

**Recipient Committee  
Campaign Statement  
Cover Page**



CALIFORNIA  
FORM  
**460**

COVER PAGE

Page 1 of 15  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

|   |   |
|---|---|
| Statement covers period<br>from <u>9/25/16</u><br>through <u>10/22/16</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/8/16</u> <i>City of Lompoc - City Clerk's Office</i> |
|---|---|

**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

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 Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE (805)588-5391  
NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL 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 11/27/16 Date  
Signature of Treasurer or Assistant Treasurer  
Executed on 10/27/16 Date  
Signature of Controlling Officer of Sponsor  
Executed on \_\_\_\_\_ Date  
Signature of Controlling Officer of Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
Signature of Controlling Officer of Candidate, State Measure Proponent

10/15/18  
11/2/18  
11/2/18

City of Pompano - City Clerk's Office

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
John H. Lim

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 93438

**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   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><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?<br><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 9/25/16 through 10/22/16

CALIFORNIA FORM **460**

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I.D. NUMBER 1351277

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
John H. Linn

## Contributions Received

|                                      | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--------------------------------------|--|--|
| 1. Monetary Contributions.....       | Schedule A, Line 3<br>\$ 4,189.85                          | \$ 9,839.45                                |
| 2. Loans Received.....               | Schedule B, Line 3<br>0.00                                 | 2,000.00                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2<br>\$ 4,189.85                             | \$ 11,839.45                               |
| 4. Nonmonetary Contributions.....    | Schedule C, Line 3<br>268.35                               | 268.35                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4<br>\$ 4,458.20                             | \$ 12,107.80                               |

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 \$ 11,507.05

21. Expenditures Made \$ 834.66 \$ 12,022.03

## Expenditures Made

|   |                                     |              |
|---|-------------------------------------|--------------|
| 6. Payments Made.....                   | Schedule E, Line 4<br>\$ 5,243.43   | \$ 12,856.69 |
| 7. Loans Made.....                      | Schedule H, Line 3<br>0.00          | 0.00         |
| 8. SUBTOTAL CASH PAYMENTS.....          | Add Lines 6 + 7<br>\$ 5,243.43      | \$ 12,856.69 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3<br>0.00          | 0.00         |
| 10. Nonmonetary Adjustment.....         | Schedule G, Line 3<br>0.00          | 0.00         |
| 11. TOTAL EXPENDITURES MADE.....        | Add Lines 8 + 9 + 10<br>\$ 5,243.43 | \$ 12,856.69 |

### 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<br>\$ 2,861.64                |
| 13. Cash Receipts.....                   | Column A, Line 3 above<br>4,189.85                           |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4<br>0.00                                   |
| 15. Cash Payments.....                   | Column A, Line 8 above<br>5,243.43                           |
| 16. ENDING CASH BALANCE.....             | Add Lines 12 + 13 + 14, then subtract Line 15<br>\$ 1,808.06 |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

|                            |  |
|----------------------------|--|
| 18. Cash Equivalents.....  | See instructions on reverse<br>\$ 1,808.06           |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above<br>\$ 2,000.00 |

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).

\*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 9/25/16  
through 10/22/16

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

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,550.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 639.85
- 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

\*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 9/25/16  
through 10/22/16

SCHEDULE A (CONT.)  
**CALIFORNIA FORM 460**  
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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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/11/16           | David Natal<br>1022 North 7th St<br>Lompoc, CA 93436   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>Hot Wire Foam Factory   | 250.00                      |   |                                    |
| 10/11/16           | Alan Grant<br>123 North A Street<br>Lompoc, CA 93436   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>Starbuck Lind Mortuary  | 200.00                      |   |                                    |
| 10/17/16           | Susan Gallacher<br>129 W Central Ave, Ste G<br>Lompoc, CA 93436                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>The Atkin/Gallacher Group   | 150.00                      |   |                                    |
| 10/17/16           | Thomas Hinkens<br>1511 San Miguelito<br>Lompoc, CA 93436                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed<br>The Hinkens Group   | 500.00                      |   |                                    |
| 10/17/16           | Randy Johnston<br>3230 Veld Way<br>Cameron Park, CA  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired  | 100.00                      |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1,200.00</b>             |   |                                    |

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 9/25/16  
through 10/22/16

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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<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br><small>(JAN. 1 - DEC. 31)</small> | PER ELECTION TO DATE<br><small>(IF REQUIRED)</small> |
|--------------------|--|---|--|-----------------------------|---|--|
| 10/17/16           | Walter Bodger<br>PO Box 2709<br>Lompoc, CA 93438   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Tutor  | 500.00                      | 500.00  |  |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |  |
| <b>SUBTOTAL \$</b> |  |   |  | 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 9/25/16  
through 10/22/16

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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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD*                              | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE | t        |                      |
|--|---|---|--|--|---|--|--------------------------------------|---|----------|----------------------|
|  |   |   |  |  |   |  |                                      |   | IND      | COM                  |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____  | \$ _____                                 | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN | DATE DUE _____  | _____%<br>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<br>\$ _____<br><input type="checkbox"/> FORGIVEN | DATE DUE _____  | _____%<br>RATE                         | DATE INCURRED _____                  | CALENDAR YEAR _____                           | \$ _____ | PER ELECTION** _____ |
| <b>SUBTOTALS</b>   |   | \$ _____  | \$ _____                                 | \$ _____   | DATE DUE _____  | _____%<br>RATE                         | DATE INCURRED _____                  | CALENDAR YEAR _____                           | \$ _____ | PER ELECTION** _____ |

## Schedule B Summary

- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** \$ \_\_\_\_\_  
(May be a negative number)

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

tContributor Codes  
IND - Individual  
COM - Recipient Committee  
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 9/25/16  
through 10/22/16

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FORM **460**

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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) |
|--------------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 10/10/16           | Ean Behr<br>1729 Berkeley Dr<br>Lompoc, CA 93436   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Campaign Manager   | Facebook Boosts                  | 268.35                    | 268.35  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                                  | 268.35                    |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

## Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 268.35
- 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 \$** 268.35

\*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<br>from <u>9/25/16</u><br>through <u>10/22/16</u> | <b>CALIFORNIA</b><br><b>FORM</b><br><b>460</b> |
| Page <u>9</u> of <u>15</u>  | <b>SCHEDULE D</b>                              |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

John H. Linn

I.D. NUMBER  
1351277

| 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<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**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.

Statement covers period  
from 9/25/16  
through 10/22/16

**CALIFORNIA**  
**FORM 460**  
SCHEDULE E

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I.D. NUMBER  
1351277

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.
- 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|---------|------------------------|-----------------|
| Luiz Regalado<br>301 South E Street<br>Lompoc, CA 93436             |         | Sign Painting          | 1,225.00        |
| Graphic Systems<br>403 North G Street<br>Lompoc, CA 93436           | PRT     |                        | 3,409.36        |
| Casey Fera<br>1513 E Pine Ave<br>Lompoc, CA 93436                   | TEL     |                        | 315.00          |
| <b>SUBTOTAL \$</b>  |         |                        | <b>4,949.36</b> |

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

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 5,164.24
2. Unitemized payments made this period of under \$100 ..... \$ 79.19
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 5,243.43**







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

Amounts may be rounded  
to whole dollars.

SCHEDULE H

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
John H. Linn

Statement covers period  
from 9/25/16  
through 10/22/16

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I.D. NUMBER  
1351277

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | AMOUNT<br>LOANED THIS<br>PERIOD | REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD*                        | OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | INTEREST<br>RECEIVED | ORIGINAL<br>AMOUNT OF<br>LOAN   | CALENDAR YEAR              | CALENDAR YEAR              |
|--|---|--|---------------------------------|--|--|----------------------|---------------------------------|----------------------------|----------------------------|
|  |   |  |                                 |  |  |                      |                                 |                            |                            |
|  |   | \$ _____   | \$ _____                        | <input type="checkbox"/> PAID<br><input type="checkbox"/> FORGIVEN | \$ _____<br>DATE DUE _____                           | _____%<br>RATE       | \$ _____<br>DATE INCURRED _____ | \$ _____<br>PER ELECTION** | \$ _____<br>PER ELECTION** |
| <b>SUBTOTALS</b>   |   | \$ _____   | \$ _____                        | \$ _____   | \$ _____   | \$ _____             | \$ _____                        | \$ _____                   | \$ _____                   |

\*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  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\*If Required

