

**Recipient Committee
Campaign Statement
Cover Page**

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City of Lompoc - City Clerk's Office

COVER PAGE

CALIFORNIA
FORM
460

Page 1 of 14

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>9-25-2016</u> through <u>10-22-2016</u>	Date of election if applicable: (Month, Day, Year) <u>11-8-2016</u>
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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)

I.D. NUMBER
1369256

Treasurer(s)

NAME OF TREASURER

Irma Gadway

MAILING ADDRESS

1301 W. Barton Ave.

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

CITY
Lompoc

STATE
CA

ZIP CODE
93436

AREA CODE/PHONE
805-315-1131

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

CITY
Lompoc

STATE
CA

ZIP CODE
93436

AREA CODE/PHONE
805-742-0482

OPTIONAL: FAX / E-MAIL ADDRESS

CITY
Lompoc

STATE
CA

ZIP CODE
93436

AREA CODE/PHONE
805-742-0482

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 10/24/16
Date

Executed on 10/24/16
Date

Executed on _____
Date

Executed on _____
Date

By Irma Gadway
Signature of Treasurer or Assistant Treasurer

By Irma Gadway
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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
Bob Lingl
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
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)		
316 South 6th. St.		
CITY STATE ZIP CODE AREA CODE/PHONE		
Lompoc CA 93436 805-315-1131		
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
N/A
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	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9-25-2016 through 10-22-2016

CALIFORNIA FORM **460**

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

I.D. NUMBER
 13692256

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 7,620.00	\$ 19,684.00
2. Loans Received.....	Schedule B, Line 3 -0-	2,500.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 7,620.00	\$ 22,184.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 1,550.08	\$ 1,550.08
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 9,170.08	\$ 23,734.08

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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 11,572.98	\$ 21,749.43
7. Loans Made.....	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 11,572.98	\$ 21,749.43
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 \$ 11,572.98	\$ 21,749.43

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 \$ 6,010.03
13. Cash Receipts.....	Column A, Line 3 above 7,620.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 -0-
15. Cash Payments.....	Column A, Line 8 above 11,572.98
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,057.05

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

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-

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).

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-25-2016
through 10-22-2016

CALIFORNIA
FORM
460

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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)
9/29/16	Batta Vujicic 31826 Village Center Rd. Suite #C Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent	99.00	99.00	
9/29/16	Nataliya Vujicic 29375 Mulholland Hwy Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Student	99.00	99.00	
9/29/16	Rita Vujicic 29375 Mulholland Hwy. Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Manager	99.00	99.00	
9/29/16	Dario Vujicic 29375 Mulholland Hwy. Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent	99.00	99.00	
9/29/16	Patricia Brady 609 North X 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	
SUBTOTAL \$				496.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 7,620.00
- 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 \$** 7,620.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
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 9-25-2016
through 10-22-2016

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SCHEDULE A (CONT.)

**CALIFORNIA
FORM 460**

NAME OF FILER

Bob Lingl for Mayor 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>
9/29/16	IBEW Local Union 1245 P.O. Box 2547 Vacaville, CA 95696	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IBEW Local Union 1245	5,000.00	5,000.00	
10/4/16	Jean K. Jacoby 303 West 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	100.00	100.00	
10/4/16	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	25.00	90.00	
10/4/16	Carolyn D. White 137 La Costa Lane 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	
10/4/16	Eric Radosavcev 50 Vista Lago Dr. Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	99.00	99.00	
SUBTOTAL \$				5,324.00		

*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 9-25-2016
through 10-22-2016

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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)
10/4/16	Daniela A. Munther 85 Telon Court Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate	99.00	99.00	
10/4/16	Peter A. Munther 85 Telon Court Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate	99.00	99.00	
10/4/16	Natalie Likavec 690 Whispering Oak Place Thousand Oaks, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent	99.00	99.00	
10/4/16	Lydia Harangozo-Vujicic 6155 Darlene Lane Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate	99.00	99.00	
10/4/16	Roger Likavec 690 Whispering Oak Place Thousand Oaks, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer	99.00	99.00	
SUBTOTAL \$				495.00		

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(other than PTY or SCC)
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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 9-25-2016
through 10-22-2016

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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)
10/4/16	Marco Vujicic 6155 Darlene Ln. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate	99.00	99.00	
10/4/16	Timothy Harrington 1305 No. H. Suite A PMB 216 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 Consultant	100.00	100.00	
10/10/16	David Gavrilovic 16714 S. Abiqua Rd. N.E. Silverton, OR 97381	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unknown	99.00	99.00	
10/10/16	Darlene Slepcevic-Kimbell 2282 Townsgate Rd. Suite 3 Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor	99.00	99.00	
10/10/16	Douglas B Kimbell 2028 Shadow Creek Dr. Agoura Hills, Ca 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adjustor	99.00	99.00	
SUBTOTAL \$				496.00		

*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 9-25-2016
through 10-22-2016

**CALIFORNIA
FORM 460**

SCHEDULE A (CONT.)

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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)
10/10/16	Lara R. Radosavcev 50 Vista Lago Dr. Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor	99.00	99.00	
10/13/16	Acosta Investment LLC 1232 Village Way Suite A Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Small Businessman	90.00	90.00	
10/13/16	Daniel M. Vordale 142 La Costa Ln. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Small Businessman	50.00	50.00	
10/13/16	Adina Suster 2076 Heywood St Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrician	99.00	99.00	
10/13/16	Steven Suster 2076 Heywood St Simi Valley, CA 93065	<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	
SUBTOTAL \$				437.00		

*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.

SCHEDULE A (CONT)

Statement covers period from <u>9-25-2016</u> through <u>10-22-2016</u>	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 (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	<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	
10/18/16	Colodia Owens - Interface Health Care Serv. 285 Senior Circle - #6 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 Manager	50.00	50.00	
10/18/16	Mary A. Saladino 1800 Berkeley 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	
10/18/16	David Bodjanac 13092 Williams Ranch Rd. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Service Manager	99.00	99.00	
10/18/16	Juliana Bodjanac 13092 Williams Ranch Rd. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Un-employed	99.00	99.00	
SUBTOTAL \$				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

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-25-2016
through 10-22-2016

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Lingl for Mayor 2016

I.D. NUMBER
1369256

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR		
									PER ELECTION**	PER ELECTION**	
Bob Lingl 316 South 6th. St. Lompoc, CA 93436			\$ -0-	<input checked="" type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ 2,500.00	DATE DUE	DATE DUE	\$ 2500.00	\$ -0-	7-5-2016	DATE INCURRED	DATE INCURRED
<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	DATE DUE	DATE DUE				CALENDAR YEAR	CALENDAR YEAR
<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	DATE DUE	DATE DUE				CALENDAR YEAR	CALENDAR YEAR
SUBTOTALS \$											

Schedule B Summary

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

- Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 2,500.00
(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
(May be a negative number)

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

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-25-2016
through 10-22-2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Bob Lingl for Mayor 2016
I.D. NUMBER: 13692256

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)
9/28/16	Graphic Systems 403 North G St. Lompoc, CA 93436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Printers	Scratch Pads	185.88	185.88	
10/12/16	Ron Mose 284 Rinconcito 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	Sign on Building	250.00	250.00	
10/12/16	David Hughes 900 North I St. Lompoc, CA 93436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sky Dive S.B.	Banner	664.20	664.20	
10/21/16	IBEW Local Union 1245 P.O. Box 2547 Vacaville, CA 95696	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IBEW Local Union 1245	Walkers	450.00	450.00	
SUBTOTAL \$					1,550.08		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 1,550.08
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ -0-
- 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 \$ 1,550.08**

*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 E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
from 9-25-2016
through 10-22-2016

**CALIFORNIA
FORM
460**

SCHEDULE E

Page 12 of 14

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
- 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)

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
SUBTOTAL \$				2,033.26

* 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.) \$ 9,072.98
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 \$ 9,072.98**

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA
FORM 460**

Statement covers period
from 9-25-2016
through 10-22-2016

Page 13 of 14

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER

NAME OF FILER

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 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
- VOI 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
American General Media 2325 Skyway Dr. Suite #1 Santa Maria, CA 93455	RAD		Radio Airtime	1930.00
Graphic Systems 403 North G St. Lompoc, CA 93436	CMP		Brochures - Door Knob Hangers	1182.60
S.B. Mail Works 601 Pine Ave. Goleta, CA 93117	LIT		Mail Flyers	3,122.00
Robert E. Traylor 1010 North H St. Suite J Lompoc, CA 93436	LEG		Professional Services	205.12
Harrison Technology 920 Rock Rose Ln. Lompoc, CA 93436	WEB		Technical Support	500.00

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

SUBTOTAL \$ 6,939.72

