

**Recipient Committee  
Campaign Statement  
Cover Page**

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CALIFORNIA  
FORM  
**460**

COVER PAGE

Page 1 of 24

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Date of election if applicable:  
(Month, Day, Year)  
11-8-2016

City of Lompoc - City Clerk's Office

**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 9)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 9)
- 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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Bob Lingl for Mayor 2016

I.D. NUMBER  
1369256

**Treasurer(s)**

NAME OF TREASURER  
Irma Gadway

MAILING ADDRESS  
1301 W. Barton Ave.

CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-737-7160

STREET ADDRESS (NO P.O. BOX)  
316 South 6th. Street

CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-315-1131

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

NAME OF ASSISTANT TREASURER, IF ANY  
Helen Free

MAILING ADDRESS  
408 Nogal

CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-742-0482

**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 9/26/16 Date  
By Irma Gadway Signature of Treasurer or Assistant Treasurer

Executed on 9/26/16 Date  
By Barry Signature of Controlling Officeholder/Candidate, State Measure Proponent or Responsible Officer or 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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Bob Lingl**  
 Mayor  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 316 South 6th. St. Lompoc CA 93436

**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	CONTROLLED COMMITTEE?
Bob Lingl for Mayor 2016	1369256	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Irma Gadway		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

  

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	AREA CODE/PHONE
316 South 6th. St.		Lompoc	CA	93436	805-315-1131

  

COMMITTEE NAME	I.D. NUMBER
Lompoc	

  

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 \_\_\_\_\_

SUPPORT  
 OPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_

DISTRICT NO. IF ANY \_\_\_\_\_

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 7-1-2016 through 9-24-2016	<b>CALIFORNIA FORM 460</b>
Page 3 of 26	I.D. NUMBER 1369256

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Bob Lingl for Mayor 2016

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 12,064.00	\$ 12,064.00
2. Loans Received.....	Schedule B, Line 3 2,500.00	2,500.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 14,564.00	\$ 14,564.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 14,564.00	\$ 14,564.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 10,034.45	\$ 10,176.45
7. Loans Made.....	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 10,034.45	\$ 10,176.45
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 -0-	-0-
10. Nonmonetary Adjustment.....	Schedule G, Line 3 -0-	-0-
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 10,034.45	\$ 10,176.45

## 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 \$ 1,408.48	
13. Cash Receipts.....	Column A, Line 3 above 14,564.00	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 72.00	
15. Cash Payments.....	Column A, Line 8 above 10,034.45	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6,010.03	

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ -0-
18. Cash Equivalents.....	See instructions on reverse \$ -0-
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ -0-

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ -0-
18. Cash Equivalents.....	See instructions on reverse \$ -0-
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ -0-

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

CALIFORNIA  
FORM  
**460**

SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Bob Lingl for Mayor 2016**

I.D. NUMBER  
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)	PER ELECTION TO DATE (IF REQUIRED)
8/2/16	Free Family Trust 408 Nogal Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	
8/2/16	W. Chuck Humphrey 2315 NE 44th Terr. Kansas City, MO 64116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
8/10/16	Barry Weaver 652 University Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
8/10/16	Laurie Weaver 652 University Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
8/10/16	Christopher C. Brooks 718 St. Andrews Way Lompoc, CA 93436	<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	
<b>SUBTOTAL \$</b>				<b>1,050.00</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 12,064.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ -0-
- 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

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

SCHEDULE A (CONT.)  
**CALIFORNIA**  
FORM **460**

NAME OF FILER  
**Bob Lingl for Mayor 2016**

I.D. NUMBER  
**1369256'**

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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)
8/10/16	C.E. Blair 176 Alcor Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	30.00	30.00	
8/10/16	James W. Keeling 1201 E. Ocean Ave. Ste. M Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent	100.00	100.00	
8/10/16	Donna M. Brown 303 South H. St Lompoc, CA 93436	<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	
8/10/16	Jason R. Nasato 254 Vega Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75.00	75.00	
8/10/16	John R. Beeler 1204 East Walnut Unit E Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>355.00</b>		

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

CALIFORNIA  
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**460**

Statement covers period  
from 7-1-16  
through 9-24-16  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Bob Lingl for Mayor 2016**

I.D. NUMBER  
136925668/12/16

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/12/16	Santa Ynez Band of Mission Indians 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	Santa Ynez Mission Indians	3,500.00	3,500.00	
8/12/16	William T. Reardon 4405 Odyssey Ct. Lompoc, CA 933436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOVARC/CEO	250.00	250.00	
8/12/16	Gladys F. Bonnell 296 Oakhill Dr. Lompoc Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
8/12/16	Marie T. Pope 316 South 6th. St. Lompoc, Cal. 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
8/12/16	Arthur Dossey 1728 E. College Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>4,025.00</b>		

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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**CALIFORNIA**  
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SCHEDULE A (CONT.)

NAME OF FILER  
Bob Lingl for Myor 2016

I.D. NUMBER  
1369256

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/12/16	Frank M Signorelli 407 W Locust Ave Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
8/12/16	Ann C. Glasgow 170 Oakhill Dr. Lompoc, CA 93436	<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	
8/12/16	Kathleen Gonzales 1579 Calle Lara Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
8/16/16	Judith L. McKinnon 401 E. Cherry Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
8/16/16	Karen L. Moore 411 North O St. Lompoc, CA 93436	<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	
<b>SUBTOTAL \$</b>				525.00		

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-2016</u> through <u>9-24-2016</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
Bob Lingl for Maor 2016

I.D. NUMBER  
13692256

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/16/16	Gail Latipow 756 Carina Dr. Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	85.00	85.00	
8/16/16	Kathleen D. Clark 1302 W. Apricot Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse	25.00	25.00	
8/16/16	Thomas H. Gerald 434 South G. St. Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Book Sales/The Book Store	250.00	250.00	
8/16/16	Katherine W. Smith 3827 Via Mondo Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
8/16/16	R.M. Coe 59 Stanford Circle Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
<b>SUBTOTAL \$</b>				460.00		

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PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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FORM **460**

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/16/16	Frederick K. Bittle 3152 Courtnay Dr. Lompoc, C 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker	50.00	50.00	
8/17/16	Lt Col. Donald D. Rowland 4603 Falcon Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
8/17/16	Claudia Griffin 778 Tamarisk Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
8/17/16	Irma Gadway 1301 West Barton Ave Lompoc, CA	<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	
8/17/16	Patrick Clevenger 905 E. Fir Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>250.00</b>		

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 7-1-2016  
through 9-24-16

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SCHEDULE A (CONT.)  
**CALIFORNIA  
FORM 460**

NAME OF FILER: **Bob Lingl for Mayor 2016**  
I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/17/16	Ronald Fink 1332 North E Crt. Lompoc, Ca 93436	<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	
8/19/16	Harvey Wynne 312 South 6th. St Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
8/19/16	Jaime Tinoco PO Box 3455 Lompoc, CA 93438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Rep./IBEW	200.00	200.00	
8/19/16	Terry Hammons 2304 Carrizo Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	
8/19/16	Peggy Edge 524 Canfield Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>700.00</b>		

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 7-1-16  
through 9-24-16

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/20/16	John A Silva 1049 Armstrong Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher/Self employed	250.00	250.00	
8/20/16	William Cunningham 1336 Village Meadows Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
8/20/16	Carolyn D. Lingl 77 Estaban Dr. Camarillo CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Museum Curator/Getty	100.00	100.00	
8/26/16	Bob Campbell 2350 E. Hwy. 246 Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer/Self Employed	99.00	99.00	
8/26/16	Patricia Elkaim 2785 Lewis Pl. Lompoc, CA	<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	
<b>SUBTOTAL \$</b>				<b>599.00</b>		

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

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

**CALIFORNIA FORM 460**

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/20/16	Marno Goetsch 348 Oakhill Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	75.00	75.00	
8/20/16	Noel Shields 949 E. Cypress Ave Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner/Custom Frames	99.00	99.00	
8/20/16	Aprile L. Barker PO Box 8219 Icline Village, NV 89450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	99.00	99.00	
8/20/16	K.H. Shields 217 W. Ocean Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner/Custom Frames	99.00	99.00	
8/20/16	Roger J. McConnell 4376 Scorpio Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Broker	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>422.00</b>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/20/16	E. Stewart Johnston 4155 Oak View Rd Santa Ynez, 93460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Attorney	250.00	250.00	
8/20/16	Tomas Machin 1855 Tularosa Rd. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LVMC Physician	99.00	99.00	
8/23/16	Alice Milligan 519 W. Locust Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
8/31/16	Reyna DePrator 316 Alamo Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hair Dresser/Self Employed	50.00	50.00	
8/31/16	Ronald Pace 299 Burton Mesa Blvd. Lompoc, CA 93436	<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	
<b>SUBTOTAL \$</b>				<b>699.00</b>		

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     (other than PTY or SCC)  
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 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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SCHEDULE A (CONT.)

NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **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)	PER ELECTION TO DATE (IF REQUIRED)
8/31/16	Anne M. Jimenez 2802 Lewis Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
8/31/16	Patricia Baker 708 North E St. Apt. 2 Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
8/31/16	Barbara Holt 432 South A St. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	99.00	99.00	
9/1/16	Genese Izuno 408 Nogal Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager	50.00	50.00	
9/1/16	Jamesson Lingl 77 E. Estaban Dr. Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse	200.00	200.00	
<b>SUBTOTAL \$</b>				<b>599.00</b>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-2016</u> through <u>9-24-2016</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
**Bob Lingl for Mayor 2016**

I.D. NUMBER  
**1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/1/16	Edythe G. Ortiz 1212 W. Prune Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
9/3/16	Sheila Hammons 2304 Carrizo Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	
9/3/16	Kenneth G. VanVechten 2946 Barberrry Ct. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer/Self Employed	99.00	99.00	
9/3/16	Ann W. Ruhge 526 Brookside Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
9/3/16	Justin M. Ruhge 525 Brookside Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>524.00</b>		

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# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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**Bob Lingl for Mayor 2016**

I.D. NUMBER  
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)	PER ELECTION TO DATE (IF REQUIRED)
9/3/16	Nancy Straight 114 Oakmont Ave Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
9/6/16	C. E. Blair 176 Alcor Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	35.00	35.00	
9/6/16	June B. Ryan 1991 Trust 300 W. Walnut Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
9/6/16	Mary L. Leach 527 South L St. Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
9/6/16	Janis Wilkerson 415 E. Ocean Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager Wilkerson Chiropractic	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>385.00</b>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **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)	PER ELECTION TO DATE (IF REQUIRED)
9/6/16	Hain Associates 314 South I St. Lompoc, CA93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor/Self Employed	25.00	25.00	
9/8/16	James J. Raggio 509 South K St Lompoc, Ca 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO/LVMC	99.00	99.00	
9/8/16	DeWayne Holmdahl 421 North Poppy St. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilman/ City of Lompoc	50.00	50.00	
9/8/16	Kathleen S. Cady 4431 Northoaks Dr. Lompoc, CA 93436	<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	
9/8/16	Robert D. Manning 628 St. Andrews Way Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner/ Elna's	99.00	99.00	
<b>SUBTOTAL \$</b>				<b>373.00</b>		

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
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through 9-24-2016

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/8/16	Naishadh D. Buch 1070 Craig Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C.O.O. / LVMC	99.00	99.00	
9/13/16	Raymond F. Down Jr. 216 South 4th. St. Lompoc, CA 93436	<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	
9/13/16	Nemesio G. Balcena 1200 North B. St. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
9/20/16	John A. Rodenhil 212 East Walnut Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA	99.00	99.00	
9/20/16	M. Janet Cooksey 4605 Falcon Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
<b>SUBTOTAL \$</b>				<b>598.00</b>		

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

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

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NAME OF FILER: **Bob Lingl for Mayor 2016** I.D. NUMBER: **1369256**

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/20/16	Rachel T. Valencia 505 Countrywood Ct. Lompoc, CA 93436	<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	
9/24/16	Morris Sobhani 204 Rametto RD - Industrial Park Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer	250.00	250.00	
9/24/16	Susan L. Insch 1320 East Hickory Ave. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	50.00	
9/24/16	Leo B. Pope 5085 N. Monte Cristo Way Las Vegas, NV 89129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mechanic	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>500.00</b>		

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 SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7-1-2016</u> through <u>9-24-2016</u>	Page <u>20</u> of <u>26</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Bob Lingl for Mayor 2016

I.D. NUMBER  
1369256\*

FULL NAME, STREET ADDRESS AND ZIP CODE (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
Bob Lingl 316 South 6th. St Lompoc, CA 93436			\$ 2,500.00	PAID \$ 0.00 FORGIVEN	DATE DUE	RATE 0.00%	7/5/2016 DATE INCURRED	CALENDAR YEAR 2500.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				PAID \$ _____ FORGIVEN	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				PAID \$ _____ FORGIVEN	DATE DUE	RATE _____%	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS</b>		\$ _____	\$ _____	\$ _____	DATE DUE	RATE	DATE INCURRED	\$ _____

**Schedule B Summary**

- Loans received this period ..... \$ 2,500.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 2,500.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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- 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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 7-1-2016  
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NAME OF FILER

Bob Lingl for Mayor 2016

I.D. NUMBER  
1369256

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member 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
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
My Campaign Store 304 Whittington Pkwy. #201 Louisville, KY 40222	CMP		Yard signs and frames	1,542.29
Lompoc Valley Chamber of Commerce 111 South I St. Lompoc, CA 93436	MTG		Booth @Old Time Market	20.00
Latino Family Voter Guide 249 E. Ocean Blvd. Ste. 685 Long Beach, CA 90802	LIT		Voter Guide	350.00
<b>SUBTOTAL \$</b>				<b>1,912.29</b>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 10,034.45
2. Unitemized payments made this period of under \$100 ..... \$ -0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 10,034.45

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

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I.D. NUMBER  
1369256

Bob Lingl for Mayor 2016

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

- 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
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- MTG meetings and appearances
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- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Harrison Technology Grp. 920 Rock Rose Ln. Lompoc, CA 93436	WEB		Tech. support	250.00
Graphic Systems 405 North G. St. Lompoc, CA 93436	OFC		Envelopes	179.63
City of Lompoc 100 Civic Center Dr. Lompoc, CA 93436	FIL		Filing Fee	25.00
City of Lompoc 100 Civic Center Dr. Lompoc, CA 93436	FIL		Candidate Statement Fee	800.00
My Campaign Store 304 Whittington #201 Louisville, KY 40222	CMP		Large yard signs	858.04

**SUBTOTAL \$ 2,112.67**

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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

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

CALIFORNIA  
FORM  
**460**  
Page 28 of 26

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Bob Lingl for Mayor 2016

I.D. NUMBER  
1369256

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
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- LEG legal defense
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- 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
Staples 615 North H St. Lompoc, CA 93436	OFC		Stamps & envelopes	116.66
City of Lompoc Voter Extract 100 Civic Center Dr. Lompoc, CA 93436	POL		Voter Extract	51.00
La Purisima School 219 West Olive Ave. Lompoc, CA 93436	CMP		Placement of Large sign	100.00
Union Bank - Lompoc Branch 805 North H St. Lompoc, CA 93436	OFC		Deluxe checks	27.50
Harrison Tecknology Grp. 920 Rock Rose Ln. Lompoc, CA 93436	WEB		Teck support	500.00

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

**SUBTOTAL \$ 795.16**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7-1-2016</u> through <u>9-24-2016</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER: **Bob Lingl for Mayor 2016**  
I.D. NUMBER: **1369256**

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

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- CVC civic donations
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- VOT voter registration
- 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
The Home Depot 1701 E. Ocean Ave Lompoc, CA 93436	CMP		Supplies to install large signs	155.20
Graphic Systems 403 North G. St. Lompoc, CA 93436	CMP		Door knob hangers & brochures	2,258.03
Casal Voter Guide 1954 W. Carson St. Suite B Torrance, CA 90501	CMP		Campaign Brochure	356.00
CA Voters Guide 1954 W. Carson St. Suite B Torrance, CA 90501	CMP		Campaign Brochure	304.00
Budget Watchdogs Newsletter 1954 W. Carson St. Suite B Torrance, CA 90502	CMP		Campaign Brochure	688.00

**SUBTOTAL \$ 3,761.23**

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



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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7-1-2016</u> through <u>9-24-2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>25</u> of <u>26</u>	

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

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

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- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Election Digest 1954 W. Carson St. Suite B Torrance, CA 90501	CMP		Campaign Brochure	498.00
CA Latino Voters Guide 249 E. Ocean Blvd. Suite 685 Long Beach, CA 93436	LIT		For appearance on Nov. 2016 Election	350.00
Graphic Systems 403 North G St. Lompoc CA 93436	LIT		Tri-folder colored brochure	459.00
Staples 615 North H St. Lompoc, CA 93436	OFC		Office Supplies, Stamps	138.25
Union Bank 805 North H St. Lompoc, CA 93436	OFC		Bank Fee	7.85

**SUBTOTAL \$ 1,453.10**

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  
FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

# Schedule I Miscellaneous Increases to Cash

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>7-1-2016</u> through <u>9-24-2016</u>	<b>CALIFORNIA FORM 460</b>
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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)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/6/16	Union Bank 805 North H St. Lompoc, CA 93436	Monthly Service Charge Fee Reversed	72.00
<b>SUBTOTAL \$</b>			<b>72.00</b>

Attach additional information on appropriately labeled continuation sheets.

## Schedule I Summary

- 1. Itemized increases to cash this period. .... \$ 72.00
- 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 \$ 72.00**