

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|---|
| Date Stamp RECEIVED CITY CLERK'S OFFICE 2018 JAN 11 PM 4: CITY OF TRACY TRACY, CA | CALIFORNIA FORM 460 Page <u>1</u> of <u>14</u> For Official Use Only |
|---|---|

| | |
|--|--|
| Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u> |
|--|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1382486

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rickman for Mayor, 2016

STREET ADDRESS (NO P.O. BOX)

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Robertrickman2016@gmail.com

Treasurer(s)

NAME OF TREASURER

Robert Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Karen Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1587</u> |

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 01/11/2018
Date

Executed on 01/11/2018
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
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
Robert Rickman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor Tracy, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
700 Lawn Court Tracy CA 95376

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 N/A | 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 |

| | |
|-----------------------|---|
| COMMITTEE NAME N/A | 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 N/A | 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 <u>7/1/2017</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | |
| Page <u>3</u> of <u>14</u> | I.D. NUMBER <u>1382486</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>250.00</u> | \$ <u>250.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>250.00</u> | \$ <u>250.00</u> |

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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>2,948.92</u> | \$ <u>5,366.28</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>2,948.92</u> | \$ <u>5,366.28</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>2,948.92</u> | \$ <u>5,366.28</u> |

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..... <i>Previous Summary Page, Line 16</i> | \$ <u>11,792.78</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>250.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | \$ <u>2,948.92</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>9,093.86</u> |

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

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

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.

SCHEDULE A

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 12/5/17 | San Joaquin, Calaveras, Alpine and Amador Counties Building Trades Council P.O. Box 8014 Stockton, CA 95208 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 250.00 | 250.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 250.00

Schedule A Summary

| | | |
|--|-----------------|---------------|
| 1. Amount received this period – Itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | <u>250.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | <u>0</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ | <u>250.00</u> |

***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 <u>7/1/2017</u> through <u>12/31/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|---------------------------------|---|
| N/A | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% 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 | | \$ _____ | \$ _____ | \$ _____ | | | | |
| N/A | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% 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 | | \$ _____ | \$ _____ | \$ _____ | | | | |
| N/A | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% 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 | | \$ _____ | \$ _____ | \$ _____ | | | | |
| 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 \$ 0
(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** \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(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.

SCHEDULE C

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| | | |
| Page <u>6</u> of <u>14</u> | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

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

*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.

SCHEDULE D

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/2017 | |
| through | 12/31/2017 | Page <u>7</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | N/A | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/2017 | |
| through | 12/31/2017 | Page <u>8</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|---------|------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 iPage 10 Corporate Dr. Burlingame, MA 01803 | WEB | Domain/Web Site | 125.99 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Sticker Mule 411 Lafayette Street, 6th Floor New York, NY 10003 | CMP | Stickers | 168.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 VistaPrint 275 Wyman Street Waltham, MA 02451 | CMP | Magnets | 172.09 |

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

SUBTOTAL \$ 466.08

Schedule E Summary

| | | |
|---|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 2,538.88 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 410.04 |
| 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 \$ | 2,948.92 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/2017 | |
| through | 12/31/2017 | Page <u>9</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|---------------------------------|-------------|
| Nirvaana LLC 1005 E. Pescadero Avenue #101 Tracy, CA 95304 | CVC | Fundraiser event - Police/Fire | 400.00 |
| Good Samaritan Community Services P.O. Box 642 Tracy, CA 95378 | CVC | Fundraiser Event - Mayor's Ball | 200.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Safeway Store # 2600 1950 11th Street Tracy, CA 95376 | CMP | Candy - Christmas Parade | 109.99 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95377 | LIT | Christmas Cards | 135.09 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Staples 2471 North Naglee Road Tracy, CA 95304 | POS | Stamps, Labels | 292.72 |

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

SUBTOTAL \$ 1,137.80

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/2017 | |
| through | 12/31/2017 | Page <u>10</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

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

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | 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 |
|---|------|----|------------------------|-------------|
| Cpl. Charles O. Palmer II Memorial Troop Support 617 Park Avenue Manteca, CA 95337 | CVC | | Fundraiser dinner | 150.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Mini Storage 385 Enterprise Place Tracy, CA 95304 | | | Storage Unit Rental | 785.00 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 935.00

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

Amounts may be rounded to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>7/1/2017</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | |
| Page <u>12</u> of <u>14</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded to whole dollars.

| | |
|--|-----------------------------|
| Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|--|----------------------------------|--|--|----------------------------|---------------------------------|---|
| N/A | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*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.).....NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>7/1/2017</u> through <u>12/31/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>14</u> of <u>14</u> |
| | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period.\$ _____
- 2. Unitemized increases to cash of under \$100 this period.\$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|---|
| Date Stamp RECEIVED CITY CLERK'S OFFICE 2017 JUL 27 AM 8:59 CITY OF TRACY TRACY, CA | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>14</u> For Official Use Only |

| | |
|---|--|
| Statement covers period from <u>1/1/2017</u> through <u>6/30/2017</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u> |
|---|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1382486

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rickman for Mayor, 2016

STREET ADDRESS (NO P.O. BOX)
700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Robertrickman2016@gmail.com

Treasurer(s)

NAME OF TREASURER
Robert Rickman

MAILING ADDRESS
700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Karen Rickman

MAILING ADDRESS
700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1587</u> |

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 7/26/2017
Date

Executed on 7/26/2017
Date

Executed on _____
Date

Executed on _____
Date

B. _____
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

Robert Rickman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor Tracy, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

700 Lawn Court Tracy CA 95376

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

N/A

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

N/A

NAME OF TREASURER CONTROLLED COMMITTEE?

YES 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

N/A

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2017</u> | CALIFORNIA FORM 460 |
| through <u>6/30/2017</u> | |
| Page <u>3</u> of <u>14</u> | |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 2. Loans Received..... Schedule B, Line 3 | \$ <u>-1,000.00</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>-1,000.00</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 | \$ <u>-1,000.00</u> | \$ <u>0</u> |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>2,417.36</u> | \$ <u>2,417.36</u> |
| 7. Loans Made..... Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>2,417.36</u> | \$ <u>2,417.36</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>2,417.36</u> | \$ <u>2,417.36</u> |

**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 | \$ <u>14,971.57</u> |
| 13. Cash Receipts..... Column A, Line 3 above | \$ <u>-1,000.00</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ <u>238.57</u> |
| 15. Cash Payments..... Column A, Line 8 above | \$ <u>2,417.36</u> |
| 16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>11,792.78</u> |

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

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

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.

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>1/1/2017</u> through <u>6/30/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>14</u> |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|---------------|---|--|---|-----------------------------|--|---------------------------------------|
| N/A | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- 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 \$** 0

***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 <u>1/1/2017</u> through <u>6/30/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>5</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 |
|--|--|--|------------------------------------|--|--|----------------------------------|---|---|
| Robert Rickman 700 Lawn Court Tracy, CA 95376 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sergeant, California Highway Patrol | \$ 1,000.00 | \$ 0 | <input checked="" type="checkbox"/> PAID \$ 1,000.00 <input type="checkbox"/> FORGIVEN | \$ 0 DATE DUE | 0 % RATE \$ 0 | \$ 1,000.00 1/21/2016 DATE INCURRED | CALENDAR YEAR \$ 0 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 \$ <input type="checkbox"/> FORGIVEN | \$ DATE DUE | % 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 \$ <input type="checkbox"/> FORGIVEN | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ | 0 \$ | 1,000.00 \$ | 0 \$ | 0 | | |

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -1,000.00
(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 \$ -1,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

| | |
|---|----------------------------|
| Statement covers period from <u>1/1/2017</u> through <u>6/30/2017</u> | CALIFORNIA FORM 460 |
| | Page <u>6</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|--|----------------------------------|-------------------------------|---|-----------------------------|
| N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| SUBTOTAL \$ | | | | | Enter on Summary Page, Line 17 only. | |

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page <u>7</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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) |
|---------------|---|--|---|----------------------------------|------------------------------|---|---------------------------------------|
| N/A | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

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

***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.

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/2017</u> | CALIFORNIA FORM 460 |
| through <u>6/30/2017</u> | |
| Page <u>8</u> of <u>14</u> | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| N/A | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|--|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page <u>9</u> of <u>14</u> |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|------------------------|-------------|
| Lammersville School Foundation 16555 Von Sosten Road Tracy, CA 95304 | PRT | Advertisement | 300.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Sports Boosters, Inc. 5095 Murphy Canyon Road Suite 120 San Diego, CA 92123 | PRT | Sponsor Advertisement | 750.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Ipage 10 Corporate Drive, Suite 300 Burlingame, MA 01803 | WEB | Web Domain | 238.36 |

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

SUBTOTAL \$ 1,288.36

Schedule E Summary

| | | |
|---|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 2,417.36 |
| 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 \$ | 2,417.36 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|-----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page <u>10</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Sticker Mule 411 Lafayette Street, 6th Floor, New York, NY 10003 | CMP | Stickers | 124.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Cumulus 3127 Transworld Drive, Suite 270 Stockton, CA 95206 | RAD | Radio Advertisement | 1,005.00 |
| | | | |
| | | | |
| | | | |

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

SUBTOTAL \$ 1,129.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

| | | |
|---|--|-----------------------------|
| Statement covers period from <u>1/1/2017</u> | | CALIFORNIA FORM 460 |
| through <u>6/30/2017</u> | | |
| | | Page <u>11</u> of <u>14</u> |
| NAME OF FILER Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

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

Schedule F Summary

- 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.) **INCURRED TOTALS \$** _____
- 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.) **PAID TOTALS \$** _____
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____
May be a negative number

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

Amounts may be rounded
to whole dollars.

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>1/1/2017</u> | | CALIFORNIA FORM 460 |
| through <u>6/30/2017</u> | | |
| | | Page <u>12</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/2017
through 6/30/2017

SCHEDULE H

**CALIFORNIA
FORM 460**

Page 13 of 14

I.D. NUMBER
1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rickman for 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) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|--|----------------------------------|--|--|----------------------------|---------------------------------|---|
| N/A | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** _____ \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR _____ PER ELECTION** _____ \$ _____ |
| SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*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

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

**If Required

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | | |
|-------------------------|-----------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/2017 | |
| through | 6/30/2017 | Page <u>14</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER
1382486

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|---------------------------------|----------------------------|
| 2/21/2017 | City of Tracy 333 Civic Center Plaza Tracy, CA 95376 | Candidate Statement Overpayment | 238.57 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 238.57

Schedule I Summary

| | |
|---|------------------------|
| 1. Itemized increases to cash this period. | \$ 238.57 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ 0 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ 0 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ 238.57 |

**Recipient Committee
Campaign Statement
Cover Page**

CALIFORNIA FORM 460

Statement covers period
from 10/23/16
through 12/31/16

Date of election if applicable:
(Month, Day, Year)
11/08/2016

Date Stamp
**RECEIVED
CITY CLERK'S OFFICE
JAN 30 AM 8:55
CITY OF TRACY
TRACY CA**

Page 1 of 18

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1382486

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Rickman for Mayor, 2016

STREET ADDRESS (NO P.O. BOX)
700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Tracy | CA | 95376 | (209) 612-1589 |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS
Robertrickman2016@gmail.com

Treasurer(s)

NAME OF TREASURER
Robert Rickman

MAILING ADDRESS
700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Tracy | CA | 95376 | (209) 612-1589 |

NAME OF ASSISTANT TREASURER, IF ANY
Karen Rickman

MAILING ADDRESS
700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Tracy | CA | 95376 | (209) 612-1587 |

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

Executed on 01/29/2017
Date

Executed on 01/29/2017
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

Robert Rickman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor Tracy, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

700 Lawn Court Tracy CA 95376

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 |
|----------------|-------------|

N/A

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

YES NO

| | |
|-------------------|------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
|-------------------|------------------------------|

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

| | |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

N/A

| | |
|-------------------|-----------------------|
| NAME OF TREASURER | CONTROLLED COMMITTEE? |
|-------------------|-----------------------|

YES 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 | <input type="checkbox"/> 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 |
|-----------------------------------|-----------------------|----------------------------------|

N/A

OPPOSE

| | | |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|-----------------------------------|-----------------------|----------------------------------|

OPPOSE

| | | |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|-----------------------------------|-----------------------|----------------------------------|

OPPOSE

| | | |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|-----------------------------------|-----------------------|----------------------------------|

OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10/23/16</u> | CALIFORNIA FORM 460 |
| through <u>12/31/16</u> | |
| Page <u>3</u> of <u>18</u> | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rickman for Mayor, 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 12,897.00 | \$ 66,981.00 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 1,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 12,897.00 | \$ 67,981.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 15,974.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 12,897.00 | \$ 83,955.00 |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 26,134.42 | \$ 54,239.31 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 26,134.42 | \$ 54,239.31 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 26,134.42 | \$ 54,239.31 |

**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 | \$ 28,208.99 |
| 13. Cash Receipts..... Column A, Line 3 above | 12,897.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 26,134.42 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 14,971.57 |

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

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.

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 1,000.00 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>10/23/16</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/16</u> | | |
| Page <u>4</u> of <u>18</u> | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/1/16 | Ernie Pombo 8834 Vine Lane Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Farmer | 200.00 | 200.00 | |
| 11/1/16 | Robert J. Costa Farms, LLC PO Box 1031 Tracy, CA 95378 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 800.00 | 800.00 | |
| 11/1/16 | Tracy Grading and Paving PO BOX 444 Tracy, CA 95378 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 800.00 | 800.00 | |
| 11/3/16 | Evelyn Costa 1430 Lincoln Blvd. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| 11/4/16 | Sanjeev K. Bansal 1504 Rose Garden Court Modesto, CA 95356 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician, Kaiser Permanente, Modesto | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 3,050.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 12,450.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 447.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 12,897.00

*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 | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>5</u> of <u>18</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 11/4/16 | Charnjit Singh 424 Fisher Court Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, DAKHA Trucking | 1,000.00 | 1,000.00 | |
| 11/4/16 | Randeep S. Bajwa 1625 Bennington Court Stockton, CA 95209 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Randeep S. Bajwa, M.D. | 1,000.00 | 1,000.00 | |
| 11/4/16 | Surjit S. Chahal 3100 Fleur De Lis Drive Modesto, CA 95356 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Allure Dental | 2,500.00 | 2,500.00 | |
| 11/4/16 | Aman Truck Lines DBA: ATL 1852 W. 11th Street #101 Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 11/4/16 | Hardeep and Sons, Inc. 25440 S. Schulte Road Tracy, CA 95377 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 6,500.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>6</u> of <u>18</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 11/4/16 | All Star Movers and Storage, LLC 4101 Dublin Blvd. Ste: F #517 Dublin, CA 94568 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 11/5/16 | National DRIVE Committee FEC ID# C00032979 25 Louisiana Ave. NW Washington, DC 20001-2198 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 11/5/16 | Kaylin Schack 1561 Biarritz Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chiropractor, Tracy Chiropractic | 100.00 | 650.00 | |
| 11/8/16 | The Tracy Hills Project Owner, LLC 888 San Clemente Drive Suite 100 Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 800.00 | 800.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 2,900.00 | | |

*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 <u>10/23/16</u> through <u>12/31/16</u> | CALIFORNIA FORM 460 |
| | Page <u>7</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 |
|--|---|--|------------------------------------|--|--|---------------------------------------|---|---|
| Robert Rickman 700 Lawn Court Tracy, CA 95376 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sergeant, California Highway Patrol | \$ <u>1,000.00</u> | \$ <u>0</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>1,000.00</u> N/A DATE DUE | <u>0</u> % RATE \$ <u>0</u> | \$ <u>1,000.00</u> <u>1/21/16</u> DATE INCURRED | CALENDAR YEAR \$ <u>1,000.00</u> 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 \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% 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 \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | | | | | \$ | \$ | \$ <u>1,000.00</u> \$ |

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 \$ 0
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>10/23/16</u> through <u>12/31/16</u> | CALIFORNIA FORM 460 |
| | Page <u>8</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|----------------------------------|-------------------------------|--|-----------------------------|
| N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| SUBTOTAL \$ | | | | | Enter on Summary Page, Line 17 only. | |

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>10/23/16</u> through <u>12/31/16</u> | | CALIFORNIA FORM 460 |
| Page <u>9</u> of <u>18</u> | | |
| NAME OF FILER Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

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

*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.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>10/23/16</u> through <u>12/31/16</u> | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>18</u> | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | N/A | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>11</u> of <u>18</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|---------|-------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Press 95 W. 11th Street #101 Tracy, CA 95376 | PRT | Newspaper Ad/On-Line AD | 3,935.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Postcard Mania 2145 Sunnydale Blvd. Building 101 Clearwater, FL 33765 | LIT | Mailer | 4,514.79 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Colorprint 1570 Gilberth Road Burlingame, CA 94010 | LIT | Mailer | 7,333.12 |

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

SUBTOTAL \$ 15,782.91

Schedule E Summary

| | | |
|---|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 25916.31 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 218.11 |
| 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 \$ | 26,134.42 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>12</u> of <u>18</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|----------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Aerial Beacon, Inc. 8517 Earhart Road Oakland, CA 94621 | CMP | Plane Banner Advertisement | 3,400.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Mini Storage 385 Enterprise Place Tracy, CA 95304 | | Storage Unit Rental | 785.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Staples 2471 North Naglee Road Tracy, CA 95304 | OFC | Printer Ink | 119.84 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95377 | FND | Food/Beverages | 351.12 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Cumulus Media 3136 Boeing Way Ste: 125 Stockton, CA 95206 | RAD | Radio Advertisement | 1,605.06 |

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

SUBTOTAL \$ 6261.02

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>13</u> of <u>18</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|---------|------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Maximum Research Inc. 1860 Greentree Road Cherry Hill, NJ 08003 | | Robo Call | 533.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Five Star Print and Sign 2830 Auto Plaza Way Tracy, CA 95304 | CMP | Lawn Signs/4x2 sign | 378.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Facebook Inc. 1 Hacker Way Menlo Park, CA 94025 | LIT | Facebook Advertisement | 1,273.48 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Signs 3771 W. 11th Street Tracy, CA 95304 | CMP | 4x8 Signs | 702.00 |
| Dee Cawley 103 E. 8th Street Tracy, CA 95376 | CMP | Sign Board Display | 500.00 |

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

SUBTOTAL \$ 3,386.48

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

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>14</u> of <u>18</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|------|----|------------------------|-------------|
| Craig Yesin 1709 Abeja Lane Manteca, CA 95337 | FND | | Food | 375.90 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Sunrise Rotary Foundation 7509 W. Linne Road Tracy, CA 95304 | FND | | Crab feed tickets | 110.00 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 485.90

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

Amounts may be rounded to whole dollars.

| | | |
|-------------------------|----------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 10/23/16 | |
| through | 12/31/16 | Page <u>16</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded to whole dollars.

| | |
|--|-----------------------------|
| Statement covers period from <u>10/23/16</u> through <u>12/31/16</u> | CALIFORNIA FORM 460 |
| | Page <u>17</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|--|----------------------------------|--|--|----------------------------|--------------------------------|---|
| N/A | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*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.) NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|--|--------------------------------|
| Statement covers period from <u>10/23/16</u> through <u>12/31/16</u> | CALIFORNIA FORM 460 |
| | Page <u>18</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER
1382486

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period.\$ _____
- 2. Unitemized increases to cash of under \$100 this period.\$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|---|
| Date Stamp RECEIVED CITY CLERK'S OFF 2016 OCT 27 AM 11:54 CITY OF TRACY TRACY, CA | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>19</u> For Official Use Only | |

| | |
|---|---|
| <p style="text-align: center;">Statement covers period</p> <p>from <u>9/25/2016</u></p> <p>through <u>10/22/2016</u></p> | <p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>11/08/2016</u></p> |
|---|---|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

| | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

| | |
|--|----------------|
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | I.D. NUMBER |
| <u>Rickman for Mayor, 2016</u> | <u>1382486</u> |

STREET ADDRESS (NO P.O. BOX)

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Robertrickman2016@gmail.com

Treasurer(s)

NAME OF TREASURER

Robert Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Karen Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1587</u> |

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 <u>10/27/2016</u> <small>Date</small> | By <u>[Signature]</u> |
| Executed on <u>10/27/2016</u> <small>Date</small> | By <u>[Signature]</u> <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |
| Executed on _____ <small>Date</small> | By _____ <small>Signature of Controlling Officeholder, Candidate, State Measure Proponent</small> |

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Robert Rickman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor Tracy, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

700 Lawn Court Tracy CA 95376

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

N/A

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

N/A

NAME OF TREASURER CONTROLLED COMMITTEE?

YES 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
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---------------------------------------|
| Statement covers period from <u>9/25/2016</u> | CALIFORNIA FORM 460 |
| through <u>10/22/2016</u> | |
| Page <u>3</u> of <u>19</u> | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ <u>11,988.00</u> | \$ <u>54,084.00</u> |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | \$ <u>0</u> | \$ <u>1,000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ <u>11,988.00</u> | \$ <u>55,084.00</u> |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>15,974.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>11,988.00</u> | \$ <u>71,058.00</u> |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>11,987.36</u> | \$ <u>28,104.89</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>11,987.36</u> | \$ <u>28,104.89</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>15,974.00</u> |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>11,987.36</u> | \$ <u>44,078.89</u> |

**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..... <i>Previous Summary Page, Line 16</i> | \$ <u>28,208.35</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | \$ <u>11,988.00</u> |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | \$ <u>0</u> |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | \$ <u>11,987.36</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>28,208.99</u> |

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

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.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ 0

Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>19</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/26/16 | San Joaquin, Calaveras, Alpine and Amador Counties Building Trades Council ID# 890345 3984 Cherokee Rd. Stockton, CA 95219 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 500.00 | 700.00 | |
| 9/26/16 | Commercial Maintenance Renovation 1620 Waverly Court Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,100.00 | 1,100.00 | |
| 9/26/16 | Sheet Metal Workers International Assoc. Local No. 104 PAC ID. 850381 2610 Crow Canyon Road Ste. 300 San Ramon, CA 94583 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 9/26/16 | Plumbers and Pipefitters Local 442 PAC ID. 871625 4842 Nutcracker Lane Modesto, CA 95356 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 9/26/16 | Democratic Club of Tracy P.O. BOX 1146 Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |

SUBTOTAL \$ 3,000.00

Schedule A Summary

| | |
|--|---------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ 11,200.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ 788.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ 11,988.00 |

***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 | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>5</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/26/16 | Michael Repetto 8400 Orazio Lane Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Tracy Disposai | 250.00 | 250.00 | |
| 9/27/2016 | Manuel DeLaCruz 518 W. Eaton Ave. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician, Eaton Pediatrics and Medical Corp. | 100.00 | 100.00 | |
| 9/27/2016 | Angeia Ditzenberger 436 Cumberiand Drive Tracy, CA 95376 | <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 | |
| 9/27/2016 | Curtis Repetto 2709 Annette Court Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Tracy Material Recovery | 250.00 | 250.00 | |
| 9/29/2016 | Sandra Weils 547 Park Haven Drive Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| SUBTOTAL \$ | | | | 950.00 | | |

*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 |
| | | |
| NAME OF FILER Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 9/30/2016 | Jerry Bower 7037 Bridgeport Circle Stockton, CA 95207 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Electrician, City of Tracy | 200.00 | 200.00 | |
| 10/5/2016 | Kaylin Schack 1561 Biarritz Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chiropractor, Tracy Chiropractic | 50.00 | 550.00 | |
| 10/8/2016 | Harry S. Truman Club of Stockton 5635 Stratford Circle Ste: A2 Stockton, CA 95207 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,500.00 | 1,500.00 | |
| 10/8/2016 | Central Labor Council COPE Committee 1200 N. Center Street Stockton, CA 95202 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,000.00 | 2,000.00 | |
| 10/11/2016 | James L. Levand 123 E. Eaton Ave. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| SUBTOTAL \$ | | | | 4,000.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>7</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 10/13/2016 | William Filios 5348 Saint Andrews Drive Stockton, CA 95219 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Developer, AKS Development | 250.00 | 350.00 | |
| 10/13/2016 | J.P. Palmer Inc. 672 W. 11th Street Ste: 102 Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 10/13/2016 | Stephanie Palmer 1505 E. Valpico Road Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Hair by Stephanie | 250.00 | 250.00 | |
| 10/13/2016 | Operating Engineers Local Union No. 3 District 30 PAC ID. 891397 1620 South Loop Road Alameda, CA 94502 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 10/14/2016 | Lewis investment Company, LLC 1156 N. Mountain Ave. Upland, CA 91786 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 2,250.00 | | |

*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 |
| | Page <u>8</u> of <u>19</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/21/2016 | California Real Estate PAC- California Assoc. of Realtors FPPC # 890106 525 S. Virgil Ave. Los Angeles, CA 90020 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1,000.00 | | |

*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 <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>19</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|---|--|
| Robert Rickman 700 Lawn Court Tracy, CA 95376 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sergeant, California Highway Patrol | \$ 1,000.00 | \$ 0 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 1,000.00 N/A DATE DUE | 0 % RATE \$ 0 | \$ 1,000.00 1/21/2016 DATE INCURRED | CALENDAR YEAR \$ 1,000.00 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 \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % 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 \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ | \$ 0 | \$ 0 | \$ 1,000.00 | \$ 0 | | |

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 \$ 0
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

| | |
|---|-----------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>19</u> |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|----------------------------------|-------------------------------|--|-----------------------------|
| N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| SUBTOTAL \$ | | | | | Enter on Summary Page, Line 17 only. | |

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | | CALIFORNIA FORM 460 |
| | | Page <u>11</u> of <u>19</u> |
| NAME OF FILER Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....\$ _____
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

***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.

SCHEDULE D

| | |
|---|-----------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>12</u> of <u>19</u> |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| N/A | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL ..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>13</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|------|----|------------------------|-------------|
| The Home Depot 2461 Naglee Road Tracy, CA 95304 | CMP | | T-Posts | 321.92 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Sign Inc. 3771 W. 11th Street Tracy, CA 95304 | CMP | | Lawn Signs | 1,736.10 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Color Print 1570 Gilbreth Road Burlingame, CA 94010 | LIT | | Mailer | 3,472.36 |

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

SUBTOTAL \$ 5,530.38

Schedule E Summary

| | | |
|---|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 11,861.65 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 125.71 |
| 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 \$ | 11987.36 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>14</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|---------|-------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Five Star Print and Sign 2830 Auto Plaza Way Ste: 140 Tracy, CA 95304 | CMP | 4x8 Signs | 791.10 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Five Star Print and Sign 2830 Auto Plaza Way Ste: 140 Tracy, CA 95304 | CMP | 48" x 8" Signs | 324.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Pyramid Advertising 3532 LaGrande Blvd. Ste: A Sacramento, CA 95823 | LIT | Postcards | 495.00 |
| Budget Watchdogs FPPC# 1345115 1954 W. Carson Ste: B Torrance, CA 90501 | LIT | Slate Mailer | 300.00 |
| Banta PFA 22345 El Rancho Road Tracy, CA 90501 | CMP | Advertisement - Hay Day | 100.00 |

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

SUBTOTAL \$ 2,010.10

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 9/25/2016 | |
| through | 10/22/2016 | Page <u>15</u> of <u>19</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

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

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | 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 |
|---|------|----|------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Five Star Print and Sign 2830 Auto Plaza Way Ste: 140 Tracy, CA 95304 | CMP | | Lawn Signs | 359.10 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Press 95 W. 11th Street #101 Tracy, CA 95376 | PRT | | Newspaper/On-line AD | 1,942.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Postcardmania 2145 Sunnysdale Blvd. Building 102 Clearwater, FL 33765 | LIT | | Maller | 1,770.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Facebook Inc. 1 Hacker Way Menlo Park, CA 94025 | LIT | | Facebook Advertisement | 250.07 |
| | | | | |

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

SUBTOTAL \$ 4,321.17

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|--|--|--------------------------------|
| Statement covers period from <u>9/25/2016</u> | | CALIFORNIA FORM 460 |
| through <u>10/22/2016</u> | | |
| | | Page <u>16</u> of <u>19</u> |
| NAME OF FILER <u>Rickman for Mayor, 2016</u> | | I.D. NUMBER <u>1382486</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| N/A | | | | | |
| | | | | | |
| | | | | | |

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

SUBTOTALS \$ _____ **\$** _____ **\$** _____ **\$** _____

Schedule F Summary

- 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.) **INCURRED TOTALS \$** _____
- 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.) **PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____
May be a negative number

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

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>9/25/2016</u> | CALIFORNIA FORM 460 |
| through <u>10/22/2016</u> | |
| Page <u>17</u> of <u>19</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u> | CALIFORNIA FORM 460 |
| | Page <u>18</u> of <u>19</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---|
| N/A | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*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.)NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

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

**CALIFORNIA
FORM 460**

Page 19 of 19

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER
1382486

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ _____
- 2. Unitemized increases to cash of under \$100 this period. \$ _____
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ _____
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|------------------------------------|
| Date Stamp RECEIVED CITY CLERK'S OFFICE 2016 SEP 29 AM 9:17 CITY OF TRACY TRACY, CA | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>27</u> |
| | For Official Use Only |

| | |
|---|--|
| Statement covers period from <u>7/1/16</u> through <u>9/24/16</u> | Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u> |
|---|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement <small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1382486

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rickman for Mayor, 2016

STREET ADDRESS (NO P.O. BOX)

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Tracy | CA | 95376 | (209) 612-1589 |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Robertrickman2016@gmail.com

Treasurer(s)

NAME OF TREASURER

Robert Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Tracy | CA | 95376 | (209) 612-1589 |

NAME OF ASSISTANT TREASURER, IF ANY

Karen Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Tracy | CA | 95376 | (209) 612-1587 |

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 9/28/16
Date

By _____
Treasurer

Executed on 9/28/16
Date

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

Executed on _____
Date

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

Executed on _____
Date

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
Robert Rickman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor Tracy, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
700 Lawn Court Tracy CA 95376

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 N/A | 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 | |

| | |
|--|---|
| COMMITTEE NAME N/A | 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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 <u>7/1/16</u> | CALIFORNIA FORM 460 |
| through <u>9/24/16</u> | |
| Page <u>3</u> of <u>27</u> | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>18,363.00</u> | \$ <u>42,096.00</u> |
| 2. Loans Received..... Schedule B, Line 3 | <u>0</u> | <u>1,000.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>18,363.00</u> | \$ <u>43,096.00</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>14,160.00</u> | <u>15,974.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>32,423.00</u> | \$ <u>59,070.00</u> |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>12,946.53</u> | \$ <u>16,117.53</u> |
| 7. Loans Made..... Schedule H, Line 3 | <u>0</u> | <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>12,946.53</u> | \$ <u>16,117.53</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u> | <u>0</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | <u>14,160.00</u> | <u>15,974.00</u> |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>27,106.53</u> | \$ <u>32,091.53</u> |

**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 | \$ <u>22,791.88</u> |
| 13. Cash Receipts..... Column A, Line 3 above | <u>18,363.00</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | <u>12,946.53</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>28,208.35</u> |

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

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.

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

Cash Equivalents and Outstanding Debts

| | |
|--|-----------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ _____ |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>1,000</u> |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|-------------------------|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>4</u> of <u>27</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/1/16 | Northern California Carpenters Regional Council SCC# 972104 265 Hegenberger Road Suite 200 Oakland, CA 94621 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 2,000.00 | 2,000.00 | |
| 7/1/16 | Leroy Rickman 246 E. 22nd Street Tracy, CA 95376 | <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 | |
| 7/4/16 | Alice English 1492 Riverview Ave. Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 500.00 | 500.00 | |
| 7/5/16 | Kaylin Schack 1561 Biarritz Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chiropractor, Tracy Chiropractic | 350.00 | 500.00 | |
| 7/7/16 | Judith Cameron 793 S. Tracy Blvd. #328 Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | General Partner, Dublin Security Storage | 100.00 | 200.00 | |
| SUBTOTAL \$ | | | | 3,050.00 | | |

Schedule A Summary

| | | |
|--|-----------------|------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | 17,085.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | 1,278.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ | 18,363.00 |

***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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>5</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 7/5/16 | Martha Banner 1500 Scenic Drive Home # 10 Modesto, CA 95355 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 199.00 | |
| 7/8/16 | Carol Silva 2483 Belle Glade Lane Manteca, CA 95336 | <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 | |
| 7/12/16 | Dave Rainey 342 Hollywood Ave. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Manager, Huntsman Pigments | 100.00 | 100.00 | |
| 7/14/16 | Mercedes Lavrinc 1110 Gatetree Court Tracy, CA 95376 | <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 | |
| 7/15/16 | Arleen Robbins 545 W. Carlton Way Tracy, CA 95376 | <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 \$ | | | | 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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>6</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/10/16 | Kevin Murphy 153 Longmeadow Drive Los Gatos, CA 95032 | <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 | |
| 7/15/16 | Corinne Vieira 2171 David Ernest Court Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Home Maker | 100.00 | 100.00 | |
| 7/15/16 | Robert Otani 1626 Kagehiro Drive Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| 7/15/16 | Gail Holderbein 2060 Chester Drive Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Receptionist, Dr. Natesan Rama, MD | 100.00 | 100.00 | |
| 7/20/16 | Germaine Clark 2651 Solomon Lane Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| SUBTOTAL \$ | | | | 800.00 | | |

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 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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>7</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/11/16 | Mary Smith 2157 East Street Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 50.00 | 100.00 | |
| 7/18/16 | Juana Dement 71 Club House Way Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker Associate, Allison James Estate and Homes | 220.00 | 220.00 | |
| 7/18/16 | Alzira Martin 1389 Brandon Dewey Lane Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 160.00 | 160.00 | |
| 7/18/16 | Bobbie Vital 1519 Madison Ave. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 300.00 | 300.00 | |
| 7/18/16 | Suzanne Hickok 690 Potsgrove Place Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher, Connecting Waters Charter School | 150.00 | 150.00 | |
| SUBTOTAL \$ | | | | 880.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>8</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/18/16 | Joe Munoz III 1201 Schleiger Drive Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Service Technician, Tyco Integrated Security | 100.00 | 100.00 | |
| 7/18/16 | Betty Galli 12650 Platti Road Tracy, CA 95304 | <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 | |
| 7/18/16 | Michael Vargas 1821 W. Kavavaugh Ave. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Officer, Lawrence Livermore lab | 100.00 | 100.00 | |
| 7/18/16 | Betty Peterson 252 E. 22nd Street Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 60.00 | 100.00 | |
| 7/18/16 | Marcia Hanson 228 E. Acacia Street Tracy, CA 95376 | <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 \$ | | | | 460.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>9</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/18/16 | Stephen Ridolfi 216 Acacia Street Tracy, CA 95376 | <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 | |
| 7/18/16 | Karl Jensen 5923 W. Delta Ave. Tracy, CA 95304 | <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 | |
| 7/18/16 | Laura Nunes 1677 Toulouse Court Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher, Tracy Unified School District | 60.00 | 110.00 | |
| 7/18/16 | Christopher Tyler 3208 Wycliffe Drive Modesto, CA 95355 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investment Manager, Great Gable Partnership, LP | 160.00 | 660.00 | |
| 7/18/16 | A. Michael Souza 6000 W. Linne Road Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Souza Reality and Development | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 920.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>10</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/21/16 | Frank Silva 1850 E. Grantline Road Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Silva Bros Dairy | 100.00 | 100.00 | |
| 7/18/16 | DHABA Indian Cusine 2242 W. Grantline Road Suite 101 Tracy, CA 95377 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 7/18/16 | Altamont Mechanical Inc. 793 S. Tracy Blvd. #342 Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 7/18/16 | Helen Noah 1338 Wall Street Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 150.00 | |
| 7/25/16 | Anthony Souza 105 E. 10th Street Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Souza Reality and Development | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 1,300.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>11</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 7/18/16 | Richard English 1492 River View Ave. Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 375.00 | 375.00 | |
| 7/27/16 | Stella Rickman 224 12th Street Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 500.00 | 1000.00 | |
| 8/3/16 | Craig Manchester 888 San Clemente Drive Suite 100 Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Partner, Integral Communities | 250.00 | 250.00 | |
| 8/3/16 | C. Evan Knapp 888 San Clemente Drive Sulte 100 Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal, Integral Communities | 250.00 | 250.00 | |
| 8/3/16 | John Stanek 888 San Clemente Drive Suite 100 Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal, Integral Communities | 250.00 | 250.00 | |
| SUBTOTAL \$ | | | | 1,625.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from <u>7/1/16</u> | | |
| through <u>9/24/16</u> | | Page <u>12</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

| 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) |
|--------------------|--|---|---|-----------------------------|---|------------------------------------|
| 8/1/16 | Mary Rose 582 Banff Court Tracy, CA 95377 | <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 | |
| 8/2/16 | San Joaquin, Calaveras, Alpine, and Amador Counties Building Trades SCC ID# 890345 3984 Cherokee Road Stockton, CA 95219 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 200.00 | 200.00 | |
| 8/3/16 | Lance Waite (The Waite Family Trust) 888 San Clemente Drive Suite 100 Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal, Integral Communities | 250.00 | 250.00 | |
| 8/3/16 | Diana Silva 6665 W. Eleventh Street Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 50.00 | 150.00 | |
| 8/21/16 | Tracy Mini Storage 385 Enterprise Place Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000.00 | 5,000.00 | |
| SUBTOTAL \$ | | | | 5,600.00 | | |

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- IND – Individual
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(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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>13</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/21/16 | Patricia Riddle 1850 Harvest Landing Lane Tracy, CA 95376 | <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 | |
| 8/24/16 | TravIn Toys 21200 S. Paradise Road Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 8/9/16 | Robert Zeck 2366 Gamay Common Livermore, CA 94550 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Stone Monuments, McCarthy Granite | 100.00 | 100.00 | |
| 8/21/16 | Todd Rickets 3924 Payton Lane Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Product Manager, Agrian Inc. | 150.00 | 150.00 | |
| 8/21/16 | Donna Thompson 230 W. Highland Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 50.00 | 100.00 | |
| SUBTOTAL \$ | | | | 900.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>14</u> of <u>27</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/21/16 | Jeri Fisher 202 E. Highland Ave. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Parts Seller, Monument Auto Parts | 100.00 | 100.00 | |
| 8/21/16 | Erica Rossi 5751 W. Grantline Road Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher, Banta School District | 100.00 | 100.00 | |
| 8/10/16 | Corinne Vieira 2171 David Ernest Court Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Home Maker | 100.00 | 100.00 | |
| 9/16/16 | DIK Tracy Enterprises PO Box 1036 Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 9/16/16 | Bricklayers & Allied Craftworkers Local No. 3 PAC ID# 1244975 10806 Bigge Street San Leandro, CA 94577 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 250.00 | 500.00 | |
| SUBTOTAL \$ | | | | 1,050.00 | | |

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 (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 <u>7/1/16</u> through <u>9/24/16</u> | CALIFORNIA FORM 460 |
| | Page <u>15</u> of <u>27</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|---|--|
| Robert Rickman 700 Lawn Court Tracy, CA 95376 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sergeant, California Highway Patrol | \$ 1,000.00 | \$ 0 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 1,000.00 N/A DATE DUE | 0 % RATE \$ 0 | \$ 1,000.00 1/21/16 DATE INCURRED | CALENDAR YEAR \$ 1,000.00 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 \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % 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 \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ | \$ 0 | \$ 0 | \$ 1,000.00 | \$ | | |

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 \$ 0
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

| | |
|---|-----------------------------|
| Statement covers period from <u>7/1/16</u> through <u>9/24/16</u> | CALIFORNIA FORM 460 |
| | Page <u>16</u> of <u>27</u> |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|--|-------------------------------|--|-----------------------------|
| N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |

SUBTOTAL \$

Enter on
Summary Page,
Line 17 only.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>17</u> of <u>27</u> |
| Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 7/15/16 | Five Star Print and Sign, LLC 2830 Auto Plaza Way #140 Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 4x8 Signs | 2,500.00 | 2,500.00 | |
| 7/17/16 | Tracy Liquors Inc. 1220 W. 11th Street Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Beverages, Ice | 380.00 | 380.00 | |
| 7/18/16 | Nirvaana Banquet & Event Center, LLC 1005 E. Pescadero Ave. Suite 101 Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Event Center | 4,500.00 | 4,500.00 | |
| 7/25/16 | Jaspreet Gill 31995 S. Chrisman Road Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Operations Director, Crown Nut Co. | T-Shirts | 5,000.00 | 5,000.00 | |

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 12,380.00**

Schedule C Summary

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

*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 C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>7/1/16</u> through <u>9/24/16</u> | | CALIFORNIA FORM 460 |
| Page <u>18</u> of <u>27</u> | | |
| NAME OF FILER Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 8/3/16 | Town and Country Cafe 27 W. 10th Street Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Restraunt use, Servers | 800.00 | 800.00 | |
| 8/3/16 | John Tsirelas 3194 Redbridge Road Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Omega Properties Group | Food, Beverages | 200.00 | 200.00 | |
| 8/3/16 | Veronica Vargas 1266 Shady Court Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Developer Director, Trumark Homes | Food, Beverages | 600.00 | 600.00 | |
| 9/23/16 | Tracy Sign, Inc. 3771 W. 11th Street Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Window Decals | 100.00 | 700.00 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,700.00

Schedule C Summary

| | |
|---|---------------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ 14080.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 80 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ 14,160.00 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | | |
|-------------------------|------------------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>7/1/16</u> | through <u>9/24/16</u> | |
| | | Page <u>19</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| N/A | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>20</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|---|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Sports Boosters, Inc. 5095 Murphy Canyon Road Suite 120 San Diego, CA 92123 | PRT | Campaign Print Ad | 1000.00 |
| California Voter Guide 1954 W. Carson, Suite B Torrance, CA 90501 | LIT | Slate Mailer | 500.00 |
| City of Tracy Financial Dept. 333 Civic Center Plaza Tracy, CA 95376 | FIL | Candidate Statement, Filing Fees, Cultural Arts Booth | 1,375.00 |

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

SUBTOTAL \$ 2625.00

Schedule E Summary

| | | |
|---|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 12,384.80 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 561.73 |
| 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 \$ | 12,946.53 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>21</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER
1382486

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|--------------------------------------|-------------|
| San Joaquin Registrar of Voters 44 N. San Joaquin Street #350 Stockton, CA 95202 | | Voter Files, Walking Index, City Map | 118.00 |
| Five Star Print & Sign 2830 Auto Plaza Way Suite 140 Tracy, CA 95304 | CMP | 4x8 Signs, Lawn Signs | 1,236.60 |
| Costco Wholesale Tracy #658 3250 W. Grantline Road Tracy, CA 95377 | FND | Food/Beverages | 419.45 |
| Costco Wholesale Tracy #658 3250 W. Grantline Road Tracy, CA 95377 | POS | Stamps | 187.00 |
| Costco Wholesale Tracy #658 3250 W. Grantline Road Tracy, CA 95376 | LIT | Photo Cards | 111.06 |

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

SUBTOTAL \$ 2072.11

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|---------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>22</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|------|----|-----------------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 Sticker Mule 411 Lafayette Street, 6th Floor New York, NY 10003 | CMP | | Stickers | 162.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Vistaprint 275 Wyman Street Waltham, MA 02451 | CMP | | Postcards, T-Shirts | 231.18 |
| Election Digest 1954 W. Carson Suite B Torrance, CA 90501 | LIT | | Mailer | 1,040.00 |
| Corinne Vieira 2171 David Ernest Court Tracy, CA 95377 | RFD | | | 100.00 |
| Darlene Indalecio 134 W. 4th Street Tracy, CA 95376 | MTG | | Tracy Intertribal Pow Wow - Booth | 100.00 |

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

SUBTOTAL \$ 1633.18

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 7/1/16 | |
| through | 9/24/16 | Page <u>23</u> of <u>27</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|---|------|----|-------------------------|-------------|
| City of Tracy 333 Civic Center Plaza Tracy, CA 95376 | MTG | | Cultural and Arts Booth | 125.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Pyramid Advertising 3532 LaGrande Blvd. Suite A Sacramento, CA 95823 | LIT | | Postcards | 1,295.00 |
| Nirvaana Banquet and Event Center, LLC 1005 E. Pescadero Ave. #101 Tracy, CA 95377 | FND | | Event Center | 575.00 |
| Colorprint 1570 Gilbreth Road Burlingame, CA 94010 | LIT | | Mailer | 1,859.51 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Pyramid Advertising 3532 LaGrande Blvd. Suite A Sacramento, CA 95823 | | | Postcard Distribution | 1,950.00 |

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

SUBTOTAL \$ 5804.51

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/16
through 9/24/16

SCHEDULE G

**CALIFORNIA
FORM 460**

Page 25 of 27

I.D. NUMBER
1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>7/1/16</u> through <u>9/24/16</u> | CALIFORNIA FORM 460 |
| | Page <u>26</u> of <u>27</u> |
| | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Rickman for 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) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|--|----------------------------------|--|-----------------------------------|--|--------------------------|---------------------------------|--|
| | | | | <input type="checkbox"/> PAID | <input type="checkbox"/> FORGIVEN | | | | |
| N/A | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | DATE DUE _____ | _____ % RATE | \$ _____ DATE INCURRED _____ | \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | DATE DUE _____ | _____ % RATE | \$ _____ DATE INCURRED _____ | \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*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.).....NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|---|--------------------------------|
| Statement covers period from <u>7/1/16</u> through <u>9/24/16</u> | CALIFORNIA FORM 460 |
| | Page <u>27</u> of <u>27</u> |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- Itemized increases to cash this period.\$ _____
- Unitemized increases to cash of under \$100 this period.\$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** _____

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
**RECEIVED
CITY CLERK'S OFFICE
JUL 28 AM 10:01
CITY OF TRACY
TRACY CA**

Statement covers period
from 1/1/16
through 6/30/16

Date of election if applicable:
(Month, Day, Year) 2016
11/8/16

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1382486

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rickman for Mayor, 2016

STREET ADDRESS (NO P.O. BOX)

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

Robertrickman2016@gmail.com

Treasurer(s)

NAME OF TREASURER

Robert Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1589</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Karen Rickman

MAILING ADDRESS

700 Lawn Court

| | | | |
|--------------|-----------|--------------|-----------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Tracy</u> | <u>CA</u> | <u>95376</u> | <u>(209) 612-1587</u> |

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 6/28/16
Date

Executed on 6/28/16
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

By _____
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

Robert Rickman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor Tracy, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

700 Lawn Court Tracy CA 95376

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

N/A

NAME OF TREASURER CONTROLLED COMMITTEE?

YES 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?

YES 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

N/A

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> | CALIFORNIA FORM 460 |
| through <u>6/30/16</u> | |
| Page <u>3</u> of <u>23</u> | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 23,733.00 | \$ 23,733.00 |
| 2. Loans Received..... Schedule B, Line 3 | \$ 1,000.00 | \$ 1,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 24,733.00 | \$ 24,733.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 1,814.00 | \$ 1,814.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4 | \$ 26,547.00 | \$ 26,547.00 |

**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 | \$ N/A | \$ |
| 21. Expenditures Made | \$ N/A | \$ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 3,171.00 | \$ 3,171.00 |
| 7. Loans Made..... Schedule H, Line 3 | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 3,171.00 | \$ 3,171.00 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ 1,814.00 | \$ 1,814.00 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 4,985.00 | \$ 4,985.00 |

**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 |
| / / | \$ N/A |
| / / | \$ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 0 |
| 13. Cash Receipts..... Column A, Line 3 above | \$ 24,733.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ 1,229.88 |
| 15. Cash Payments..... Column A, Line 8 above | \$ 3,171.00 |
| 16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 22,791.88 |

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

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 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).

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

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 1,000.00 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|----------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>23</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/4/16 | Richard Harris 17600 Twin Oak Drive Jamestown, CA 95327 | <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 | |
| 3/4/16 | Joan Rickman 1100 W. Eaton Ave. Tracy, CA 95376 | <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 | |
| 3/4/16 | Stella Rickman P.O. Box 244 Tracy, CA 95378 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 500.00 | 500.00 | |
| 3/4/16 | Joann Hagele 1051 Pascoe Ave. San Jose, CA 95125 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Home Maker | 100.00 | 100.00 | |
| 3/5/16 | Judith Cameron 793 S. Tracy Blvd. #328 Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | General Partner, Dublin Security Storage | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 900.00 | | |

Schedule A Summary

| | |
|--|----------------------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ <u>20,900.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ <u>2,833.00</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | TOTAL \$ <u>23,733.00</u> |

*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 | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page <u>5</u> of <u>23</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/5/16 | Dr. R. Michael McLellan 1310 Barons Court Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Minister, Presbyterian Church USA | 500.00 | 500.00 | |
| 3/9/16 | Lydia Tyler 8 Sunburst 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 | 100.00 | 100.00 | |
| 3/10/16 | Shirlee Rickman 8115 River Front Lane Fair Oaks, CA 95628 | <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 | |
| 3/11/16 | William Filios 5348 Saint Andrews Dr. Stockton, CA 95219 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | REal Estate Developer, AKS Development | 100.00 | 100.00 | |
| 3/11/16 | Tim Smith 1628 Toulouse Street Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Administrator, Tracy Community Church | 200.00 | 200.00 | |
| SUBTOTAL \$ | | | | 1000.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>6</u> of <u>23</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/14/16 | Diana Silva 6665 W. Eleventh Street Tracy, CA 95304 | <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 | |
| 3/14/16 | Fred Gowan 6993 W. Saint Andrews Lane Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| 3/18/16 | D.A. Farms 21695 S. Lammers Road Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| 3/18/16 | Anna Gable P.O. Box 1213 Tracy, CA 95378 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Loan Consultant, I-Mortgage | 100.00 | 100.00 | |
| 3/17/16 | Kaylin Schack 1561 Biarritz Street Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chiropractor, Tracy Chiropractic | 150.00 | 150.00 | |
| SUBTOTAL \$ | | | | 800.00 | | |

*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 | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>7</u> of <u>23</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 3/24/16 | Bacchetti and Silva, LLC 157 E. Eaton Ave. Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 4/4/16 | Vaughn Gates 145 Carmel Way Tracy, CA 95376 | <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 | |
| 4/5/16 | Bricklayers & Allied Craftworkers Local No. 3 PAC# 1244975 10806 Bigge Street San Leandro, CA 94577 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 4/5/16 | International Brotherhood of Electrical Workers Local 595 PAC# 1273532 6250 Village Parkway Dublin, CA 94568 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 4/15/16 | Corral Hollow Development LLC 3208 Wycliffe Drive Modesto, CA 95355 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 1,450.00 | | |

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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.

SCHEDULE A (CONT.)

| | | |
|-------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>8</u> of <u>23</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 4/15/16 | Terravest Capital Partners LP 3208 Wycliffe Drive Modesto, CA 95355 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 4/15/16 | Christopher Tyler 3208 Wycliffe Drive Modesto, CA 95355 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investment Manager, Great Gable Partners, LP | 500.00 | 500.00 | |
| 4/15/16 | Stephanie Gallo 3208 Wycliffe Drive Modesto, CA 95355 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marketing, E&J Gallo Winery | 500.00 | 500.00 | |
| 4/18/16 | Darryl Scott 910 Centre Court Drive Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Firefighter, Tracy Fire Department | 100.00 | 100.00 | |
| 5/15/16 | Inderjit Sandhu 3972 W. Durham Ferry Road Banta, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Farmer, Sandhu Brothers Farms | 5,000.00 | 5,000.00 | |
| SUBTOTAL \$ | | | | 6,600.00 | | |

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 (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 | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>7</u> of <u>23</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/15/16 | Country Mart Gas & Food 34243 S. Chrisman Road Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 5/15/16 | Two Guys Food & Fuel Inc. 147 Lathrop Road Lathrop, CA 95330 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 5/15/16 | Tracy Liquors Inc. 1220 W. 11th Street Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 5/15/16 | R&T Farms 488 Pagosa Way Fremont, CA 94539 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 | 1000.00 | |
| 5/15/16 | Anmol Mahal 965 Yakima Drive Fremont, CA 94539 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician, Medical Associates of Fremont | 1000.00 | 1000.00 | |
| SUBTOTAL \$ | | | | 3,100.00 | | |

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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.

SCHEDULE A (CONT.)

| | | |
|-------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>10</u> of <u>23</u> |

| | |
|---|-------------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/15/16 | Raghibir Shergill 1553 Tanya Lane Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, All American Trucking | 250.00 | 250.00 | |
| 5/15/16 | Sawaran Kamboj 1342 Windsong Drive Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Mi Ranchito Market | 250.00 | 250.00 | |
| 5/15/16 | Jasbir Tatla 726 San Miguel Ave. Sunnyvale, CA 94085 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Farmer, J.T. Farms | 250.00 | 250.00 | |
| 5/15/16 | Ripudaman Beniwal, M.D. 1530 Bessie Avenue Ste: 104 Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician, Sutter Health | 500.00 | 500.00 | |
| 5/15/16 | Surinder Lal 2107 Lighthouse Circle Tracy, CA 95304 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Realtor, Reality 1 Team | 300.00 | 300.00 | |
| SUBTOTAL \$ | | | | 1,550.00 | | |

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 (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 | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>11</u> of <u>23</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/15/16 | Sucha Singh Mehroke 760 Randall Way Manteca, CA 95337 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Manteca Mart Liquors | 300.00 | 300.00 | |
| 5/15/16 | Mohinder Singh Khinda 2316 Highlet Court Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Pete's Liquors | 500.00 | 500.00 | |
| 5/15/16 | Ranjit Singh Gill 403 Riley Court Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed, Mountain Mikes Pizza | 500.00 | 500.00 | |
| 5/15/16 | Quick Mart 651 W. Grantline Road #A Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 5/15/16 | Judge & Litt Inc. DBA: Sansar Indian Cuisine 430 W. Grantllne Road Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 1,900.00 | | |

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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.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | through <u>6/30/16</u> | |
| | | Page <u>12</u> of <u>23</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 5/15/16 | Rellance Intermodal Inc. P.O. Box 31238 Stockton, CA 95213 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 5/15/16 | DS 135 Inc. DBA: Mountain Mlkes Pizza 870 W. Schulte Road Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 5/19/16 | Richard Kovac 637 Sagewood Lane Tracy, CA 95377 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
| 5/19/16 | RMPM Birdrock Properties Inc. DBA: Eagle Property Management 421 W. 11th Street Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| 6/8/16 | Max Saver Liquor Mart 1162 N. Tracy Blvd. Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| SUBTOTAL \$ | | | | 1,550.00 | | |

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 (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 | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | | |
| through <u>6/30/16</u> | | Page <u>13</u> of <u>23</u> |

| | |
|--|------------------------|
| NAME OF FILER Rickman for Mayor, 2016 | I.D. NUMBER 1382486 |
|--|------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 6/8/16 | Sunset Liquors, Inc. 2355 Parker Avenue Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 6/17/16 | Helm's Ale House 600 Central Avenue Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 6/21/16 | Ponerosa Homes II, Inc. 6130 Stoneridge Mall Road Ste: 185 Pleasanton, CA 94588 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 6/24/16 | Wise Law Group, P.C. Michael Wise, Esq. 428 J. Street Ste: 200 Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 6/25/16 | Brian Grubbs 166 Blue Heron Court The Dalles, OR 97058 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sr. District Fleet Manager, Waste Management | 250.00 | 250.00 | |

| | |
|--------------------|----------|
| SUBTOTAL \$ | 2,050.00 |
|--------------------|----------|

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 (other than PTY or SCC)
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 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

| | |
|---|-----------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>14</u> of <u>23</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|---|--|
| Robert Rickman 700 Lawn Court Tracy, CA 95376 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sergeant, California Highway Patrol | \$ 0 | \$ 1,000.00 | <input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0 | \$ 1,000.00 N/A DATE DUE | 0 % RATE \$ 0 | \$ 1,000.00 1/21/16 DATE INCURRED | CALENDAR YEAR \$ 1,000.00 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 \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % 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 \$ <input type="checkbox"/> FORGIVEN \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** \$ |
| SUBTOTALS | | \$ 1,000.00 | \$ 0 | \$ 1,000.00 | \$ 0 | | | |

Schedule B Summary

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

- Loans received this period\$ 1,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ 0
(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 \$ 1,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(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 B – Part 2
Loan Guarantors**

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>15</u> of <u>23</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|--|-------------------------------|--|-----------------------------|
| N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____ | |
| SUBTOTAL \$ | | | | | Enter on Summary Page, Line 17 only. | |

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

| | | |
|-------------------------|---------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page <u>16</u> of <u>23</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 4/8/16 | Tracy Sign Inc. 3771 W. 11th Street Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Window Decals | 300.00 | 300.00 | |
| 5/15/16 | Sansar Indian Cuisine 430 W. Grantline Road Tracy, CA 95376 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Hall Rental, Food | 1,000.00 | 1,000.00 | |
| 6/6/2016 | Bob Corsaro 2941 Lincoln Blvd. Tracy, CA 95376 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Bows, Ribbons, Flags | 104.00 | 104.00 | |
| 6/30/16 | Tracy Sign Inc. 3771 W. 11th Street Tracy, CA 95304 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Banners | 300.00 | 300.00 | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,704.00

Schedule C Summary

| | |
|---|--------------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ 1,704.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 110.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | TOTAL \$ 1,814.00 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>17</u> of <u>23</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| N/A | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL ..** \$ _____

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page <u>18</u> of <u>23</u> |
| Rickman for Mayor, 2016 | | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|---------|--------------------------------|-------------|
| Staples 2471 North Naglee Road Tracy, CA 95304 | LIT | Ink, labels, envelopes, stamps | 304.51 |
| Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95377 | LIT | Printer Ink | 125.84 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Press 95 W. 11th Street #101 Tracy, CA 95376 | PRT | Newspaper Ad | 800.00 |

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

SUBTOTAL \$ 1,230.35

Schedule E Summary

| | | |
|---|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | 2803.21 |
| 2. Unitemized payments made this period of under \$100..... | \$ | 367.79 |
| 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 \$ | 3,171.00 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|---------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page <u>19</u> of <u>23</u> |
| NAME OF FILER | | I.D. NUMBER |
| Rickman for Mayor, 2016 | | 1382486 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

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

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | 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 |
|--|------|----|--------------------------------|-------------|
| Bank of America 111 W. 10th Street Tracy, CA 95376 IPage 10 Corporate Dr. Burlington, MA 01803 | WEB | | Domain/Web Site | 222.28 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 VistaPrint 275 Wyman Street Waltham, MA 02451 | CMP | | T-Shirts, Magnets | 652.56 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 VistaPrint 275 Wyman Street Waltham, MA 02451 | LIT | | Literature/Mailings | 436.02 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Sticker Mule 411 Lafayette Street, 6th Floor, New York, NY 10003 | CMP | | Stickers | 137.00 |
| Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Chamber of Commerce 223 E. 10th Street Tracy, CA 95376 | | | July 4th booth at Lincoln Park | 125.00 |

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

SUBTOTAL \$ 1,572.86

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | |
|---|-----------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>20</u> of <u>23</u> |
| | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

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

Schedule F Summary

- 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.) **INCURRED TOTALS \$** _____
- 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.) **PAID TOTALS \$** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____
May be a negative number

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/16
through 6/30/16

SCHEDULE G
CALIFORNIA FORM 460

Page 21 of 23

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

I.D. NUMBER

1382486

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* 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.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>22</u> of <u>23</u> |
| I.D. NUMBER 1382486 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for 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) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---|
| N/A | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*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.).....NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

****If Required**

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>23</u> of <u>23</u> |
| | I.D. NUMBER 1382486 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rickman for Mayor, 2016

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|--|----------------------------|----------------------------|
| 1/15/16 | Rickman for City Council, 2014 Election Committee, FPPC# 1327896 700 Lawn Court Tracy, CA 95376 | Transfer of campaign funds | 1229.88 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,229.83

Schedule I Summary

| | |
|---|--------------------------|
| 1. Itemized increases to cash this period. | \$ 1,229.83 |
| 2. Unitemized increases to cash of under \$100 this period. | \$ 0 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ 0 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ 1,229.83 |