Recipient Committee Campaign Statement Cover Page Statement covers period 9/25/16 Date of election if applicable: 0CT 2 7 2016 (Month, Day, Year) Page \_ CALIFORNIA 460 FORM For Official Use Only of 15 COVER PAGE

	Trom			
SEE INSTRUCTIONS ON REVERSE	10/22/16	11/8/16 City of La	City of Lampac - City Clerk's Office	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	omplete 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 ○ 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)	✓ Preelection Statement  ☐ Semi-annual Statement  ☐ Termination Statement  (Also file a Form 410 Termination)  ☐ Amendment (Explain below)	ation)	Quarterly Statement Special Odd-Year Report
3. Committee Information	I.D. NUMBER 1351277	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER  Michael Jay Sewall	4	
		MAILING ADDRESS		
		615 North O St 333		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	ZIP CODE AREA CODE/PHONE
PO Box 2525		Lompoc	CA 93	93436 (805)588-5391
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	R, IF ANY	
Lompoc CA 93438	38 (805)331-2258			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE ZIF	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S	

#### 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 Executed on Date Date 0

By_	Ву	Ву_	Ву
Cionatus of Costrollica Officebolder Candidala State Measure Proposed	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Signature of Treasurer or Assistant Treasurer



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



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	COMMITTEE ADDRESS	COMMI	ATTER NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	000	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Mayor - City of Lompoc	John H. Linn	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Candidate Controlled Committee
							ttees Not Ir statement that se expenditures		SS ADDRESS	ompoc		DER OR CANDI	Candidate
STATE	STREET ADDRESS (NO P.O. BOX)		STATE	STREET ADDRESS (NO P.O. BOX)			Icluded in the same controlled to some some some some some some some som		(NO. AND STREE	LOCATION AND		DATE	Controlled
ZIP CODE	VO P.O. BOX)		ZIP CODE	VO P.O. BOX)	- 8	- I.D.	his Statem by you or are l our candidac	10111000, 0	ET) CITY	DISTRICT NU			Committe
ARE	YES NO	i.i. NOMBER	ARE		CONTROLLED COMMITTEE?	I.D. NUMBER	nent: List ar primarily form y.			MBER IF APPL			Ø
AREA CODE/PHONE	NO CWWII IEE'		AREA CODE/PHONE		OMMITTEE?		ny committees ned to receive		STATE ZIP	CABLE)			
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	NAME OF C	NAME OF C	NAME OF C	NAME OF C	7. Primaril		OFFICE SC	NAME OF	Identify th	BALLOT NO		NAME OF B	6. Primaril
	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ldentify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER		NAME OF BALLOT MEASURE	Primarily Formed Ballot Measure Committee			
Attach co.	R OR CANDID.	OR CANDID	OR CANDID	OR CANDID	Candidate			R, CANDIDATE	officeholde	JUR		RE	Ballot Mea
ntinuation s					)/Officeho			; OR PROPO	r, candidate	JURISDICTION			sure Cor
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	older Com			NENT	, or state m				nmittee			
essary	1T OR HELD	IT OR HELD	1T OR HELD	IT OR HELD	mittee Lis		DISTRICT NO. IF ANY		easure prop				
	□ SUPPORT □ OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	st names of d.		FANY		onent, if any.	] SUPPORT ] OPPOSE			

### Summary Page Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period 9/25/16

from

through

10/22/16

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CALIFORNIA 460

9 00 0 5 4 ω 12 .7 19. Outstanding Debts..... Cash Equivalents and Outstanding 17. LOAN GUARANTEES RECEIVED 16. ENDING CASH BALANCE 15. Cash Payments..... 14. Miscellaneous Increases to Cash .... 13. Cash Receipts ..... 12. Beginning Cash Balance **Current Cash Statement** 11. TOTAL EXPENDITURES MADE 10. Nonmonetary Adjustment. Expenditures Made **Contributions Received** NAME OF FILER SEE INSTRUCTIONS ON REVERSE John H. Linn SUBTOTAL CASH PAYMENTS... Loans Made..... Monetary Contributions..... Accrued Expenses (Unpaid Bills) TOTAL CONTRIBUTIONS RECEIVED Nonmonetary Contributions. SUBTOTAL CASH CONTRIBUTIONS If this is a termination statement, Line 16 must be zero Payments Made... Loans Received... Cash Equivalents... Add Lines 12 + 13 + 14, then subtract Line 15 Add Line 2 + Line 9 in Column B above Previous Summary Page, Line 16 Debts See instructions on reverse Column A, Line 8 above Column A, Line 3 above Add Lines 8 + 9 + 10 Schedule B, Line 3 Schedule A, Line 3 Schedule B, Part 2 Schedule C, Line 3 Schedule H, Line 3 Schedule E, Line 4 Schedule C, Line 3 Schedule I, Line 4 Schedule F, Line 3 Add Lines 6 + 7 Add Lines 1 + 2 Add Lines 3 + 4 8 69 49 69 69 69 69 8 69 69 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Column A 4,189.85 4,189.85 2,861.64 S 4,189.85 2,000.00 1,808,06 5,243.43 5,243.43 1,458.20 5,243.43 ,243.43 268.35 ,808.06 0.00 0.00 0.00 0.00 0.00 0.00 be negative figures that amounts in Column A may of your last report. Some amounts from Column B A to the corresponding filed for this calendar year, this is the first report being should be subtracted from add amounts in Column To calculate Column B, from Lines 2, 7, and 9 (if only carry over the amounts previous period amounts. If Column B
CALENDAR YEAR
TOTAL TO DATE 12,107.80 12 12,856.69 12,856.69 11,839.45 2,000.00 9,839.45 ,856.69 268.35 0.00 0.00 0.00 Running in Both the State Primary and Calendar Year Summary for Candidates reported in Column B. Candidates **Expenditure Limit Summary for State** Expenditures 20. Contributions General Elections \*Amounts in this section may be different from amounts Received Date of Election (mm/dd/yy) 22. Cumulative Expenditures Made\*
(If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 1351277 I.D. NUMBER 600.75 834.66 60 60 69 8 Total to Date 7/1 to Date 11,507.05 12.022.03

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### **Monetary Contributions Received** Schedule A

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

from through 9/25/16 10/22/16 Page

I.D. NUMBER

of.

CALIFORNIA 460 4 S

SCHEDULE A

10/6/16 10/6/16 John H. Linn 10/6/16 10/6/16 10/6/16 RECEIVED DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 307 W Ocean Ave Dan Oliveira PO Box 2209 Jack Bodger 321 E Cherry Tom McCaffrey Lompoc, CA 93436 124 North A Street John Maida Lompoc, CA 93436 1013 Gardenia Street Bridge Business & Entrepreneurial Services Lompoc, CA 93438 Lompoc, CA 93436 Lompoc, CA 93436 CONTRIBUTOR
CODE \* SCC PTY COM D O PTY SCC SCC O PTY SCC SCC SCC PTY SCC SCC DDDD ND SCC Fiesta Liquor Self Employed Self Employed John Bodger & Sons Self Employed McCaffrey Trucking Self Employed Oliveira's Fashion Floors IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 1,850.00 250.00 500.00 100.00 100.00 900.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 300.00 100.00 100.00 900.00 500.00 1351277 (IF REQUIRED) PER ELECTION TO DATE

# Schedule A Summary

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

4,189.85

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

3,550.00

639.85

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## Schedule A (Continuation Sheet) **Monetary Contributions Received**

NAME OF FILER

John H. Linn

Amounts may be rounded to whole dollars.

through Statement covers period 9/25/16 10/22/16 Page 5 CALIFORNIA FORM 1351277 I.D. NUMBER SCHEDULE A (CONT.) of 15

1,200.00
100.00
Self Employed The Hinkens Group
Self Employed The Atkin/Gallacher Group
Self Employed Starbuck Lind Mortuary
Self Employed Hot Wire Foam Factory 250.00
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  AMOUNT RECEIVED THIS PERIOD

\*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

John H. Linn

Amounts may be rounded

					10/17/16	DATE RECEIVED
					Walter Bodger PO Box 2709 Lompoc, CA 93438	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	OTH SCC	□ IND □ COM □ OTH □ PTY □ SCC	□□ IND □□ COM □□ PTY SCC	□ IND □ COM □ OTH □ SCC	OTH SCC	CONTRIBUTOR CODE *
\$ SUBTOTAL					Tutor	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
\$ 500.00					500.00	AMOUNT RECEIVED THIS PERIOD
					500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

\*Contributor Codes

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

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Amounts may be rounded

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Schedule B – Part 1		to whole dollars.	•		Statement covers period	rs period	CALIFORNIA 460	<b>460</b> <sup>↑</sup>
SEE INSTRUCTIONS ON REVERSE					through10/	10/22/16		5
NAME OF FILER							I.D. NUMBER	
John H. Linn							1351277	
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	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				S		RATE		PER ELECTION**
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		5		5	DATE DUE	5	DATE INCURRED	5
				☐ PAID				CALENDAR YEAR
				S FORGIVEN		RATE		PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC				\$	DATE DUE	S	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				FORGIVEN	5	RATE	6	PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		<b>S</b>	, s	S	DATE DUE	S	DATE INCURRED	\$
		SUBTOTALS \$	4		49	₩		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period\$				s	0.00			

# Sc

1. Loans received this period ..... (Total Column (b) plus unitemized loans of less than \$100.)

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.)

5

ω. Enter the net here and on the Summary Page, Column A, Line 2.

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

\*\* If required.

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party †Contributor Codes

0,00

SCC - Small Contributor Committee

(May be a negative number)

0.00

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

# Schedule C

Amounts may be rounded to whole dollars.

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Nonmonetary Contributions Received		to whole dollars.		Statement covers period		ORNIA A CO
			fı	from 9/25/16	FC	FORM 400
SEE INSTRUCTIONS ON REVERSE			=	through10/22/16	Page_	8 of 15
NAME OF FILER					I.D. NUMBER	1BER
John H. Linn					1351277	77
DATE 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)
10/10/16 Ean Behr 1729 Berkeley Dr Lompoc, CA 93436	□ COM □ OTH □ PTY □ SCC	Campaign Manager	Facebook Boosts	268.35	268.35	
	□ IND □ COM □ PTY □ SCC					
	□ COM □ OTH □ SCC					
	□ IND □ COM □ PTY □ SCC					
Attach additional information on appropriately labeled continuation sheets.	continuation :	sheets.	SUBTOTAL \$	L\$ 268.35		

## שוווף כי גו

	ω	2	<del>. `</del>	S
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$	268 35	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.)\$ 268.35 COM – Include all Schedule C subtotals.)	Schedule C Summary Contrib
	SCC - Small Contributor Con	OTH - Other (e.g., business PTY - Political Party	IND – Individual COM – Recipient Committee (other than PTY or SC	*Contributor Codes

mmittee CC) entity)

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

Amounts may be

rounded State	nded		ars.	2
		Ciaro		
		Ctata	unaea	7

SCHEDULE D

☐ Support ☐ Oppose				☐ Support ☐ Oppose			□ Support □ Oppose		DATE  NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR  MEASURE NUMBER OR LETTER AND JURISDICTION  OR COMMITTEE	John H. Linn	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE	Candidates, Measures and Committees	Supporting/Opposing Other
	Expenditure	☐ Nonmonetary Contribution	☐ Monetary Contribution		Nonmonetary Contribution Independent	☐ Monetary Contribution	Expenditure	 ☐ Monetary Contribution	TYPE OF PAYMENT				Ĭ	to whole dollars.
									DESCRIPTION AI (IF REQUIRED)			through.	from -	St
									AMOUNT THIS CALEND, PERIOD (JAN. 1-			gh10/22/16	9/25/16	Statement covers period
									CUMULATIVE TO DATE  CALENDAR YEAR  (JAN. 1 - DEC. 31)  (JE REQUIRED)	1351277	I.D. NUMBER	Page 9 of 15	TORN	CALIFORNIA 460

# Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$
- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$100..... 0.00

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\$

0.00

0.00

#### **Payments Made** Schedule E

Amounts may be rounded to whole dollars.

from	
m9/25/16	Statement covers period

through

10/22/16

1351277 I.D. NUMBER

Page 10 of. ত

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. campaign paraphernalia/misc. campaign consultants civic donations contribution (explain nonmonetary) OFC MTG meetings and appearances office expenses member communications RFD campaign workers' salaries

independent expenditure supporting/opposing others (explain)\* POL PET phone banks petition circulating

TEG NE

legal defense

fundraising events candidate filing/ballot fees

campaign literature and mailings

FICVC

CMP CNS CTB

PRO postage, delivery and messenger services polling and survey research professional services (legal, accounting)

print ads

radio airtime and production costs returned contributions

TR TR 표 t.v. or cable airtime and production costs candidate travel, lodging, and meals

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration

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
Luiz Regalado 301 South E Street Lompoc, CA 93436	Sign Painting	1,225.00
Graphic Systems 403 North G Street Lompoc, CA 93436 PRT		3,409.36
Casey Fera 1513 E Pine Ave Lompoc, CA 93436		315.00

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....

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

SUBTOTAL \$

4,949.36

- 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).)...... (e).) \$
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ....... TOTAL \$
- FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016) www.tppc.ca.gov

5 6

79.19 0.00

5,164.24

5,243.43

# SCHEDULE E (CONT.)

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

NAME OF FILER

John H. Linn

Amounts may be rounded to whole dollars.

	through10/22/16	Statement covers period from 9/25/16
1.D. NUMBER	Page 11 of 15	CALIFORNIA 460

\$ 214.88	SUBTOTAL \$	dule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
214.88		OFC	Staples 615 North H Street Lompoc, CA 93436
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
: candidate/sponsor mail)	r the code. Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor voter registration  WEB information technology costs (internet, e-mail)	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings  CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, RAD MBR member communications CPC office expenses SAL PET petition circulating PHO phone banks POL polling and survey research TRS TRS TRS POS postage, delivery and messenger services VOT PRO print ads  WEE

### Schedule F Accrued Expenses (Unpaid Bills)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from Statement covers period 9/25/16

> CALIFORNIA 460 FORM

through 10/22/16

Page 12 তি

I.D. NUMBER 351277

크린 FINE FINE CVC CMP ω summarized on Schedule D. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for Schedule F Summary \* Payments that are contributions or independent expenditures must also be Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and John H. Linn Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitermized payments on accrued expenses under \$100.)............PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ......\$100.) accrued expenses under \$100.) campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)\* campaign consultants candidate filing/ballot fees campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)\* fundraising events NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POL PHO OFC MBR POS PET MTG DESCRIPTION OF PAYMENT polling and survey research office expenses meetings and appearances phone banks member communications print ads professional services (legal, accounting) postage, delivery and messenger services petition circulating CODE OR SUBTOTALS BALANCE BEGINNING OF THIS PERIOD OUTSTANDING (a) (b)
AMOUNT INCURRED SAL RFD TRS TRC 트 YOT TSF THIS PERIOD information technology costs (internet, e-mail transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs radio airtime and production costs voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions INCURRED TOTALS \$ 4 (ALSO REPORT ON E) (c) AMOUNT PAID THIS PERIOD May be a negative number 6 BALANCE AT CLOSE OF THIS PERIOD OUTSTANDING (d) 0.00 0.00 0.00

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

SEE INSTRUCTIONS ON REVERSE

John H. Linn

Amounts may be rounded to whole dollars.

Statement covers period 9/25/16

CALIFORNIA FORM SCHEDULE

NAME OF AGENT OR INDEPENDENT CONTRACTOR from through 10/22/16 Page 13 I.D. NUMBER 1351277 of.

크 E B FND CVC CMP CODES: campaign paraphernalia/misc. legal defense civic donations campaign consultants campaign literature and mailings candidate filing/ballot fees contribution (explain nonmonetary)\* independent expenditure supporting/opposing others (explain)\* fundraising events If one of the following codes accurately describes the payment, you may enter the code. Otherwise, OFC POL PET POS PHO MTG MBR member communications professional services (legal, accounting) meetings and appearances polling and survey research phone banks office expenses postage, delivery and messenger services petition circulating TRC SAL RAD S **TSF** TRS TEL information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor campaign workers' salaries radio airtime and production costs describe the payment staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions

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

0.00	TOTAL* \$	Attach additional information on appropriately labeled continuation sheets.
AMOUNT PAID	E OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

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

#### Schedule H Loans Made to Others\*

John H. Linn

reported on Schedule E. \*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be SEE INSTRUCTIONS ON REVERSE FULL NAME, STREET ADDRESS AND ZIP CODE
OF RECIPIENT
(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 SUBTOTALS Amounts may be rounded to whole dollars. 49 AMOUNT LOANED THIS PERIOD REPAYMENT OR FORGIVENESS THIS PERIOD\* 4 ☐ PAID ☐ PAID FORGIVEN FORGIVEN C from through OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD 4 Statement covers period DATE DUE DATE DUE 9/25/16 10/22/16 (e) INTEREST RECEIVED RATE % RATE Page 14 1351277 DATE INCURRED ORIGINAL AMOUNT OF LOAN CALIFORNIA 460 DATE INCURRED I.D. NUMBER FORM (9) CUMULATIVE LOANS CALENDAR YEAR of CALENDAR YEAR PER ELECTION\*\* PER ELECTION\*\* TO DATE S

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

\*\*If Required

## Schedule H Summary

ω	N	
3. Net change this period. (Subtract Line 2 from Line 1.)	2. Payments received on loans\$  (Total Column (c) plus unitemized payments of less than \$100.)	1. Loans made this period\$  (Total Column (b) plus unitemized loans of less than \$100.)
(May	Ĭ	
be a neg		
0.00 (May be a negative number)	0.00	0.00

(Enter the net here and on the Summary Page, Column A, Line 7.)

# Schedule I Miscellaneo

Amounts may be rounded

SCHEDULE I

Miscellaneou	Miscellaneous Increases to Cash to whole dollars.	follars. Statement covers period	CALIFORNIA 460
		through10/22/16	Page 15 of 15
NAME OF FILER	ON REVERSE		I.D. NUMBER
John H. Linn			1351277
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach addition	Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	T \$

Schedule I Summary

	4.	ယ	12	<u>.</u>	(
Summary Page, Line 14.) TOTAL	4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the	3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)(e).)	2. Unitemized increases to cash of under \$100 this period	1. Itemized increases to cash this period	Concusto i Cantinary
	,	7			
0.00	000	0.00	0.00		