

**Recipient Committee
Campaign Statement
Cover Page**

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**CALIFORNIA
FORM 460**

Page 1 of 15

For Official Use Only

City of Lompoc - City Clerk's Office

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2016
through Sep 24, 2016

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

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

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

2. Type of Statement:

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

3. Committee Information

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

John H. Linn

I.D. NUMBER
1351277

Treasurer(s)

NAME OF TREASURER

Michael Jay Sewall

MAILING ADDRESS

615 North O St 333

CITY

Lompoc

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

Lompoc

STATE

CA

ZIP CODE

93438

AREA CODE/PHONE

(805)588-5391

STREET ADDRESS (NO P.O. BOX)
PO Box 2525
CITY Lompoc STATE CA ZIP CODE 93438 AREA CODE/PHONE (805)331-2258
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

STREET ADDRESS (NO P.O. BOX)
615 North O St 333
CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE (805)588-5391
MAILING ADDRESS
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 9/29/16 Date
By [Signature] Signature of Treasurer or Assistant Treasurer
Executed on 9/29/16 Date
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John H. Linn

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
PO Box 2525 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?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2016</u> through <u>Sep 24, 2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>15</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John H. Linn

I.D. NUMBER
1351277

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 5,048.85	\$ 5,649.60
2. Loans Received.....	Schedule B, Line 3 2,000.00	2,000.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 7,048.85	\$ 7,649.60
4. Nonmonetary Contributions.....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 7,048.85	\$ 7,649.60

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 600.75 \$ 7,048.85

21. Expenditures Made \$ 834.66 \$ 6,778.60

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 6,778.60	\$ 7,613.26
7. Loans Made.....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 6,778.60	\$ 7,613.26
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 6,778.60	\$ 7,613.26

**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 \$ 2,591.39	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).
13. Cash Receipts.....	Column A, Line 3 above 7,048.85	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0.00	
15. Cash Payments.....	Column A, Line 8 above 6,778.60	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,861.64	

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0.00
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18. Cash Equivalents.....	See instructions on reverse \$ 2,861.64
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0.00

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2016
through Sep 24, 2016

CALIFORNIA 460
FORM

SCHEDULE A

Page 4 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John H. Lim

I.D. NUMBER
1351277

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)
7/20/16	Heather Bedford 209 N 3rd 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	Self Employed Graphic Systems, Solvang	100.00	100.00	
8/10/16	J.C. Knapp 620 N 9th 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	
8/11/16	Charles Littlejohn 301 Oakhill Drive 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	
8/23/16	Rob Lewis P.O. Box 1059 Lompoc, CA 93438	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Lompoc Investment Gp	300.00	300.00	
8/23/16	Barbara Baca 1100 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	Self Employed Lou's Chevron	100.00	100.00	
SUBTOTAL \$				1,100.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4,450.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 598.85
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 5,048.85

*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 July 1, 2016
through Sep 24, 2016

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NAME OF FILER: **John H. Linn**
I.D. NUMBER: **1351277**

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)
8/23/16	Lou Baca 1100 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	Self Employed Lou's Chevron	100.00	100.00	
8/23/16	James Diani 1320 Foxenwood Dr Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Diani Construction	100.00	100.00	
8/30/16	John Linn 334 N E 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	Self Employed Double L Services	900.00	900.00	
9/12/16	Charles Eckert III 160 N Fairview Goleta, CA 93111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Charles Eckert Attorney	250.00	250.00	
9/12/16	Stuart Whitman 5670 Wilshire Blvd Ste 2170 Los Angeles, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Commercial Property	500.00	500.00	
SUBTOTAL \$				1,850.00		

*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 July 1, 2016
through Sep 24, 2016

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NAME OF FILER
John H. Linn
I.D. NUMBER
1351277

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>
9/12/16	Charles Eckert IV 160 N. Fairview Goleta, CA 93111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Excellence in Prop Mgt Inc	500.00	500.00	
9/22/16	Stephen Dietrich 2835 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	Self Employed Financial Resource Grp	400.00	400.00	
9/22/16	Mike Siminiski 428 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	100.00	100.00	
9/22/16	Chris Zikakis 1224 North 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	Self Employed Rocket Town Honda	500.00	500.00	
SUBTOTAL \$				1,500.00		

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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2016
through Sep 24, 2016

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1351277

**SCHEDULE B - PART 1
CALIFORNIA
FORM
460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John H. Linn

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
				PAID	FORGIVEN				
John H Linn 334 North E St Lompoc, CA 93436	Self employed Double L Services	\$ 0.00	\$ 2,000.00	\$ 0.00	\$ 0.00	\$ 2,000.00	0 % 0.00	\$ 2,000 8/30/16	\$ PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN			_____% 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				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN			_____% RATE	_____ DATE INCURRED	_____ CALENDAR YEAR _____ PER ELECTION**
SUBTOTALS		\$ 2,000.00	\$ 2,000.00	\$ 0.00	\$ 0.00	\$ 2,000.00	0.00		

Schedule B Summary

- Loans received this period \$ 2,000.00
(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 \$ 2,000.00
(May be a negative number)

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

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from July 1, 2016
through Sep 24, 2016

CALLIFORNIA 460
FORM

SCHEDULE C

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John H. Linn

I.D. NUMBER
1351277

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

SUBTOTAL \$

Schedule C Summary

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

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

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>July 1, 2016</u> through <u>Sep 24, 2016</u>	SCHEDULE D CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John H. Linn

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

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>July 1, 2016</u> through <u>Sep 24, 2016</u>	CALIFORNIA FORM 460
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I.D. NUMBER <u>1351277</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John H. Linn

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Ryan 15 Undine Circle Springfield, MA 01109	CNS			4,000.00
LAUNCHpad 1010 North H St Lompoc, CA 93436	OFC			395.60
Lompoc Valley Chamber of Commerce PO Box 626 Lompoc, CA 93438	MTG			500.00
SUBTOTAL \$				4,895.60

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 6,778.60
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6,778.60

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

**CALIFORNIA
FORM
460**

Statement covers period
from July 1, 2016
through Sep 24, 2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John H. Linn

I.D. NUMBER
1351277

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TST | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Casey Fera 1513 E Pine Ave Lompoc, CA 93436	TEL			858.00
City of Lompoc 100 Civic Center Plaza Lompoc, CA 93436	FIL			825.00
El Concilio de Lompoc PO Box 57 Lompoc, CA 93438	FND			100.00
Coast Valley Substance Abuse 1414 South Miller St Santa Maria, CA 93454	FND			100.00

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

SUBTOTAL \$ 1,883.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from July 1, 2016
through Sep 24, 2016

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John H. Lim

I.D. NUMBER
1351277

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$					

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period: (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0.00

May be a negative number

Schedule G

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

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period from July 1, 2016 through Sep 24, 2016

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NAME OF FILER

I.D. NUMBER 1351277

John H. Linn

NAME OF AGENT OR INDEPENDENT CONTRACTOR

- CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
- CMP campaign paraphernalia/misc.
 - 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 t.v. or cable airtime and production costs
 - TRC candidate travel, lodging, and meals
 - TRS staff/spouse travel, lodging, and meals
 - TSF transfer between committees of the same candidate/sponsor
 - VOT voter registration
 - WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOTAL * \$			0.00	

Attach additional information on appropriately labeled continuation sheets.

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

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

CALIFORNIA
FORM
460

Statement covers period
from July 1, 2016
through Sep 24, 2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John H. Linn

I.D. NUMBER
1351277

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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
								CALENDAR YEAR	PER ELECTION**
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____ % RATE	\$ _____ DATE INCURRED _____	\$ _____ CALENDAR YEAR	\$ _____ PER ELECTION**
SUBTOTALS				\$ _____	\$ _____				

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

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

Schedule H Summary

- Loans made this period.....\$ _____ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ _____ 0.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.).....NET \$ _____ 0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

Schedule I Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

CALIFORNIA
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SCHEDULE I

Statement covers period
from July 1, 2016
through Sep 24, 2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John H. Linn

I.D. NUMBER
1351277

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
SUBTOTAL \$			

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. \$ 0.00
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0.00