Cover Page Recipient Committee Campaign Statement

from Statement covers period 6-30-2016 1-1-2016 Date of election if applicable: (Month, Day, Year) 11-8-2016 City of Lompoc - City Clerk's Office 26 2016 Page . CALIFORNIA FORM For Official Use Only of _ COVER PAGE

SEE INGURACIONS ON XEVEXSE	through			
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)	Primarily Formed Ballot Measure Committee Controlled Sponsored One Complete Batter	 ☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) 	გ ნ □□	Quarterly Statement Special Odd-Year Report
☐ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	(Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)		
3. Committee Information	I.D. NUMBER 1369256	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Bob Lingi Wayor Zulio		MAILING ADDRESS		
		1301 W. Barton Ave.		
STREET ADDRESS (NO P.O. BOX)		CITY		П
316 South 6th. Street		1	CA 93	93436 805-737-7100
"		NAME OF ASSISTANT TREASURER, IF ANY		
Lompoc CA 93436	136 315-1131	Helen Free		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		408 Nogal		
CITY STATE ZIP O	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIF	ZIP CODE AREA CODE/PHONE
		Lompoc	CA 93	93436 805-895-1313
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		

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 25-2016 Date

By	Ву	Ву	Ву
Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officebolder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Sphature of Treasurer or Addistant Treasurer

Recipient Committee Campaign Statement Cover Page — Part 2

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Page.

	if necessary	ion sheets i	Attach continuation sheets if necessary	Atta	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY	
					>	STREET ADDRESS (NO F.C. BOX)	COMMITTEE ADDRESS	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	OFFICE S	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE? ☐ YES ☐ NO			
SUPPORT	OFFICE SOUGHT OR HELD	OFFICE S	;ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	OFFICE SC	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	DDE AREA CODE/PHONE 6 805-315-113/	STATE ZIP CODE CA 93436		
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	OFFICE SC	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	DX)	STREET ADDRESS (NO P.O. BOX)	Irma Gadway COMMITTEE ADDRESS STREET A 3)(S. GH, S+,	
ames of	Sommittee List n. is primarily formed.	eholder C	lidate/Offic	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	I.D. NUMBER 1369256 CONTROLLED COMMITTEE?		Bob Lingi Mayor 2016 NAME OF TREASURER	
NY	DISTRICT NO. IF ANY			OFFICE SOUGHT OR HELD	ement: List any committees are primarily formed to receive dacy.	ded in this Stat controlled by you or a behalf of your candi	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.	
ent, if any.	e measure propone	date, or stat	holder, candio	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Y STATE ZIP	AND STREET) CITY	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 316 South 6th. Street	
SUPPORT	9 E	ž	JURISDICTION	BALLOT NO. OR LETTER	NUMBER IF APPLICABLE)	ATION AND DISTRICT	Bob LingI OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	
	Φ	Committee	Measure (6. Primarily Formed Ballot Measure Committee		ntrolled Commit	NAME OF OFFICEHOLDER OR CANDIDATE	5

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to whole dollars.	Staten	Statement covers period 1-1-2016	CALIFORNIA 460
		through	6-30-2016	Page3 of17
SEE INSTRUCTIONS ON REVERSE				I.D. NUMBER
NAME OF FILER Bob Lingi Mayor 2016				1369256
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	0.00	0.00	General Elections	ns 1/1 through 6/30 7/1 to Date
2. Loans Received	0.00 9 0.00	\$ 0.00	20. Contributions Received \$ 21. Expenditures Made \$	
Expenditures Made 6. Payments Made	\$ 142.00 0.00 142.00	\$ 142.00 0.00 \$ 142.00	Expenditure Limit S Candidates 22. Cumulativ	e Limit Summary for State Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Sc D. Nonmonetary AdjustmentSc 1. TOTAL EXPENDITURES MADE	0.00 0.00 \$ 142.00	0.00 0.00 \$ 142.00	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance	\$ 1550.48	To calculate Column B, add amounts in Column A to the corresponding	*Amounts in this section	may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	0.00 142.00 \$ 1408.48	A to the corresponding Amounts from Column B amounts from Column A may be negative figures that should be subtracted from previous period amounts. If	*Amounts in this section reported in Column B.	*Amounts in this section may be dilierent from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ 0.00	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00		FPPC Advice: ad	FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule A Monetary Co

Amounts to wh

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Monetary	Monetary Contributions Received	to w	to whole dollars.	tatement	covers period	CALIFORNIA 460
				through6-3	6-30-2016	Page4 of17
NAME OF FILER MAYOR 2016	S ON REVERSE Aayor 2016					1.D. NUMBER 1369256
DATE RECEIVED	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 TO DATE (IF REQUIRED)
		OTH SCC				
		□ IND □ COM □ OTH □ PTY SCC				
		□ IND □ COM □ OTH □ PTY □ SCC				
		□ IND □ COM □ OTH □ PTY SCC				
		□□ IND □□ OTH □□ SCC				
			SUBTOTAL \$	↔		
Schedule / 1. Amount re	Schedule A Summary 1. Amount received this period – itemized monetary contributions. 1. Annound all Schedule A subtotals.)		₩	0.00	CO INC *Cc	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount re	Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period.	ns of less thar	1 \$100\$ —	0.00	OTH PTY - SCC	1 1 1
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	lumn A, Line 1	.)TOTAL \$	0.00		FPPC Form 460 (Jan/2016

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Schedule	Schedule A (Continuation Sheet)	Amounts may be rounded	e rounded			SCHEDULE A (CONT.)
Monetary (<u>a</u>	to whole dollars.	llars.	Statement covers period		LIFORNIA A CO
				from 1-1-2016		FORM 400
				through 6-30-2016		Page 5 of17
				THE CASE		
NAME OF FILER						I.C. NOMBER
Bob Lingi Mayor 2016	avor 2016				136	1369256
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE *	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)

				3		DATE RECEIVED	Bob Lingi Mayor 2016
						FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ayor 2016
	DD OTH SCC	□ ND □ ND □ SCC	□□□IND □□OTH SCC	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	□ IND □ COM □ PTY SCC	CONTRIBUTOR CODE *	
SUBTOTAL \$			-			IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
φ						AMOUNT RECEIVED THIS PERIOD	
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	100000
						PER ELECTION TO DATE (IF REQUIRED)	

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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		1 loans received this period	Schedule B Summary		[†] □ IND □ COM □ OTH □ PTY □ SCC			TO NO. TO COM TO DIA TO BITY TO SCC.			[†] □ IND □ COM □ OTH □ PTY □ SCC □			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)	NAME OF FILER Solve Bob Lingl Mayor 2016	SEE INSTRUCTIONS ON REVERSE		Loans Received	Schedule B – Part 1
Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.)		69		SUBTOTALS \$	60 	S		S	\$	☐ PAID	\$	S FORGIVEN	☐ PAID	NTER OUTSTANDING AMOUNT PAID PERIOD PERIOD PERIOD THIS					Amounts may be rounded to whole dollars.
0.00		0.00	(Enter (e) on Schedule E, Line 3)	49	DATE DUE	S%		DATE DUE \$	\$		DATE DUE \$	N S		OUTSTANDING INTEREST MEN CLOSE OF THIS PERIOD OD* PERIOD PERIOD			through6-30-2016	from1-1-2016	Statement covers period
OTH – Other (e.g., business entity)	†Contributor Codes		e 3)		DATE INCURRED \$	\$ PER ELECTION**	CALENDAR YEAR	DATE INCURRED \$	S PER ELECTION**	CALENDAR YEAR	DATE INCURRED \$	S PER ELECTION**	CALENDAR YEAR	ORIGINAL CONTRIBUTIONS AMOUNT OF CONTRIBUTIONS TO DATE	1369256	I.D. NUMBER	Page6 of17	FORM	CALIFORNIA 460

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

(May be a negative number)

0.00

SCC - Small Contributor Committee

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Schedule B Loan Guara

Schedule B – Part 2 Loan Guarantors SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.	Statement covers period 1-1-2016 from 6-30-2016	SCHEDULE B - PART 2 CALIFORNIA 460 FORM Page 7 of 17 I.D. NUMBER
NAME OF FILER			I.D. NUMBER
Bob Lingi Mayor 2016			1369256
EIII NAME OTBEET ADDBEOG AND	IF AN INDIVIDUAL, ENTER	AMOUNT	BALANCE

		□ PTY					ПОТН	□ COM			ОТН	□ COM				□SCC	□ OTH □ SCC	□ IND □ COM □ DTH □ PTY □ SCC	□ IND □ COM □ PTY □ SCC
SUBTOTAL		A and a second	DATE		LENDER		DATE		LENDER		DATE		LENDER				DATE	DATE	LENDER
AL \$													<u> </u>			1		1 1	1 1
Summary Page, Line 17 only.	49		PER ELECTION	69	CALENDAR YEAR	50	(IF REQUIRED)	\$	CALENDAR YEAR	59	(IF REQUIRED)	69	CALENDAR YEAR	6	n	e	PER ELECTION (IF REQUIRED)	PER ELECTION (IF REQUIRED)	CALENDAR YEAR \$ PER ELECTION (IF REQUIRED)

Schedule C Nonmonetar

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Nonmonetary Contributions Received			······	Statement covers period		CALIFORNIA 460	160
				through 6-30-2016		Page 8 of	17
NAME OF FILER					-	I.D. NUMBER	
Bob Lingl Mayor 2016					-1	1369256	
DATE FULL NAME, STREET ADDRESS AND RECEIVED (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)	TO PER ELECTION TO DATE TO DATE (IF REQUIRED)	ICTION ATE JIRED)
	□ COM □ PTY □ SCC						
	OTH SCC						
	□ COM SCC						
	□ COM □ PTY SCC						
Attach additional information on appropriately labeled continuation sheets.	continuation s	sheets.	SUBTOTAL \$	\$			
					Constitution of the second sec		

Schedule C Summary

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Bob Lingl Mayor 2016

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		6-30-2016	Statement covers period m1-1-2016	
_	I.D. NUMBER	Page_	CALIFORNIA FORM	
	/BER	9 of _	FORM	
		of	4	SCH
		17	460	SCHEDULE D

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

Schedule D Summary

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

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Supporting/Opposing Other Candidates, Measures and Committees Schedule D (Continuation Sheet) **Summary of Expenditures**

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1-1-2016	Statement covers period	
FORM	CALIFORNIA ASO	SCHEDULE D (CONT.)

from_

									S					NAME OF C	્રિટ્ર Bob Lingl Mayor 2016	NAME OF FILER	
	Support		Support		Support Oppose				Support				OR COMMITTEE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR			
	1 -	 Monetary Contribution		 Contribution		Independent	☐ Nonmonetary Contribution	☐ Monetary Contribution	1 '	Independent	☐ Nonmonetary Contribution	Monetary Contribution		TYPE OF PAYMENT			
SUBTOTAL \$													(IF REQUIRED)	DESCRIPTION			
45													PERIOD	AMOUNT THIS			through 6-30-2016
													(JAN. 1 - DEC. 31)	CUMULATIVE TO DATE	1369256	I.D. NUMBER	16 Page
		y									i vi		(IF REQUIRED)	PER ELECTION	56	BER	10 of 17

Payments Made Schedule E

Amounts may be rounded to whole dollars.

Statement covers period 1-1-2016 6-30-2016 Page 11 CALIFORNIA I.D. NUMBER 今 SCHEDULE 17

from

SEE INSTRUCTIONS ON REVERSE Bob Lingl Mayor 2016 through 1369256

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

WEB information technology costs (internet, e-mail)	PRT print ads	LIT campaign literature and mailings	_
VOT voter registration	PRO professional services (legal, accounting)	u)	_
	POS postage, delivery and messenger services	IND independent expenditure supporting/opposing others (explain)*	_
TRS staff/spouse travel, lodging, and meals	POL polling and survey research	U	_
	PHO phone banks	FIL candidate filing/ballot fees	_
	PET petition circulating	CVC civic donations	_
		CTB contribution (explain nonmonetary)*	_
	MTG meetings and appearances		_
	MBR member communications	CMP campaign paraphernalia/misc.	_

e following codes accurately describes	=	lollowing codes accurately describes the payment, you may enter the code: officiwise, describe the payment,	4100,	cocino dio paymone
alia/misc.	MBR	MBR member communications	RAD	radio airtime and production costs
	MTG	MTG meetings and appearances	RFD	returned contributions
nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	PET	petition circulating	TEL	t.v. or cable airtime and production costs
fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ture supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
nd mailings		professional services (legal, accounting) print ads	WEB	VOT voter registration WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		Union Bank - Lompoc Branch 805 North H. Street Lompoc, CA 93436	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
edule D.		PRO	CODE
SUBTOTAL \$		Checking Account Fee	OR DESCRIPTION OF PAYMENT
			AMOUNT PAID
142.00		142.00	PAID

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$
- 2. Unitemized payments made this period of under \$100......
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... (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)

142.00

0.00 0.00 142.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

rounded lars.

CALIFORNIA 460

Statement covers period
1-1-2016

through 6-30-2016 through 6-30-2016 the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) DESCRIPTION OF PAYMENT SUBTOTAL \$ SUBTOTAL \$	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPT	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphemalia/misc. CNS campaign consultants CNS campaign consultants CNC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal defense LT campaign literature and mailings CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, RAD member communications RFD office expenses PET petition circulating PHO phone banks PHO phone banks PHO postage, delivery and messenger services TRC TRS TRS PRO professional services (legal, accounting) WEB	NAME OF FILER Bob Lingl Mayor 2016	SEE INSTRUCTIONS ON REVERSE throu
	SL			ION OF PAYMENT	ω, Δ		gh

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Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

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6-30-2016	1-1-2016	Statement covers period
Pag		CAL

I.D. NUMBER ge 13 of

SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER Red Bob Lingl Mayor 2016				1369 I.D. NI	1.D. NUMBER 1369256
CODES: If one of the following codes accurately describes	the payment, you may enter	enter the code. Otherwise.	wise, describe the payment.	pavment.	
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)	MBF			radio airtime and production costs returned contributions campaign workers' salaries	
		arch nessenger services egal, accounting)		t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration	sts , me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED THIS PERIOD	(b) IT INCURRED AMOUNT PAID S PERIOD THIS PERIOD BA	(d) OUTSTANDING BALANCE AT CLOSE
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	⊕	\$		49
Schedule F Summary					
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	ccrued expenses under \$	ototals for (100.)	INCU	INCURRED TOTALS \$	0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	dule F, Column (c) subtota ayments on accrued expe	als for payments on enses under \$100.)		PAID TOTALS \$	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and	or the difference here and			NIII &	0.00

	N		_
accribed expenses of \$100 or more plus total i	2. Total accrued expenses paid this period. (Inclu	accrued expenses of \$100 or more, plus total u	1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
accribed expenses of \$100 or more plies total initemized payments on accribed expenses linder \$100.)	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	Include all Schedule F, Column (b) subtotals for
PAID TOTALS \$		INCURRED TOTALS \$	

Schedule F Accrued Expenses (Unpaid Bills) (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

from through Statement covers period 1-1-2016 6-30-2016

FORM

Page ___

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of

17

I.D. NUMBER

CALIFORNIA SCHEDULE F (CONT.)

Bob Lingl Mayor 2016		1369256
ODES: If one of the following codes accurately describes the payment, you may enter the code. Oth	otherwise, describe the payment.	
.MP campaign paraphernalia/misc. MBR member communications	RAD radio airtime and production costs	osts
NS campaign consultants MTG meetings and appearances	RFD returned contributions	

CMP CNS CVC LEG FND campaign literature and mailings candidate filing/ballot fees civic donations contribution (explain nonmonetary)* legal defense independent expenditure supporting/opposing others (explain)* fundraising events PRO POS POL PET PEC polling and survey research office expenses petition circulating print ads professional services (legal, accounting) postage, delivery and messenger services phone banks TRC TRS TSF VOT t.v. or cable airtime and production costs information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries

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

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

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

Amounts may be rounded to whole dollars.

from. Statement covers period 1-1-2016

6-30-2016

CALIFORNIA 460 FORM SCHEDULE G

Page ___ I.D. NUMBER of

15

17

1369256

through

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Bob Lingl Mayor 2016

8	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment	es the p	oayment,	you may enter the code.	Otherwise,	describe the payment.
¥₽	SMP campaign paraphernalia/misc.	MBR	member c	MBR member communications	RAD	radio airtime and production costs
SNS	CNS campaign consultants	MTG	meetings a	MTG meetings and appearances	RFD	returned contributions
H)	CTB contribution (explain nonmonetary)*	OFC	office expenses	enses	SAL	campaign workers' salaries
Š	civic donations	PET	petition circulating	culating		t.v. or cable airtime and production costs
Ë	candidate filing/ballot fees	PHO	phone banks	ıks	TRC	candidate travel, lodging, and meals
Ö	fundraising events	POL	polling and	polling and survey research		staff/spouse travel, lodging, and meals
8	independent expenditure supporting/opposing others (explain)*	POS	postage, c	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
ĒG	legal defense	PRO	profession	professional services (legal, accounting)	VOT	voter registration
Ξ	.IT campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, e-mail)
Pay	Payments that are contributions or independent expenditures must also be summarized on Schedule D.	e summa	arized on So	hedule D.		

		NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
		CODE
		SR
		DESCRIPTION OF PAYMENT
		AMOUNT PAID

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

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Schedule H Loans Made to Others*

NAME OF FILER

Amounts may be rounded to whole dollars.

1-1-2016	Statement covers period
FORM +	CALIFORNIA

SEE INSTRUCTIONS ON REVERSE *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. Bob Lingl Mayor 2016 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) OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD SUBTOTALS 49 AMOUNT LOANED THIS PERIOD REPAYMENT OR FORGIVENESS THIS PERIOD* 4 PAID ☐ PAID FORGIVEN FORGIVEN <u>c</u> through OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD 4 DATE DUE DATE DUE 6-30-2016 4 RECEIVED RATE RATE (e) Page _ DATE INCURRED DATE INCURRED ORIGINAL AMOUNT OF 1369256 I.D. NUMBER LOAN 16 (g) CUMULATIVE LOANS CALENDAR YEAR 앜 CALENDAR YEAR PER ELECTION** PER ELECTION** TO DATE 17

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

Schedule H Summary

ω	Ņ	
3. Net change this period. (Subtract Line 2 from Line 1.)	2. Payments received on loans\$ 0.00 (Total Column (c) plus unitemized payments of less than \$100.)	1. Loans made this period\$ 0.00 (Total Column (b) plus unitemized loans of less than \$100.)
		**If Required

Misce Schedule I

Amounts may be rounded

SCHEDULE I

Miscellane	Miscellaneous Increases to Cash to whole dollars.	lollars.	Statement covers period from1-1-2016	CALIFORNIA 460
OLD INSTAIL OLD	C ON DEVEDOE		through 6-30-2016	Page 17 of 17
NAME OF FILER	COLUMN			I.D. NUMBER
Bob Lingl Mayor 2016	yor 2016			1369256
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach addition	Attach additional information on appropriately labeled continuation sheets.		\$UBTOTAL \$	

Schedule I Summary

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

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

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0.00

0.00 0.00 0.00