, Day, Year) 11-8-2016 City of Lompoc - City Clerk's Office SEP Date Stamp 200 2016 Page . CALIFORNIA FORM For Official Use Only

COVER PAGE

SEE	SEE INSTRUCTIONS ON REVERSE	through	ugh					
-1	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Complete	Parts 1, 2, 3, and 4.	2. Type of Statement:				
	Officeholder, Candidate Controlled Committee State Candidate Election Committee	Primarily For Committee	Primarily Formed Ballot Measure Committee	Preelection StatementSemi-annual Statement			Quarterly (Special Oc	Quarterly Statement Special Odd-Year Report
	Recall (Also Complete Part 5)	O Controlled O Sponsored (Also Complete Part 6)	Controlled Sponsored o Complete Part 6)	☐ Termination Statement (Also file a Form 410 Termination)	rmination)			
	☐ General Purpose Committee ☐ Sponsored ☐ Committee ☐	Primaril	Primarily Formed Candidate/	Amendment (Explain below)	iow)			
	 Small Contributor Committee Political Party/Central Committee 	Officeholder C (Also Complete Part 7)	Officeholder Committee (Also Complete Part 7)					
ω	3. Committee Information	1.D. NUMBER 1369256	3ER 256`	Treasurer(s)				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)			NAME OF TREASURER				
	Rob Ling for Mayor 2016			Irma Gadway				
	ביים בוויפו יכו יאומלכי בייוס			MAILING ADDRESS				
				1301 W. Barton Ave.				
	STREET ADDRESS (NO P.O. BOX)			CITY	S		ZIP CODE	AREA CODE/FICHE
	316 South 6th. Street			Lompoc		CA 9	93436	805-737-7160
	CITY STATE ZIF	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY			
	Lompoc CA 93	93436	805-315-1131	Helen Free				
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	X		AOS NOCAL				
	CITY STATE ZIF	ZIP CODE	AREA CODE/PHONE	OITY UTIO	8	STATE Z	ZIP CODE	AREA CODE/PHONE
				Lompoc		CA 9	93436	805-742-0482
	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS	S			

Verification

OPTIONAL: FAX / E-MAIL ADDRESS

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 By Signature of Controlling Officeholder, Candidate, State Measure Propo	Executed onByBy	Executed on 9 34 6 By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Executed on 98416 By Ama Yalle Signatura of Treasurer or Assignant Treasurer
, State Measure Proponent	State Measure Proponent	roponent or Responsible Officer of Sponsor	

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

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

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8	CALIFORNIA FORM	COVERT
36	460	COVER PAGE - FART 2

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СІТҮ	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	COMMITTEE NAME	CITY	Irma Gadway COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) 316 South 6th. St.	Bob Lingl for Mayor 2016 NAME OF TREASURER	COMMITTEE NAME	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.	RESIDENTIAL/BUSINESS ADDRESS (NO. A) 316 South 6th. St.	01 71 6
STATE	DRESS (No		STATE CA	DRESS (NO			ed in thi ntrolled by shalf of you	(NO. AND STREET)	rolled C
ZIP CODE	0 P.O. BOX)	=	ZIP CODE 93436	P.O. BOX)	0 ,	_	is Staten you or are ur candidad	ET) CITY	Ommitte
m :	ONTROLLI YES	I.D. NUMBER		YES	1369256 CONTROLLE	I.D. NUMBER	nent: Li primarily cy.		JMBER IF A
AREA CODE/PHONE	CONTROLLED COMMITTEE? YES NO NO NO NO NO NO NO N	, ,	AREA CODE/PHONE 805-315-1131	NO O	DO	~	ist any committees formed to receive	STATE ZIP CA 93436	(PPLICABLE)
	I 21	ζĮ	ζ	ξ	7. P	ì	읶	ξ <u>α</u>	6. Bla Na Pr
Atta	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any.	Primarily Formed Ballot Measure Committee NAME OF BALLOT MEASURE N/A BALLOT NO. OR LETTER JURISDICTION
ch continu	ANDIDATE	ANDIDATE	NDIDATE	NDIDATE	idate/Off for which th			older, can	Measure Co
Attach continuation sheets if necessary	OFFIC	OFFICI	OFFICI	OFFICE	iceholde his committ			didate, or s	Commi
ts if neces	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	r Comm			state meas	ttee
ssary	OR HELD	OR HELD	OR HELD	OR HELD	i ittee Lis erily formed		DISTRICT NO. IF ANY	sure propo	
	SUPPORT	SUPPORT	SUPPORT	SUPPORT OPPOSE	t names of t.		ANY	nent, if any.	SUPPORT

www.fppc.ca.gov

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

from

9-24-2016

Statement covers period 7-1-2016

CALIFORNIA FORM

SUMMARY PAGE

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			Custom St. Co.
FPPC Form 460 (Jan/2016)	from Lines 2, 7, and 9 (if any).	s s -0-	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	filed for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	\$ 6,010.03	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	add amounts in Column A to the corresponding amounts from Column B of your last report. Some	14,564.00 72.00 10,034.45	Cash Receipts Miscellaneous Increases to Cash
\$	To coloridate Column B	\$ 1,408.48	Current Cash Statement 12 Reginning Cash Balance
\$	\$10,176.45	\$10,034.45	/ADE
Date of Election Total to Date (mm/dd/yy)	-0-	-0-	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 10,176.45	\$ 10,034.45	7. Loans Made
Expenditure Limit Summary for State Candidates	\$10,176.45	\$ 10,034.45	Expenditures MadeSchedule E, Line 4
21. Expenditures \$ \$	\$ 14,564.00	\$ 14,564.00	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
20. Contributions Received \$ \$	\$ 14,564.00	\$ 14,564.00	Coans Received
1/1 through 6/30 7/1 to Date	\$ 12,064.00 \$ 2,500.00	\$ 12,064.00	Monetary Contributions Schedule A, Line
Calendar Year Summary for Candidates Running in Both the State Primary and General Flortions	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1369256			Bob Lingl for Mayor 2016
I.D. NUMBER	through		SEE INSTRUCTIONS ON REVERSE

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A

Schedule A Summary **Bob Lingl for Mayor 2016** 8/10/16 8/10/16 8/10/16 8/2/16 8/2/16 RECEIVED DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Laurie Weaver 652 University Dr. 652 University Dr. Barry Weaver W. Chuck Humphrey 2315 NE 44th Terr. Lompoc, CA 93436 408 Nogal Free Family Trust 718 St. Andrews Way Kansas City, MO 64116 Christopher C. Brooks Lompoc, CA 93436 Lompoc, CA 93436 Lompoc, CA 93436 CONTRIBUTOR
CODE * SCC PTY ND OTH OTH SCC SCC PTY SCC OTH OTH SCC Retired Retired Retired Retired Retired IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 12,064.00 1,050.00 500.00 200.00 100.00 200.00 50.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 500.00 200.00 200.00 100.00 50.00 IND - Individual *Contributor Codes PER ELECTION TO DATE (IF REQUIRED)

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

12,064.00

SCC - Small Contributor Committee OTH - Other (e.g., business entity) COM - Recipient Committee PTY - Political Party (other than PTY or SCC)

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FPPC Form 460 (Jan/2016)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

IF AN INDIVIDUAL. ENTER AMOUNT CUMULATIVE TO DATE PER ELE	1369256`	I.D. NUMBER	through 9-24-2016 Page 5 of 26	from7-1-2016 FORM	S Received California California
PER ELECTION TO DATE	256`	UMBER	5 of 26	ORM	IT OKNIA

Bob Lingl fo	Bob Lingl for Mayor 2016				1369256	56`
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)
8/10/16	C.E. Blair 176 Alcor Lompoc, CA 93436	OTH SCC	Retired	30.00	30.00	
8/10/16	James W. Keeling 1201 E. Ocean Ave. Ste. M Lompoc, CA 93436	OTH SCC	Insurance Agent	100.00	100.00	
8/10/16	Donna M, Brown 303 South H. St Lompoc, CA 93436	OTH SCC	Retired	100.00	100.00	
8/10/16	Jason R. Nasato 254 Vega Lompoc, CA 93436	SCC SCC	Retired	75.00	75.00	
8/10/16	John R. Beeler 1204 East Walnut Unit E Lompoc, CA 93436	SCC SCC	Enginer	50.00	50.00	
			\$ SUBTOTAL	355.00		

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

from_

Statement covers period 7-1-16

SCHEDULE A

CALIFORNIA

		4,025.00	\$UBTOTAL \$			
	50.00	50.00	Retired	DOTH SCC	Arthur Dossey 1728 E. College Ave. Lompoc, CA 93436	8/12/16
	200.00	200.00	Retired	□ COM □ COM □ OTH □ PTY SCC	Marie T. Pope 316 South 6th. St. Lompoc, Cal. 93436	8/12/16
	25.00	25.00	Retired	□ COM □ COM □ OTH □ PTY SCC	Gladys F. Bonnell 296 Oakhill Dr. Lompoc Ca 93436	8/12/16
	250.00	250.00	LOVARC/CEO	□ COM OTH	William T. Reardon 4405 Odyssey Crt. Lompoc, CA 933436	8/12/16
	3,500.00	3,500.00	Santa Ynez Mission Indians	DOTH SCC	Santa Ynez Band of Mission Indians P.O. Box 517 Santa Ynez, CA 93460-0517	8/12/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC: 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	DATE RECEIVED
I.D. NUMBER 13692568/12/16	1.D. NUMBER 13692568/				ие ог яцея Bob LingI for Mayor 2016	NAME OF FILER Bob Lingl for
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NAME OF FILER

Amounts may be rounded

SCHEDULE A (CONT.)

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					to whole dollars.
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			through 9-24-2016	7-1-2016	Statement covers period
	1369256	I.D. NUMBER	Page	FOR	CALIFO
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525.00
100.00
50.00
25.00
100.00
250.00
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMOUNT RECEIVED THIS PERIOD

*Contributor Codes

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

A STATE OF THE PARTY OF THE PAR	6)				ıtions Received
					to whole dollars.
					ollars.
			through 9-24-2016	from7-1-:	Statement covers period
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	1369256	I.D. NUMBER	Page 8 of 26	FORM 400	CALIFORNIA A CO

Bob Lingl fo	Bob Lingl for Maor 2016				1369256	56
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)
8/16/16	Gail Latipow 756 Carina Dr. Lompoc, Ca 93436	OTH SCC	Retired	85.00	85.00	
8/16/16	Kathleen D. Clark 1302 W. Apricot Lompoc, CA 93436	□ COM □ PTY □ SCC	Nurse	25.00	25.00	
8/16/16	Thomas H. Gerald 434 South G. St. Lompoc, Ca 93436	OTH SCC	Book Sales/The Book Store	250.00	250.00	
8/16/16	Katherine W. Smith 3827 Via Mondo Lompoc, CA 93436	DOTH SCC	Retired	50.00	50.00	
8/16/16	R.M. Coe 59 Stanford Circle Lompoc, CA 93436	D SCC	Retired	50.00	50.00	
			\$ SUBTOTAL	460.00		

*Contributor Codes

Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

from_

7-1-2016

Statement covers period

SCHEDULE A (CONT.)

CALIFORNIA 460

		\$ 250.00	\$UBTOTAL			
	50.00	50.00	Retired	D IND OTH SCC	Patrick Clevenger 905 E. Fir Lompoc, CA 93436	8/17/16
	100.00	100.00	Retired	☑ IND □ COM □ OTH □ PTY □ SCC	Irma Gadway 1301 West Barton Ave Lompoc, CA	8/17/16
	25.00	25.00	Retired	□ COM □ COM □ OTH □ PTY	Claudia Griffin 778 Tamarisk Dr. Lompoc, CA 93436	8/17/16
	25.00	25.00	Retired	□ COM □ COM □ OTH □ PTY □ SCC	Lt.Col. Donald D. Rowland 4603 Falcon Dr. Lompoc, CA 93436	8/17/16
	50.00	50.00	Broker	COM COM	Frederick K. Bittle 3152 Courtney Dr. Lompoc, C 93436	8/16/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
56 MBEX	1369256				NME OF FILER Bob Lingl for Mayor 2016	NAME OF FILER Bob Lingl for
7 of de	9-24-2016 Page —	through 9-24-				

*Contributor Codes

Amounts may be rounded to whole dollars.

from

Statement covers period 7-1-2016

SCHEDULE A (CONT.)

CALIFORNIA 460

Peggy Edge 8/19/16 524 Canfield Lompoc, Ca 93436	Terry Hammons 8/19/16 2304 Carrizo Lompoc, CA 93436	Jaime Tinoco 8/19/16 PO Box 3455 Lompoc, CA 93438	8/19/16 Harvey Wynne 312 South 6th. St Lompoc, CA 93436	8/17/16 Ronald Fink 1332 North E Crt. Lompoc, Ca 93436	DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Bob Lingl for Mayor 2016`	NAME OF FILER	
□ SCC	□ SCC	□ SCC	□ COM □ SCC	□ SCC	ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *			
M Retired	Retired	Business Rep./IBEW	Retired	Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER E * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			
50.00	300.00	200.00	50.00	100.00	AMOUNT RECEIVED THIS PERIOD			through 9-2
50.00	300.00	200.00	50.00	100.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1369256	I.C. NOWBER	9-24-16` Page _
					PER ELECTION TO DATE (IF REQUIRED)	.56	100 m x	10 of Le

*Contributor Codes

NAME OF FILER

Amounts may be rounded to whole dollars.

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	9-24-16	Statement covers period 7-1-16	
1369256	Page 11 of 36	CALIFORNIA 460	SCHEDULE A (CONT.)

		\$ 599.00	\$UBTOTAL			
	100.00	100.00	Retired	DOTH SCC	Patricia Elkaim 2785 Lewis Pl. Lompoc, CA	8/26/16
	99.00	99.00	Farmer/Self Employed	□ SCC	Bob Campbell 2350 E. Hwy. 246 Lompoc, CA 93436	8/26/16
	100.00	100.00	Museum Curator/Getty	D PTY SCC	Carolyn D. Lingl 77 Estaban Dr. Camarillo CA 93010	8/20/16
	50.00	50.00	Retired	OTH SCC	William Cunningham 1336 Village Meadows Lompoc, Ca 93436	8/20/16
	250.00	250.00	Rancher/Self employed	DOTH SCC	John A Silva 1049 Armstrong Lompoc, CA 93436	8/20/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
	1369256				Bob Lingl for Mayor 2016	Bob Lingl for

*Contributor Codes

Amounts may be rounded to whole dollars.

from_ Statement covers period 7-1-2016 CALIFORNIA SCHEDULE A (CONT.)

				through 9-24-2016		Page Late of 26
NAME OF FILER						I.D. NUMBER
Bob Lingl fo	Bob Lingl for Mayor 2016					1369256
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)	DATE PER ELECTION AR TO DATE AR (IF REQUIRED)
8/20/16	Marno Goetsch 348 Oakhill Dr. Lompoc, CA 93436	OTH SCC	Retired	75.00	75.00	Ō
8/20/16	Noel Shields 949 E. Cypress Ave Lompoc, CA 93436	OTH SCC	Business Owner/Custom Frames	99.00	99.00	Ö
8/20/16	Aprile L. Barker PO Box 8219 Icline Village, NV 89450	DDDD SCC	Retired	99.00	99.00)0
8/20/16	K.H. Shields 217 W. Ocean Ave. Lompoc, CA 93436	ND □ COM □ PTY □ SCC	Business Owner/Custom Frames	99.00	99.00)0
8/20/16	Roger J. McConnell 4376 Scorpio Lompoc, CA 93436	□□ COM SCC	Investment Broker	50.00	50.00	00

*Contributor Codes

SUBTOTAL \$

422.00

IND - Individual

COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE *	DATE RECEIVED
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0	1369256				Bob Lingl for Mayor 2016	Bob I inal for
						NAME OF FILER
BER	I.D. NUMBER					
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Page 13 of 26		through 9-24-2016				
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CALIFORNIA 460		Statement covers period	ollars.	to whole dollars.	Monetary Contributions Received	Monetary (

		\$ 699.00	SUBTOTAL \$			
	100.00	100.00	Retired	DOTH SCC	Ronald Pace 299 Burton Mesa Blvd. Lompoc, CA 93436	8/31/16
	50.00	50.00	Hair Dresser/Self Employed	□ COM SCC	Reyna DePrator 316 Alamo Lompoc, CA 93436	8/31/16
	200.00	200.00	Retired	□ COM □ SCC	Alice Milligan 519 W. Locust Lompoc, CA 93436	8/23/16
	99.00	99.00	LVMC Physician	☑ IND □ COM □ OTH □ PTY □ SCC	Tomas Machin 1855 Tularosa Rd. Lompoc, CA 93436	8/20/16
	250.00	250.00	Retired Attorney	D NND D COM D PTY SCC	E. Stewart Johnston 4155 Oak View Rd Santa Ynez, 93460	8/20/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED

*Contributor Codes

NAME OF FILER

Amounts may be rounded

SCHEDULE A (CONT.)

Statement covers period CALIFOR FORN 7-1-2016 FORN through 9-24-2016 Page ✓ → 1.D. NUMBE 1369256						whole dollars.
7-1-2016 9-24-2016	1					75.
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CALIFORNIA 460 FORM Page / H of 26 1369256 REP ELECTION	C				7-1-2016	t covers period
		1369256	I.D. NUMBER	Page 14 of 26	FORM +OO	CALIFORNIA A CO

Bob Lingl fo	Bob Lingl for Mayor 2016				1369256	56
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)
8/31/16	Anne M. Jimenez 2802 Lewis Dr. Lompoc, CA 93436	DOTH SCC	Retired	200.00	200.00	
8/31/16	Patricia Baker 708 North E St. Apt. 2 Lompoc, Ca 93436	DOTH SCC	Retired	50.00	50.00	
8/31/16	Barbara Holt 432 South A St. Lompoc, CA 93436	OTH SCC	Retired	99.00	99.00	
9/1/16	Genese Izuno 408 Nogal Lompoc, Ca 93436	SCC	Property Manager	50.00	50.00	
9/1/16	Jameson Lingl 77 E. Estaban Dr. Camarillo, CA 93010`	SCC SCC	Nurse	200.00	200.00	
			\$UBTOTAL	599.00		

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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			through9-2.	from7-1-:	Statement covers period
)	1369256	I.D. 7	9-24-2016 Page	7-1-2016	
DEB ELECTION)256	I.D. NUMBER	Page 15 of 26	FORM	CALIFORNIA A SO

		7000	2			
	50.00	50.00	Retired	D COM	Justin M. Ruhge 525 Brookside Dr. Lompoc, CA 93436	9/3/16
	50.00	50.00	Retired	□ COM □ SCC	Ann W. Ruhge 526 Brookside Dr. Lompoc, CA 93436	9/3/16
	99.00	99.00	Writer/Self Employed	D SCC	Kenneth G. VanVechten 2946 Barberry Crt. Lompoc, CA 93436	9//3/16
	300.00	300.00	Retired	OTH SCC	Sheila Hammons 2304 Carrizo Lompoc, CA 93436	9/3/16
	25.00	25.00	Retired	□ COM □ OTH □ PTY □ SCC	Edythe G. Ortiz 1212 W. Prune Lompoc, CA 93436	9/1/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
	1309230				Bob Lingl for Mayor 2016	Bob Lingl for

Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period 7-1-2016 9-24-2016

CALIFORNIA 460 SCHEDULE A

from_ through Page // I.D. NUMBER

1369256

-					0000	
Bob Lingl to	Bob Lingli for Mayor 2016			TNIIOMA	CUMULATIVE TO DATE	PER ELECTION
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)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
9/3/16	Nancy Straight 114 Oakmont Ave Lompoc, CA 93436	DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Retired	25.00	25.00	
9/6/16	C. E. Blair 176 Alcor Ave. Lompoc, CA 93436	D COM SCC	Retired	35.00	35.00	
9/6/16	June B. Ryan 1991 Trust 300 W. Walnut Ave. Lompoc, CA 93436	SCC SCC	Retired	25.00	25.00	
9/6/16	Mary L. Leach 527 South L St. Lompoc, Ca 93436	DDDD SCC	Retired	200.00	200.00	
9/6/16	Janis Wilkerson 415 E. Ocean Ave. Lompoc, CA 93436	DOTH SCC	Office Manager Wilkerson Chiropractic	100.00	100.00	
			\$UBTOTAL \$	\$ 385.00	٠	

*Contributor Codes

Amounts may be rounded to whole dollars.

Statement covers period

from through 9-24-2016

> CALIFORNIA FORM

460

SCHEDULE A (CONT.)

7-1-2016

Page Z of A

I.D. NUMBER

NAME OF FILER **Bob Lingl for Mayor 2016** 9/6/16 9/8/16 RECEIVED 9/8/16 9/8/16 9/8/16 DATE DeWayne Holmdahl 421 North Poppy St. Lompoc, CA 93436 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE * James J. Raggio 509 South K St 314 South I St. Lompoc, CA93436 Hain Associates 4431 Northoaks Dr. Lompoc, Ca 93436 628 St. Andrews Way Lompoc, CA 93436 Lompoc, CA 93436 Robert D. Manning Kathleen S. Cady OTH ND OTH SCC OTH NO DDD ND SCC SCC COM SCC CEO/LVMC Realtor/Self Employed Business Owner/ Elna's City of Lompoc City Councilman/ Retired IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 100/00 373.00 99.00 25.00 50.00 99.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 100.00 99.00 50.00 25.00 99.00 1369256 PER ELECTION TO DATE (IF REQUIRED)

*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 may be rounded to whole dollars.

from

Statement covers period

7-1-2016

CALIFORNIA

SCHEDULE A (CONT.)

		\$ 598.00	SUBTOTAL \$			
	50.00	50.00	Retired	D SCC	M. Janet Cooksey 4605 Falcon Dr. Lompoc, CA 93436	9/20/16
	99.00	99.00	CPA	D IND OTH SCC	John A. Rodenhi 212 East Walnut Ave. Lompoc, CA 93436	9/20/16
	250.00	250.00	Retired	D COM	Nemesio G. Balcena 1200 North B. St. Lompoc, CA 93436	9/13/16
	100.00	100.00	Retired	COM OTH	Raymond F. Down Jr. 216 South 4th. St. Lompoc, CA 93436	9/13/16
	99.00	99.00	C.0.0,/LVMC	OTH SCC	Naishadh D. Buch 1070 Craig Dr. Lompoc, CA 93436`	9/8/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
56	1369256				IME OF FILER Bob Lingl for Mayor 2016	NAME OF FILER Bob Lingl for
18 of 26	9-24-2016 Page 7	through 9-24-				

*Contributor Codes

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

		\$ 500.00	SUBTOTAL \$			
				DOTH SCC		
	100.00	100.00	Mechanic	SCC SCC	Leo B. Pope 5085 N. Monte Cristo Way Las Vegas, NV 89129	9/24/16
	50.00	50.00	Retired	DOTH SCC	Susan L. Insch 1320 East Hickory Ave. Lompoc, CA 93436	9/24/16
	250.00	250.00	Developer	□ COM □ OTH □ SCC	Morris Sobhani 204 Rametto RD - Industrial Park Santa Barbara, CA 93108	9/2416
	100.00	100.00	Retired	OTH SCC	Rachel T. Valencia 505 Countrywood Crt. Lompoc, CA 93436	9/20/16
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE
256	1369256				r Mayor 2016	AME OF FILER Bob Lingl for Mayor 2016
Page 19 of 24	9-24-2016 Page -	gh				
CALIFORNIA 460		Statement covers period 7-1-2016	ollars.	to whole dollars.	Ionetary Contributions Received	lonetary C

Loans Sched

Amounts may be rounded

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FORM	7-1-2016
CALIFORNIA	atement covers period
SCHEDULE B - PART 1	

Cahadiila B Dart 1		to whole dollars.			Statement covers period	s period	CALIFORNIA	
Loans Received		to wildle dollars.		fr	from7-1-2016	016	FORM	400
					<u>g</u>	9-24-2016	Page 2	of 26
NAME OF FILER							I.D. NUMBER	
Bob Lingl for Mayor 2016							1369256`	
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 *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Bob Lingl 316 South 6th. St				PAID FORGIVEN	69	RATE %	\$ 2500.00	\$ 2500.00 PER ELECTION***
		67	\$ 2,500.00	0.00	DATE DUE	\$ 0.00	7/5/2016 DATE INCURRED	\$ 2500.00
ND L COM L CIT L COC				PAID				CALENDAR YEAR
				\$ FORGIVEN	60	RATE	6	PER ELECTION **
		49	5	69	DATE DUE	8	DATE INCURRED	50
				PAID				CALENDAR YEAR
				FORGIVEN	8	RATE	60	PER ELECTION**
		69	69	69	DATE DUE	<i>s</i>	DATE INCURRED	69
		SUBTOTALS \$	4	0,	₩	€		
Schodule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				€9	2,500.00	١		
	s of less than \$100.)					7	†Contributor Codes	5

Sched

Loans paid or forgiven this period......\$

5

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

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

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

** If required.

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party SCC - Small Contributor Committee

0-00

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

(May be a negative number)

2,500.00

Schedule E Payments Made

Amounts may be rounded to whole dollars.

from through Statement covers period 7-1-2016 9-24-2016

CALIFORNIA Page FORM of 26

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Bob Lingl for Mayor 2016 1369256 .D. NUMBER

TAND CONS LEG CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 304 Whittington Pkwy. My Campaign Store Latino Family Voter Guide Lompoc, CA 93436 Louisville, KY 40222 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Long Beach, CA 90802 249 E. Ocean Blvd. Ste. 685 111 South I St. Lompoc Valley Chamber of Commerce civic donations contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign literature and mailings independent expenditure supporting/opposing others (explain)* campaign consultants legal defense fundraising events candidate filing/ballot fees #201 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OFC PRO PET MTG POL member communications office expenses meetings and appearances postage, delivery and messenger services polling and survey research phone banks petition circulating professional services (legal, accounting) CODE CMP MTG 드 OR Yard signs and frames Booth @Old Time Market Voter Guide DESCRIPTION OF PAYMENT VOT TRS RFD RAD radio airtime and production costs transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions information technology costs (internet, e-mail) voter registration candidate travel, lodging, and meals SUBTOTAL \$ AMOUNT PAID 1,542.29 1,912.29 350.00 20.00

Schedule E Summary

2. Unitemized payments made this period of under \$100...... 1. Itemized payments made this period. (Include all Schedule E subtotals.)......

> 6 60

> > 10,034.45

þ þ

- ω Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(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 \$
- FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016)

10,034.45

Schedule E Payments Made (Continuation Sheet)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from Statement covers period 7-1-2016

CALIFORNIA

9-24-2016

through

Page 22 I.D. NUMBER

Bob Lingl for Mayor 2016 Otherwise describe the payment 1369256

		ledule D.	* Payments that are contributions or independent expenditures must also be summarized on scriedule of
2,112.67	SUBTOTAL \$		
858.04	Large yard signs	CMP	My Campaign Store 304 Whittington #201 Louisville, KY 40222`
800.00	Candidate Statement Fee	Ę	City of Lompoc 100 Civic Center Dr. Lompoc, CA 93436
25.00	Filing Fee	FL	City of Lompoc 100 Civic Center Dr. Lompoc, CA 93436
179.63	Envelopes	OFC	Graphic Systems 405 North G. St. Lompoc, CA 93436
250.00	Tech. support	WEB	Harrison Technology Grp. 920 Rock Rose Ln. Lompoc, CA 93436
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponsor	ayment, you may enter the code. Otherwise, describe the payment, member communications member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) professional services (legal, accounting) with the code. Otherwise, describe the payment made and production costs campaign workers' salaries and production costs professional entire payment. RAD radio airtime and production costs campaign workers' salaries and production costs professional entire payment. RFD returned contributions RFD returned contributions SAL campaign workers' salaries candidate salaries and production costs and production costs professional entire payment.	ayment, you may enter the code member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code. 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 LTT campaign literature and mailings 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

SCHEDULE E (CONT.

Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from through Statement covers period 7-1-2016 9-24-2016

> CALIFORNIA FORM

Page .D. NUMBER

1369256

LEG SALCONS BALCONS BA CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. **Bob Lingl for Mayor 2016** campaign paraphernalia/misc. campaign consultants OFC MBR member communications office expenses meetings and appearances RFD radio airtime and production costs campaign workers' salaries returned contributions

City of Lompoc Voter Extract 100 Civic Center Dr. 615 North H St. Lompoc, CA 93436 Staples 805 North H St. Lompoc, CA 93436 219 Wedt Olive Ave La Purisima School Lompoc, CA 93436 920 Rock Rose Ln. Lompoc, CA 93436 Union Bank - Lompoc Branch Harrison Tecknology Grp. civic donations contribution (explain nonmonetary)* campaign literature and mailings legal defense candidate filing/ballot fees independent expenditure supporting/opposing others (explain)* fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POS PHO PET polling and survey research postage, delivery and messenger services professional services (legal, accounting) petition circulating phone banks CODE OFC CMP POL WEB OFC. SR Stamps & envelopes Voter Extract Deluxe checks Teck support Placement of Large sign DESCRIPTION OF PAYMENT TRC TRS 트 t.v. or cable airtime and production costs information technology costs (internet, e-mail) candidate travel, lodging, and meals voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals AMOUNT PAID 116.66 500.00 100.00 51.00 27.50

Lompoc, CA 93436 ' Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

795..16

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

NAME OF FILER

Bob Lingl for Mayor 2016

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from Statement covers period 7-1-2016

CALIFORNIA ,

1369256 I.D. NUMBER

Page 24

through 9-24-2016

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

0,101.20	0000	edule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
	Campaign Brochure	CMP	Budget Watchdogs Newsletter 1954 W. Carson St. Suite B Torrance, CA 90502
304.00	Campaign Brochure	CMP	CA Voters Guide 1954 W. Carson St. Suite B Torrance,, CA 90501
356.00	Campaign Brochure	CMP	Casal Voter Guide 1954 W. Carson St. Suite B Torrance, CA 90501
2,258.03	Door knob hangers & brochures	CMP	Graphic Systems 403 North G. St. Lompoc, CA 93436
155.20	Supplies to install large signs	CMP	The Home Depot 1701 E. Ocean Ave Lompoc, CA 93436
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponsor	member communications meetings and appearances SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TEL t.v. or cable	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: IT One of the following codes accurately describes in polyments. CMP campaign paraphemalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period C 7-1-2016 from _____ 9-24-2016

CALIFORNIA 46

Page 25 (1369256

1369256

LEG FAD COMP CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. **Election Digest** 249 E. Ocean Blvd. Suite 685 CA Latino Voters Guide Torrance, CA 90501 1954 W. Carson St. Suite B 615 North H St. 403 North G St. Graphic Systems Long Beach, CA 93436 Bob Lingl for Mayor 2016 805 North H St. Lompoc, CA 93436 Union Bank Lompoc, CA 93436 Staples Lompoc CA 93436 campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)* campaign literature and mailings independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees campaign consultants fundraising events legal detense NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRO PHO OFC MTG POL PET member communications meetings and appearances polling and survey research office expenses print ads professional services (legal, accounting) postage, delivery and messenger services phone banks petition circulating CODE CMP OFC OFC 드 드 SR For appearance on Nov. 2016 Election Campaign Brochure Tri-folder colored brochure Office Suppplies, Stamps Bank Fee DESCRIPTION OF PAYMENT RAD RFD SAL radio airtime and production costs transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs information technology costs (internet, e-mail staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions voter registration SUBTOTAL \$ AMOUNT PAID 1,453.10 350.00 498.00 459.00 138.25 7.85

Schedule I Miscellaneous Increases to Cash

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Bob Lingl for Mayor 2016

DATE RECEIVED

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Amounts may be rounded to whole dollars.

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7.	
AMOUNT OF INCREASE TO CA	CEIPT
1369256	
I.D. NUMBER	
Page of of	9-24-2016
FORM 4	7-1-2016

TO CASH

DESCRIPTION OF RE

Attach addi			7/6/16
Attach additional information on appropriately labeled continuation sheets.			Union Bank 805 North H St. Lompoc, CA 93436
SUBTOTAL \$			Monthly Service Charge Fee Reversed
L\$ 72.00			72.00

Schedule I Summary

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

4

72.00

€

72.00 þ þ

TOTAL