Recipient Committee Campaign Statement Cover Page

		O Time of Statement		
			C	
		11-8-2016	through 10-22-2016	INSTRUCTIONS ON REVERSE
	ty of Lompoc - City Clerk's Office	0		
For Official Use Only	1	(Month, Day, Year)	from 9-25-2016	
agg		Date of election if applicable:	Statement covers period	
Page 1 of 14	OCT 2 4 2016			ACT - age
FORM				mpaign statement
CALIFORNIA 160	Date Stamp			cipient Committee

COVER PAGE

SEE	SEE INSTRUCTIONS ON REVERSE	through	10-22-2016	11-8-2016				
							L	
-	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 Recall Also Complete Part 5) General Purpose Committee Sponsored Sponsored Committee	Primarily Form Committee Controlled Sponsorec (Also Complete Part 8) Primarily Form Officeholder C	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	rmination)		Quarterl Special I	Quarterly Statement Special Odd-Year Report
	Sponsored O Small Contributor Committee O Political Party/Central Committee	Primarily Form Officeholder C (Also Complete Part 7)	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)			ε		
ω	Committee Information	1.D. NUMBER 1369256	3ER 256	Treasurer(s)				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)			NAME OF TREASURER				
	Bob Lingi for Mayor 2016			MAILING ADDRESS				
				1301 W. Barton Ave.				
	STREET ADDRESS (NO P.O. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
	316 South 6th. Street			Lompoc		CA	93436	805-737-7160
	CITY STATE ZIP	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	×		MAILING ADDRESS				
				408 Nogal				
	CITY STATE ZIP	ZIP CODE	AREA CODE/PHONE	CITY	8	STATE	ZIP CODE	AREA CODE/PHONE
				Lompoc		CA	93436	805-742-0482
	OPTIONAL: EAY /E MAIL ADDRESS			OBTIONAL FAY / E-MAIL ADDRESS	n			The second secon

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	Executed on	Executed on 10 84 16	Executed on 10 24 16
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Méasure Proponent or Responsible Officer of Spo	By Signature of Treasurer or Assistant Treasurer

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

City of Lompos - City Clarks Citics

	Attach continuation sheets if necessary	h continuation s	Attac	DE AREA CODE/PHONE	STATE ZIP CODE	СІТҮ
SUPPOR	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	YES NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPOR	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	DONTED LED COMMITTEES		NAME OF TREAST FREE
SUPPOR	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	B05-315-1131	CA 93436	Lompoc
SUPPOR	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		(NO	COMMITTEE ADDRESS 316 South 6th. St.
names of	Nder Committee List unittee is primarily formed.	idate/Officeho for which this com	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	1369256 CONTROLLED COMMITTEE?	r 2016	Bob Lingl for Mayor 2016 NAME OF TREASURER Irma Gadway
				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	ment: List any committees re primarily formed to receive acy.	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.	Related Committe not included in this stat contributions or make
nent, if any.	or state measure propor	nolder, candidate,	Identify the controlling officeholder, candidate, or state measure proponent, if any.	CA 93436	ADDRESS (NO. AND STREET) CITY Lompoc	RESIDENTIAL/BUSINESS ADDRESS 316 South 6th. St.
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayor	OFFICE SOUGHT OR HEL
			NAME OF BALLOT MEASURE N/A		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE Bob Lingl
	nmittee	Measure Con	6. Primarily Formed Ballot Measure Committee	ee	Officeholder or Candidate Controlled Committee	Officeholder or Ca
	STATES OF THE PROPERTY OF THE	STREET, STREET			THE CONTRACTOR OF THE PROPERTY	THE RESERVOIS OF THE PROPERTY

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

FPPC Advice: advice@fppc.ca.gov (866/275-37		above \$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	€9	Cash Equivalents and Outstanding Debts 18. Cash Equivalentssee instructions on reverse
		Part 2 \$	17. LOAN GUARANTEES RECEIVED Schedule B.
	amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	(15. Cash PaymentsAdd Lines 12 + 13 + 14, then subtract Line 15 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.	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some	ine 16 \$ 6,010.03 7,620.00 Line 4 -0- Line 4 11,572.98	Salance Previous
\$			Current Cash Statement
₩	\$ 21,749.43	\$ 11,572	10. Nonmonetary Adjustment801080108010
Date of Election Total to Date (mm/dd/yy)	- -	Line 3 -0-	Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 21,749.43	Line 3 -0- s 6 + 7 \$ 11,572.98	7. Loans Made Schedule H, Line 3 3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
Expenditure Limit Summary for State Candidates		\$11,572	Expenditures Made S. Payments Made Schedule E, Line 4
rres	1,550.08 23,734.08		Nonmonetary Contributions Sc TOTAL CONTRIBUTIONS RECEIVEDSc
20. Contributions Received \$\$	2,500.00 22,184.00		
General Elections	1	7,620.00	Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	COLUMN B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1369256			NAME OF FILER Bob Lingl for Mayor 2016
10-22-2016 Page 3 of 14	through		SEE INSTRUCTIONS ON REVERSE
Statement covers period 9-25-2016 FORM 460	Stateme from	to whole dollars.	Summary Page

Monetary Contributions Received Schedule A

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

CALIFORNIA

SCHEDULE

from Statement covers period 9-25-2016

through

10-22-2016

Page 4 FORM 앜 4 **1**60

1369256 I.D. NUMBER

9/29/16 **Bob Lingl for Mayor 2016** 9/29/16 9/29/16 9/29/16 9/29/16 RECEIVED DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Agoura Hills, CA 91301 29375 Mullholland Hwy Nataliya Vujicic Westlake Village, CA 91361 31826 Village Center Rd. Suite #C Batta Vujicic 609 North X St Patricia Brady Agoura Hills, CA 9130 29375 Mulholland Hwy. Dario Vujicic Agoura Hills, CA 91301 29375 Mulholland Hwy Rita Vujicic Lompoc, CA 93436 CONTRIBUTOR
CODE * OTH SCC OTH SCC SCC SCC OTH SCC SCC PTY SCC Retired Real Estate Agent Student Real Estate Agent Real Estate Manager IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 496.00 99.00 100.00 99.00 99.00 99.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 100.00 99.00 99.00 99.00 99.00 PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

- Amount received this period itemized monetary contributions (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100
- Total monetary contributions received this period.

ω

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

7,620.00

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

3 ·

,620.00

0

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

through Statement covers period 9-25-2016 10-22-2016 Page S CALIFORNIA 1369256 I.D. NUMBER FORM of. 4

SCHEDULE A (CONT.)

from

Bob Lingl for Mayor 2016 9/29/16 RECEIVED 10/4/16 10/4/16 10/4/16 10/4/16 DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) C.E. Blair Jean K. Jacoby 303 West Walnut Ave. Vacaville, CA 95696 P.O. Box 2547 **IBEW Local Union 1245** Lompoc, CA 93436 176 Alcor Ave. Lompoc, CA 93436 50 Vista Lago Dr Eric Radosavcev Lompoc, CA 93436 137 La Costa Lane Carolyn D. White Simi Valley, CA 93065 CONTRIBUTOR
CODE * OTH SCC SCC PTY SCC OTH SCC OTH SCC OTH SCC Retired **IBEW Local Union 1245** Retired Engineer Retired IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME
OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 5,000.00 5,324.00 100.00 100.00 25.00 99.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 5,000.00 100.00 100.00 90.00 99.00 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

Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

NAME OF FILER **Bob Lingl for Mayor 2016** 10/4/16 10/4/16 10/4/16 10/4/16 RECEIVED 10/4/16 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE * Lydia Harangozo-Vujicic 6155 Darlene Lane 690 Whispering Oak Place 85 Telon Court 85 Telon Court 690 Whispering Oak Place Roger Likavec Natalie Likavec Simi Valley, CA 93065 Peter A. Munther Simi Valley, CA 93065 Daniela A. Munther Moorpark, CA 93021 Thousand Oaks, CA 91320 Thousand Oaks, CA 91320 O PTY SCC OTH NO OTH SCC OTH OTH SCC PTY HOLD NO PTY Engineer Real Estate Real Estate Real Estate Agent Real Estate IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ from through AMOUNT RECEIVED THIS PERIOD 495.00 99.00 99.00 99.00 99.00 99.00 9-25-2016 10-22-2016 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 99.00 99.00 99.00 99.00 99.00 Page ___ 1369256 I.D. NUMBER FORM 6 PER ELECTION TO DATE (IF REQUIRED) of 7

*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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

onetary	Ionetary Contributions Received	to whole dollars.	Clars	from 9-25-2016		FORM 460
				through10-22	10-22-2016	Page 7 of 14
AME 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 TO DATE (IF REQUIRED)
10/4/16	Marco Vujicic 6155 Darlene Ln. Moorpark, CA 93021	DOTH SCC	Real Estate	99.00	99.00	ō
10/4/16	Timothy Harrington 1305 No. H. Suite A PMB 216 Lompoc, CA 93436	□ COM □ OTH □ SCC	Business Consultant	100.00	100.00	ō
10/10/16	David Gavrilovic 16714 S. Abiqua Rd. N.E. Silverton, OR 97381	□ COM □ PTY □ SCC	Unknown	99.00	99.00	0
10/10/16	Darlene Slepcevic-Kimbell 2282 Townsgate Rd. Suite 3 Westlake Village, CA 91361	OTH SCC	Contractor	99.00	99.00	00

*Contributor Codes

10/10/16

Douglas B Kimbell 2028 Shadow Creek Dr. Agoura Hills, Ca 91301`

O PTY SCC

SUBTOTAL \$

496.00

Adjustor

99.00

99.00

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 through 9-25-2016 10-22-2016

> CALIFORNIA FORM

SCHEDULE A (CONT.

Page ___ I.D. NUMBER ~ of 14

NAME OF FILER **Bob Lingl for Mayor 2016** DATE 10/13/16 10/13/16 10/10/16 10/13/16 10/13/16 Steven Suster 2076 Heywood St Simi Valley, CA 93065 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 1232 Village Way Suite A Santa Ana, CA 92705 Acosta Investment LLC Simi Valley, CA 93065 Lara R. Radosavcev 50 Vista Lago Dr. 2076 Heywood St 142 La Costa Ln. Daniel M. Vordale Simi Valey, CA 93065 Adina Suster Lompoc, CA 93436 CONTRIBUTOR OTH SCC OTH NO OTH SCC OTH SCC DDD ND COM Small Businessman Realtor Electrician Small Businessman Retired IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMOUNT RECEIVED THIS PERIOD 99.00 90.00 99.00 50.00 99.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 99.00 90.00 50.00 99.00 99.00 1369256 PER ELECTION
TO DATE
(IF REQUIRED)

*Contributor Codes

SUBTOTAL \$

437.00

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

NAME OF FILER

SCHEDULE A (CONT.)

1369256		
I.D. NUMBER		
Page 9 of 14	through 10-22-2016 P	
FORM	from9-25-2016	
CALIFORNIA A SO	Statement covers period	to whole dollars.

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)
10/13/16	Theresa Stamegna 18971 Glenmont Ter. Irvine CA 92603	OTH SCC	Retired	99.00	99.00	
10/18/16	Colodia Owens - Interface Health Care Serv. 285 Senior Circle - #6 Lompoc, CA 93436	D COM COM	Business Manager	50.00	50.00	
10/18/16	Mary A. Saladino 1800 Berkeley Dr Lompoc, CA 93436	D IND OTH SCC	Retired	25.00	25.00	
10/18/16	David Bodjanac 13092 Williams Ranch Rd. Moorpark, CA 93021	SCC SCC	Service Manager	99.00	99.00	
10/18/16	Juliana Bodjanac 13092 Williams Ranch Rd. Moorpark, CA 93021	D IND	Un-employed	99.00	99.00	
			\$UBTOTAL	372.00		

*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

Sche Loan

3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A,	 Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 		<u>ස</u>	Schedule B Summary		†□ IND □ COM □ OTH □ PTY □ SCC			[†] □ IND □ COM □ OTH □ PTY □ SCC			[†] ☑IND □ COM □ OTH □ PTY □ SCC	316 South 6th. St. Lompoc, CA 93436	Bob Lingl	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Bob Lingl for Mayor 2016	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE	Schedule B – Part 1 Loans Received
2 from Line 1.) / Page, Column A, Line 2.	D paid or forgiven.) are also itemized on Schedu	of less than \$100.)			SU	·			60			59			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) BE				to
	ile A.)				SUBTOTALS \$										OUTSTANDING BALANCE BEGINNING THIS PERIOD				to whole dollars.
												-0-			(b) AMOUNT RECEIVED THIS PERIOD				d
. NET \$	€ 0		₩ ₩		\$	φ	FORGIVEN	PAID	5	FORGIVEN	PAID	\$ 2,500.00	FORGIVEN	PAID	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *				
-2,500.00 (May be a negative number)	2,500.00		-0-		49	DATE DUE	69		DATE DUE	69		DATE DUE	69		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			through 10-2	Statement covers period grom9-25-2016
S	 	7	,	(Enter (e) on Schedule E, Line 3)	49	59	RATE %		5	RATE		55	RATE %		(e) INTEREST PAID THIS PERIOD			10-22-2016	9-25-2016
SCC – Small Contr	IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party	†Contributor Codes				DATE INCURRED	69		DATE INCURRED	69		7-5-2016 DATE INCURRED	\$ 2000.00		ORIGINAL AMOUNT OF LOAN	1369256	I.D. NUMBER	Page 10	CALIFORNIA 460
Small Contributor Committee	ndividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) olitical Party					φ	PER ELECTION**	CALENDAR YEAR	65	PER ELECTION **	CALENDAR YEAR	-0-	PER ELECTION**	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS TO DATE			of 14	[^] 460

Schedule C **Nonmonetary**

Amounts may be rounded

SCHEDULE C

Nonmonetary Contributions Received	Sta from _	Statement covers period 9-25-2016		CALIFORNIA 460
	thro	through 10-22-2016		Page 11 of 14
NAME OF FILER			1.0	I.D. NUMBER
Bob Lingl for Mayor 2016			13	1369256
ין אין אין אין אין אין אין אין אין אין א		AMOLINT/	CUMULATIVE TO	TO PER ELECTION

Attach addi	10/21/16	10/12/16	10/12/16	9/28/16	DATE
Attach additional information on appropriately labeled continuation sheets	IBEW Local Union 1245 P.O. Box 2547 Vacaville,CA 95696	David Hughes 900 North I St. Lompoc, CA 93436	Ron Mose 284 Rinconcito Lompoc, CA 93436	Graphic Systems 403 North G St. Lompoc, CA 93436	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
continuation	□ IND □ OTH □ SCC	□ IND □ COM □ PTY □ SCC	□ COM □ PTY □ SCC	□ IND □ COM □ PTY □ SCC	CONTRIBUTOR CODE *
sheets.	IBEW Local Union 1245	Sky Dive S.B.	Retired	Printers	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$	Walkers	Banner	Sign on Building	Scratch Pads	DESCRIPTION OF GOODS OR SERVICES
1,550.08	450.00	664.20	250.00	185.88	AMOUNT/ FAIR MARKET VALUE
	450.00	664.20	250.00	185.88	COMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
					PER ELECTION TO DATE (IF REQUIRED)

Schodule C Summary

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$ 1,550.08	Schedule C Summary
OTH - Other (e.g., I PTY - Political Part	IND – Individual COM – Recipient Co (other than F	*Contributor Codes

3. 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 \$

SCC - Small Contributor Committee ent Committee than PTY or SCC) (e.g., business entity) I Party

1,550.08

Payments Made Schedule E

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460 FORM SCHEDULE

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

> from through 9-25-2016 10-22-2016

Page 1 1369256 I.D. NUMBER of 14

you may enter the code. Otherwise, describe the payment

LEG LEG	ND FND			CMP	COD
legal defense campaign literature and mailings	fundraising events independent expenditure supporting/opposing others (explain)*	civic donations candidate filing/ballot fees	campaign consultants contribution (explain nonmonetary)*	campaign paraphernalia/misc.	CODES: If one of the following codes accurately describes the payment, you may either the code. Otherwise, accurately describes the payment, you may either the code. Otherwise, according to payment,
PRO professional services (legal, accounting) PRT print ads	POS postage, delivery and messenger services		OFC office expenses	MBR member communications	the payment, you may enter the code. Otherw
WEB information technology costs (internet, e-mail)				RAD radio airtime and production costs	isc, describe the payment

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lompoc Record P.O. Box 400 Santa Maria, CA 93456	OFC	Sticky Notes	683.26
Harrison Technology 920 Rock Rose Lane Lompoc, CA 93436	WEB	Technical Support	500.00
KTNK Radio AM 1410 111 South I St. Suite 1G Lompoc, CA 93436	RAD	Radio Airtime	850.00

Schedule E Summary

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

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

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

9,072.98

SUBTOTAL \$

2,033.26

....s

9,072.98

þ þ

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

SEE INSTRUCTIONS ON REVERSE

Bob Lingl for Mayor 2016

Amounts may be rounded to whole dollars.

through Statement covers period 9-25-2016 10-22-2016 CALIFORNIA FORM Page 13 I.D. NUMBER of

1369256

from.

EDDC Form 460 (Jan/2016)	Dada		
6,939.72	SUBTOTAL \$	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D
500.00	Technical Support	WEB	Harrison Technology 920 Rock Rose Ln. Lompoc, CA 93436
205.12	Professional Services	LEG	Robert E. Traylor 1010 North H St. Suite J Lompoc, CA 93436
3,122.00	Mail Flyers	LIT	S.B. Mail Works 601 Pine Ave. Goleta, CA 93117
1182.60	Brochures - Door Knob Hangers	CMP	Graphic Systems 403 North G St. Lompoc, CA 93436
1930.00	Radio Airtime	RAD	American General Media 2325 Skyway Dr. Suite #1 Santa Maria, CA 93455
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponsor	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	umay ente	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 Payments Made (Continuation Sheet)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period 9-25-2016 10-22-2016 CALIFORNIA FORM Page 14 of I

I.D. NUMBER

through_

from

		La Purisima School 219 West Olive Ave. Lompoc, CA 93436 Placement of Sign CMP	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT	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 CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* FIG legal defense LTG campaign literature and mailings CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries CIT petition circulating PHO phone banks FNO postage, delivery and messenger services PRO professional services (legal, accounting) NEB member communications RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries CIT candidate filing/ballot fees TRC candidate filing, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRAD radio airtime and production costs TRC campaign workers' salaries TRC candidate filing travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor TRS transfer between committees of the same candidate/sponsor	Bob Lingl for Mayor 2016 1369256
				nt. tion costs ies roduction costs , and meals ng, and meals ttees of the same costs (internet, e-rosts)	1369256
		100.00	AMOUNT PAID	candidate/sponsor	