Recipient Committee Campaign Statement Cover Page			CITY CLERK	/ED GA S OFF	COVER PAGE LIFORNIA 460 FORM
	Statement covers period 7/1/2017	Date of election if applicable: (Month, Day, Year)	2018 JAN II		e of/4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	11/08/2016	CITY OF T TRACY,	CA	***
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	☐ Quarterly St.☐ Special Odd	
5. Committee information	.D. NUMBER 1382486	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Rickman for Mayor, 2016		NAME OF TREASURER Robert Rickman MAILING ADDRESS 700 Lawn Court			
STREET ADDRESS (NO P.O. BOX) 700 Lawn Court		CITY Tracy	STATE CA	ZIP CODE 95376	AREA CODE/PHONE (209) 612-1589
CITY STATE ZIP CI Tracy CA 9537		NAME OF ASSISTANT TREASURED Karen Rickman		30370	(209) 612-1369
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS 700 Lawn Court			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	сіту Тгасу	STATE CA	ZIP CODE 95376	AREA CODE/PHONE (209) 612-1587
OPTIONAL: FAX / E-MAIL ADDRESS Robertrickman2016@gmail.com		OPTIONAL: FAX / E-MAIL ADDRES	S		
4. Verification					
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Control on Control	By Signature of Contr	knowledge the information contained correct. Signature of Treasurer or Assistant officeholder, Candidate, State Measure Profiting Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, Candida	Freasurer ponent or Responsible Officer	***************************************	s true and complete. I
Executed on	Ву	longiture of Controlling Officeholder Candidate St	teta Mascura Proponent		

Officeholder or Candida	ate Controlled Commit	99	6.	Primarily Formed Balle	ot Measure	Committee	•	
NAME OF OFFICEHOLDER OR CA	ANDIDATE			NAME OF BALLOT MEASURE	WANTED TO THE TOTAL PROPERTY OF THE TOTAL PR	**************************************	WATER TO THE TOTAL PROPERTY OF THE TOTAL PRO	
Robert Rickman				N/A				
OFFICE SOUGHT OR HELD (INCL	UDE LOCATION AND DISTRICT N	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
Mayor Tracy, CA	**************************************	aanstarreeussissimen oliosaarin oo		EXECUTABLE DESCRIPTION OF SERVICE SERV	<u></u>	relation and the second se		
RESIDENTIAL/BUSINESS ADDRES				Identify the controlling offic	eholder, cand	Ildate. or state	measure pro	ponent. If anv.
700 Lawn Court	Tracy	CA 95376		NAME OF OFFICEHOLDER, CAI	***************************************	,	**************************************	
Related Committees No				OFFICE SOUGHT OR HELD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DISTRICT NO.	IF" A h h V
not included in this statement t contributions or make expendit				OFFICE SOUGHT ON NEED			DISTRICT NO.	. IF ANY
COMMITTEE NAME		.D. NUMBER		ECHT/HIMMO/STRIMMO/CCV20112ATTHINHP/MITPC/HIMPO/MAPAWAZAWAZAWAZAWAZAWAZAWAZAWAZAWAZAWAZAW	о Сулопия в як в яки и положения в яки		t	CTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO
N/A								
NAME OF TREASURER		CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offi	ceholder Co	mmittee L	ist names of
ESC TO TELLIN South IN Education to the Count of		YES NO		officeholder(s) or candidate(s	i) tor which thi	s committee is	primarily torm	ea.
COMMITTEE ADDRESS S	STREET ADDRESS (NO P.O. BOX			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
	·			N/A				OPPOSE
CITY	STATE ZIP COD	E AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
COMMITTEE NAME		.D. NUMBER						i wan
N/A				NAME OF OFFICEHOLDER OR	JANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	F7 ************************************
COMMITTEE ADDRESS S	TREET ADDRESS (NO P.O. BOX	☐ YES ☐ NO				***************************************		SUPPORT OPPOSE
Now York 1991 F. F. F. Store Base, F. T. Store Base F. S. Store Base Face Store Start Store Start Store Start Star	e vizamen i Lepopolitem mener flame i jezoge gojenjuju	7		philyhalania (200 0 - 100 halan (20 			anne de la contraction de la c	
CITA	STATE ZIP COD	E AREA CODE/PHONE		Atta	ach continuat	lion sheets if n	ecessary	
				,				

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

	Staten	ient covers period	CALIFORNIA ACO
	from	7/1/2017	FORM 4.0U
	through	12/31/2017	Page 3 of 14
COLOR PROPERTY.	Transfer transfer to the trans	**************************************	I.D. NUMBER
			1382486

Rickman for Mayor, 2016			1382486
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 250.00	\$ \frac{250.00}{0} \\	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ 21. Expenditures Made \$ \$ \$
Expenditures Made 6. Payments Made	\$ 2,948.92 0 0	\$ 5,366.28 0 \$ 5,366.28 0 0 0 5,366.28	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) /
Current Cash Statement 12. Beginning Cash Balance	\$	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. FPPC Form 460 (Jan/2016)
-			FPPC Advice: advice@fppc.ca.gov (866/275-3772

SEE INSTRUCTION	Contributions Received		ts may be rounded whole dollars.	rom	ers period 2017 31/2017	Page I.D. NU	FORNIA ORM o	460
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER EL TO I	ECTION DATE QUIRED)
12/5/17	San Joaquin, Calaveras, Alpine and Amador Counties Building Trades Council P.O. Box 8014 Stockton, CA 95208	□IND □COM □OTH □PTY ☑SCC		250.00	250.	00		oddanae a thoron a gwel y mae a mae a gwel a g
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				Annual Control of the		
		□ IND □ COM □ OTH □ PTY □ SCC					- TOTAL PARTIES AND	nonango o makka krusung asyar sanar
		□IND □COM □OTH □PTY □SCC				**************************************	ANGGO GANTON POLICIES BANK SPONISCH IN ANGGORY	**************************************
		□IND □COM □OTH □PTY □SCC						
777 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -			SUBTOTAL	250.00				
Cahadula /	1 C 1 5 ma pag on pag o				A			***************************************

Schedule A Summary

1. Amount received this period – Itemized monetary contributions. 250.00 (Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 250.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)......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

.	Am	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement cov	•	CALIFORN	^{IA} 460
Loans Received				One of the other o	from7/1/	2017	FORM	- EVOVO
SEE INSTRUCTIONS ON REVERSE				edelili skreidelilekska	through 12/3	31/2017	Page 5	of <u>14</u> .
NAME OF FILER		***************************************	4VVA-rija-co-riccoccern-ra-marromentaria-marromentaria-		CONTRACTOR OF THE STATE OF THE	itiri eti teriti ili tila meti i recommensa a a a a a a a a a a a a a a a a a a	I.D. NUMBER	
Rickman for Mayor, 2016							1382486	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIC OR FORGIVEN THIS PERIOD	O DE DE THIS	(9) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
N/A		menonico de la constanta de la	Additional that the section of the section of course the section of consequences consequences on the section of	☐ PAID	THE RESERVE OF THE PROPERTY OF			CALENDAR YEAR
				\$	\$	энтемиченням /8	\$	\$
				☐ FORGIVEN	Market Control	RATE	Accessed to the control of the contr	PER ELECTION**
TO IND COM OTH PTY SCC		S annual	g amountuminuminuminuminumi	\$	DATE DUE	d decreasement to the second	DATE INCURRED	\$
				☐ PAID		ACCOUNT OF THE PROPERTY OF THE		CALENDAR YEAR
		200		\$	\$ countermousement constraints	RATE	\$	\$
				☐ FORGIVEN	NAME OF THE PROPERTY OF THE PR	PAIR.	2009-0-0	PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC					DATE DUE	\$ =>===================================	DATE INCURRED	\$
				☐ PAID	The second secon	ndrawelev Additionals	Р	CALENDAR YEAR
				\$	\$	RATE	\$	\$
				☐ FORGIVEN	THE COMPANY OF THE CO	SIAN	eren adaret dan de	PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		>	S	\$		
Schedule B Summary					11	(Enter (e) on Schedule E, Line :	3)	THE STREET STREET STREET STREET
Loans received this period	. 4.5 + 8.5 + 5.5 +	***********	*************	\$	0			
(Total Column (b) plus unitemized loan						(Contributor Codes	· · · · · · · · · · · · · · · · · · ·
2. Loans paid or forgiven this period				. \$	0	1 (ND – Individual	
(Total Column (c) plus loans under \$10		H B C R A B J B J E J E F R C B O F S S S S C C C S S	*************	TEREFREE POET ANNUAL AN	ing and in the state of the sta	1	COM – Recipient Co Other than F	ommittee PTY or SCC)
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)					OTH – Öther (e.g., l	ousiness entity)
3. Net change this period. (Subtract Line	2 from Line 1.)			NET S	n		PTY – Political Party SCC – Small Contri	
3. Net change this period. (Subtract Line 2 from Line 1.)						<i>(</i>	Allon Janobaro esta comarman	OCCUPATION OF THE STREET STREET, STREE

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

** If required.

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

Schedu			Amounts may be rounded to whole dollars.		personer	mass of the state	****		SCHEDULE (
Nonmonetary Contributions Received						Statement covers period CALIFORNIA 4 from 7/1/2017 FORM			
SEE INSTRUC	TIONS ON REVERSE				thro	ough 12/31/2	017	Page	6_ of <u>14</u>
NAME OF FILE	R	halifolia kirja kirja kirja ja j	**************************************	And the second s	danominaro	6460 (FEAR) (1944) (FEAR)	el-reconstruction est	I.D. NUME	3ER
Rickman	for Mayor, 2016							138248	6
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 GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	TE \R YEAR	PER ELECTION TO DATE (IF REQUIRED)
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		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
		□IND □COM □OTH □PTY □SCC			NA ANDROGRA ON MARION CONTRACTOR				
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	STAL S				
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	S.		\$		IND -		1
2. Amount	received this period – unitemized nonmone	tary contributi	ons of less than \$100	*********	\$ _	Annual Annua			.g., business entity)
3. Total nor	nmonetary contributions received this period	t.							ontributor Committee

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

Supportin	o D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole do		Statement covers	17	CALIFO FOR	RM TUL
NAME OF FILER	ons on reverse			through 12/31/	/2017	Page	
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 CALENDA (JAN. 1 - D	E TO DATE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			
1. Itemized c	D Summary contributions and independent expenditures made)	*************	\$	

Schedule E	Amounts may b to whole de			State	Statement covers period CALIFORNIA			
Payments Made				from	7/1/2017	FOI	PRNIA 460	
REE INICIPALICATIONS ON DEVERSE				through	12/31/2017	_ Page _	8 of 14	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	anna ann an Taonaca ann an Aireann an Airean		AND THE RESIDENCE OF THE STATE		######################################	I.D. NUM	BER	
Rickman for Mayor, 2016					A CARCAN	138248	6	
CODES: If one of the following codes accurately describe	es the payment, yo	ou may en	ter the code. O	therwise, des	cribe the payment.			
CMP campaign paraphernalia/misc,	MBR member com		_		io airtime and production Irned contributions	n costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens		5		ırnea coninbulloris npalgn workers' salarles	}		
CVC civic donations	PET petition circuit	lating			or cable airtime and pro			
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and s		h		ididate travel, lodging, a ff/spouse travel, lodging,			
IND Independent expenditure supporting/opposing others (explain)*	POS postage, deli	very and mes	senger services	TSF tran	isfer between committee		e candidate/sponsor	
LEG legal defense	PRO professional PRT print ads	services (leg	al, accounting)		er registration irmation technology cos	te /internet e.	.moil)	
LIT campaign literature and mailings	rki pinicaus			VYLL UII.	imation technology cos	ta (microsoti o		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT	energenergy (property)	AMOUNT PAID	
Bank of America 111 W. 10th Street Tracy, CA 95376			Domain/Web	Site	122 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
IPage 10 Corporate Dr. Burlingame, MA 01803		WEB					125.99	
		e-rigidille-samp-sample				to dissense/PA+citinitation		
Bank of America 111 W. 10th Street Tracy, CA 95376	ANNELS CONTROL	***************************************	Stickers		ndere det som et te som et te som et en			
Sticker Mule 411 Lafayette Street, 6th Floor New York, NY	10003	CMP	direction of the control of the cont			***************************************	168.00	
				yaangaayaasaanaa	HARD MANUFACTURE TO THE THEORY OF THE THROUGH THRO	1	**************************************	
Bank of America 111 W. 10th Street Tracy, CA 95376			Magnets			o constitution of the cons	470.00	
VistaPrint 275 Wyman Street Waltham, MA 02451		CMP	COCK TO THE COCK T			ale de la constante de la cons	172.09	
* Payments that are contributions or independent expenditures must also be	e summarized on Scha	dule D.	THE REPORT OF THE PARTY OF THE	CALABASA BERTAHAPI MURUMANAPIAN PARAMAN MENANGAN PARAMAN MENANGAN PARAMAN PERANGAN PARAMAN PERANGAN PERANGAN P		UBTOTAL \$	466.08	
Schedule E Summary	OOTA DENKE EN MORINIMA AND AND AND AND AND AND AND AND AND AN			THE COLUMN TO SERVICE AND AND AN ADMINISTRATIVE AND AN ADMINISTRATIVE AND ADMINISTRATIVE A	MALINE PROPERTY OF THE PROPERT	**************************************	The second secon	
Itemized payments made this period. (Include all Schedul	la F cultatale \					\$	2,538.88	
							410.04	
2. Unitemized payments made this period of under \$100						····· •		

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$

2,948,92

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

SCHEDULE E (CONT.)

Statem	ent covers period	CALIFORNIA / CO
from	7/1/2017	FORM 40U
through_	12/31/2017	Page 9 of 14
······································		I.D. NUMBER
		1382486

RAD radio airtime and production costs

RFD returned contributions

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.

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 phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB Information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE AMOUNT PAID OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER LD, NUMBER) Nirvaana LLC Fundraiser event - Police/Fire 1005 E. Pescadero Avenue #101 Tracv. CA 95304 CVC 400.00 Good Samaritan Community Services Fundraiser Event - Mayor's Ball P.O. Box 642 Tracy, CA 95378 CVC 200.00 Bank of America 111 W. 10th Street Tracy, CA 95376 Candy - Christmas Parade Safeway Store # 2600 1950 11th Street Tracy, CA 95376 **CMP** 109.99 Bank of America 111 W. 10th Street Tracy, CA 95376 Christmas Cards Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95377 135.09 LIT Bank of America 111 W. 10th Street Tracy, CA 95376 Stamps, Labels Staples 2471 North Naglee Road Tracy, CA 95304 POS 292.72 SUBTOTAL S Payments that are contributions or independent expenditures must also be summarized on Schedule D. 1,137.80

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

CMP campaign paraphernalia/misc.

Amounts may be rounded to whole dollars.

MBR member communications

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

SUPERIORE E (CON)	JLE E (CONT.)	E	JL	Dt	E	SCH
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Stateme	ent covers period	CALIFORNIA A CO
from	7/1/2017	FORM 40U
through	12/31/2017	Page 10 of 14
•••	TATE THE STATE OF T	I.D. NUMBER

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2016 1382486

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and suppose postage, deliper professional PRT print ads	I appearance ses lating urvey researd very and mes	h	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	oduction costs and meals , and meals es of the same candi	date/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AM	DUNT PAID
Cpl. Charles O. Palmer II Memorial Troop Support 617 Park Avenue Manteca, CA 95337		CVC	Fundraiser di	nner		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 Sche	dule D.	RECONSTRUCTION OF CONTRACT O	S	UBTOTAL \$	935.00

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	ded	11010	2017	IFORNIA 460
NAME OF FILER Rickman for Mayor, 2016	Alexander i ser 1900 V V V V V V V V V V V V V V V V V V		eran barrawan menerangan menerangan menerangan menerangan menerangan menerangan menerangan menerangan menerang	1	IUMBER 2486
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	RAD radio airtime airt	nd production costs butions (ers' salaries time and production co si, lodging, and meals avel, lodging, and meal en committees of the si	s ame candidate/sponsor		
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 S accrued expenses of \$100 or more, plus total unitemized a 			INGL	JRRED TOTALS \$	NOTE AND CONTROL NAME OF THE PARTY OF THE PA
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p	dule F, Column (c) subtoto payments on accrued expe	als for payments on enses under \$100.).	98887847878488887724F928F97676467869	PAID TOTALS \$	Additional
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and	***************************************	***************************************	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 7/1/2017	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2017	Page 12 of 14
NAME OF FILER		**************************************	I.D. NUMBER
Rickman for Mayor, 2016			1382486
NAME OF AGENT OR INDEPENDENT CONTRACTOR	50005500555500 PROVINCENTAL AND	1993/designation (1999)	NOVEMBER 2000 100 100 100 100 100 100 100 100 10
CODES: If one of the following codes accurately describes the	e payment, you may enter the code. Oth	erwise, describe the payment.	
CNS campaign consultants Mi	BR member communications TG meetings and appearances FC office expenses	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries	costs

CODES: If one of the following codes accurately descri	bes 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 LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
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				THE PROPERTY OF THE PROPERTY O
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				NOTIFICATION OF THE PROPERTY O

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 egent or independent contractor as reported on Schedule E.

								SCHEDULE I	
Schedule H			nay be rounded ble dollars.	Statement co	•	CALIFORNIA 46			
Loans Made to Others*		***************************************		dêreahê)rádûsenhêr	from	/2017	FORM		
SEE INSTRUCTIONS ON REVERSE				Фенёй баланиналар	through12/	31/2017	Page <u>13</u>	of <u>/</u>	
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Rickman for Mayor, 2016							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 C FORGIVENES THIS PERIOC	S CLOSE OF THIS	(0) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
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*Loans that are contributions to another candidate									
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$			
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Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan			********			and the following the second section of the section of	NAMES DESCRIPTION OF THE PROPERTY OF THE PROPE	**If Required	
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Schedule I Viscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statem from through	7/1/2017 12/31/2017	CALIFORNIA 460 FORM Page 14 of 14
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE		4111 444 4411		I.D. NUMBER
Rickman for I	Mayor, 2016				1382486
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF I	RECEIPT	AMOUNT OF INCREASE TO CASH
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Attach addit	tional information on appropriately labeled continuation sheet:	s.	And an experimental and a fall of the fall	SUBTOTA	L\$
Schedule I	Summary		erd de finishe erd de didde erd deuescoaren de de erend oerde erd voor de de de de finiseer er er er er er er Er erd erd erd erd erd erd er erd erd erd		
1. Itemized in	creases to cash this period	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,\$	NTEGOV
2. Unitemized	increases to cash of under \$100 this period	***************************************		\$	N3564-
	nterest received this period on loans made to others. (S				······································
	Ilaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)		TOTAL		norma.

Recipient Committee Campaign Statement Cover Page			Date Stamp REC	ŒNED "	COVER PAGE ALIFORNIA 460 FORM
	Statement covers period from 1/1/2017	Date of election if applicable: (Month, Day, Year)	2017 JUL 2	Pa	ge / of /4 9For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6/30/2017	11/08/2016	CITY O	F TRACY CY, CA	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	rmination)	☐ Quarterly S ☐ Special Od	Statement d-Year Report
or committee illibilitation	.D. NUMBER 1382486	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Rickman for Mayor, 2016		Robert Rickman MAILING ADDRESS 700 Lawn Court	****		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	
700 Lawn Court		Tracy	CA	95376	AREA CODE/PHONE (209) 612-1589
Tracy CA 9537		NAME OF ASSISTANT TREASURER Karen Rickman	, IF ANY	33070	(209) 012-1309
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZID CO		700 Lawn Court			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Tracy	CA	95376	(209) 612-1587
Robertrickman2016@gmail.com		OPTIONAL: FAX / E-MAIL ADDRESS			
4. Verification					
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my i California that the foregoing is true and	knowledge the information contained h	erein and in the attac	ched schedules	is true and complete. I
7/26/2017 Date	B	٠ورويون	1surer		
7/26/2017 Date	By Signature of Contro	illing Officeholder, Candidate, State Measure Propo	ment or Responsible Office	r of Sponsor	
Executed on	Bv	gnature of Controlling Officeholder, Candidate, Stat			
Executed on		2	e moaemo ciahatiatif		
Date	By ————————————————————————————————————	gnature of Controlling Officeholder, Candidate, Stat	e Measure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

		R PAGE		
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Page_	Q	of	14	
raye_		_ 01	·	- 1

Officeholder or Candidate Controlled Comm	nittee	6.	Primarily Formed Ballo	ot Measure Committe	10	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Robert Rickman			N/A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	OT NUMBER IF APPLICABLE	Ξ)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Mayor Tracy, CA						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 700 Lawn Court Tracy	CA S	ZIP 95376	Identify the controlling office	aholder, candidate, or stat	te measure pro	ponent, if any.
700 Cavil Ocal	VA (93376	NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPONENT		
Related Committees Not included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed to I		OFFICE SOUGHT OR HELD		DISTRICT NO.	. IF ANY
COMMITTEE NAME	I.D. NUMBER					
N/A						
NAME OF TREASURER	CONTROLLED COMMITT	7.	Primarily Formed Cand officeholder(s) or candidate(s)	didate/Officeholder C	ommittee L s primarily form	ist names of ed.
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COMMITTEE NAME	I.D. NUMBER					
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CITY STATE ZIP C	CODE AREA CODE	E/PHONE	Atta	ch continuation sheets if	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 1/1/2017 CALIFORNIA 460 FORM 6/30/2017 Page 3 of 14

SEE INSTRUCTIONS ON REVERSE					through	0/30/2017	Page of	
NAME OF FILER							I.D. NUMBER	
						134	1382486	
Contributions Received		COLUMN A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	EAR	Calendar Year Summary for Candidate Running in Both the State Primary and		
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0 -1,000.00 -1,000.00 0 -1,000.00	\$		0 0 0 0	20. Contributions Received \$	s\$	
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 4 Schedule E, Line 3 Schedule F, Line 3 Add Lines 8 + 9 + 10	\$	2,417.36 0 0	\$	2,4	117.36 0 117.36 0 0 117.36	Candidates 22. Cumulat	Summary for State Ive Expenditures Made* a Voluntary Expenditure Limit) Total to Date	
Current Cash Statement 12. Beginning Cash Balance	\$	-1,000.00 238.57 2,417.36 11,792.78	A ai of ai bi st pi th fill or	o calculate Colund damounts in Columbia to the correspon mounts from Columbia to columbia the columbia to columbia the columbia to columbia the colu	olumn ding umn B Some n A may s that ed from nounts. If ort being lar year, amounts	*Amounts in this section reported in Column B.	may be different from amounts	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0				EDDC Advisor adv	FPPC Form 460 (Jan/2016	

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

Schedule A			ts may be rounded	S					
Monetary	Contributions Received	το	whole dollars.	Statement covers period 1/1/2017		CALIFORNIA 460			
	ONS ON REVERSE			through6/	30/2017	Page .	<u>4</u> of 14		
NAME OF FILER Rickman fo	or Mayor, 2016					I.D. NUM 138248			
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
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			SUBTOTAL \$						
1. Amount red (Include all	A Summary ceived this perlod – itemized monetary contributions. I Schedule A subtotals.)			_	IND - COM	(other th	I nt Committee nan PTY or SCC)		
3. Total mone	ceived this period – unitemized monetary contribution etary contributions received this period. · 1 and 2. Enter here and on the Summary Page, Colu			0	PTY	- Political	.g., business entity) Party ontributor Committee		

	Am	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollars			Statement co	vers period	CALIFORN	HA 460
Loans Received					from1/2	1/2017	FORM	4.00
SEE INSTRUCTIONS ON REVERSE					through6/	/30/2017	Page 5	of 14
NAME OF FILER		77.	······································				I.D. NUMBER	
Rickman for Mayor, 2016							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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N CLOSE OF THIS	DAID THIS	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Rickman 700 Lawn Court Tracy, CA 95376	Sergeant, Callfornia Highway Patrol	s 1,000.00	. 0	☑ PAID s 1,000.00 ☐ FORGIVEN	s0	O %	\$ <u>1,000,00</u>	\$ 0 PER ELECTION**
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				PAID S FORGIVEN	_ s	RATE %	s	\$PER ELECTION**
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		SUBTOTALS \$	0 \$	1,000.00	0 \$ 0		o	
Schedule B Summary					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Enter (e) on Schedule E, Line 3	3)	111 11 11111111
Loans received this period (Total Column (b) plus unitemized loan			*****************	\$	0		·	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			\$	-1,000.00	_	tContributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Part	committee PTY or SCC) business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NET \$	-1,000.00	l l	SCC – Small Contri	

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

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

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

(May be a negative number)

Pahadula D. David O		Amounts may be rounded					SCH	DULE B - PART 2
Schedule B – Part 2 -oan Guarantors		to whole dollars.		Staten	ient covers period		CALIFORI	WA 460
Loan Guarantors				from	1/1/2017	_	FORM	
SEE INSTRUCTIONS ON REVERSE				through _	6/30/2017		Page 6	_ of <u>/4</u> _
IAME OF FILER							I.D. NUMBER	Transmitted at the second at t
Rickman for Mayor, 2016							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		IMULATIVE FO DATE	BALANCE OUTSTANDING TO DATE
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			SUB	STOTAL \$		Sur Li	Enter on nmary Page, ne 17 only.	

Schedule			Amounts may be rounded to whole dollars.						SCHEDULE (
Nonmone	etary Contributions Received		is mide tentis.		fror	Statement covers n 1/1/201	•		ORNIA 460
SEE INSTRUCTION	ONS ON REVERSE	Michael			thro	ough6/30/20	<u> </u>	1.494	7 of 14
Rickman fo	or Mayor, 2016							1.D. NUME	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE			PER ELECTION TO DATE (IF REQUIRED)
N/A		□IND □COM □OTH □PTY □SCC							
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Attach additi	ional information on appropriately labeled	continuation s	sheets.	SUBTO	OTAL S				
Schedule (C Summary						Cica	tributor Cod	
1. Amount re (Include al	ceived this period – itemized nonmonetary	,	***************************************				IND -	Individual – I – Recipien (other the	nt Committee an PTY or SCC)
3. Total nonm	ceived this period – unitemized nonmonet nonetary contributions received this period s 1 and 2. Enter here and on the Summary	l.					PTY	- Political P	g., business entity) Party ontributor Committee

Summary Supportin	chedule D ummary of Expenditures upporting/Opposing Other andidates, Measures and Committees			Statement covers period from 1/1/2017			CALIFORNIA 460		
	ONS ON REVERSE			through 6/30/	2017	Page	3 of 14		
Rickman fo	or Mayor, 2016				COLOR COLOR PROPERTY	1.D. NUMB 138248			
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 CALENDAR (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)		
N/A	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure							
		Mary Mary Language Control of the Co	SUBTOTAL	\$					
1. Itemized o	D Summary contributions and independent expenditures made	,		•					

A	#			SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.	St	tatement covers period	CALIFORNIA 460
Payments Made	to whole domain.	from	1/1/2017	FORM 400
		throu	_{rgh} 6/30/2017	Page 9 of 14
SEE INSTRUCTIONS ON REVERSE		111100	18:1	
NAME OF FILER				I.D. NUMBER
Rickman for Mayor, 2016				1382486
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Othe	rwise, d	escribe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD	radio airtime and production o	osts
CNS campaign consultants	MTG meetings and appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses		campaign workers' salaries	
CVC civic donations	PET petition circulating		t.v. or cable airtime and produ	
FIL candidate filing/ballot fees	PHO phone banks		candidate travel, lodging, and	
FND fundraising events	POL polling and survey research		staff/spouse travel, lodging, a	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services			of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)		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 summarize	d on Schedule D.	SUBTO	OTAL \$	1,288.36

Schedule E Summary 2,417.36 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ = 2,417.36

FPPC Form 460 (Jan/2016)

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

Schedule E P

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made '		from 1/1/2017	FORM 400
SEE INSTRUCTIONS ON REVERSE		through 6/30/2017	Page 10 of 14
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 clvlc 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 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 campaign literature and mailings PRT print ads WEB Information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE OR CODE DESCRIPTION OF PAYMENT **AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Bank of America 111 W. 10th Street Tracy, CA 95376 Stickers Sticker Mule 411 Lafayette Street, 6th Floor, New York, NY 10003 **CMP** 124.00 Radio Advertisement

Bank of America 111 W. 10th Street Tracy, CA 95376 Cumulus 3127 Transworld Drive, Suite 270 Stockton, CA 95206 RAD 1,005.00

SUBTOTAL \$

1,129,00

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2017	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	Page of
NAME OF FILER			I.D. NUMBER
Rickman for Mayor, 2016			1382486
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Othe	rwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production c	osts
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations FIL candidate filing/ballot fees	PET petition circulating PHO phone banks	TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and	
FND fundralsing events	POL polling and survey research	TRS staff/spouse travel, lodging, and	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		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	\$	\$		S

Schedule F Summary

1	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
2	. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)
3	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		nts may be r whole dolla		froi	Statement covers m1/1/201		SCHEDULE FORNIA 460 DRM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2016		***************************************		thro	ough 6/30/2	017 Page _ 1.D. NUN 13824	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			, V	William Commission Commission Commission Commission Commission Commission Commission Commission Commission Com			
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member co MTG meetings a OFC office experience PET petition circ PHO phone bank POL polling and postage, de PRO professione PRT print ads	ommunication and appearant ases culating ks survey resea blivery and m al services (le	ces		radio airtime and p returned contribution campaign workers t.v. or cable airtime candidate travel, lo staff/spouse travel transfer between covoter registration	production costs ons 'salaries a and production costs	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D, NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
V/A							
			V				

N/A			
	***************************************		1
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		Amounts r	may be rounded	Г	Statement co	vers period	SCHEDULE		
Loans Made to Others*	to who	ole dollars.		from1/1	/2017	california 460			
SEE INSTRUCTIONS ON REVERSE					through6/3	30/2017	Page <u>/3</u>	of 14	
NAME OF FILER							I.D. NUMBER		
Rickman for Mayor, 2016							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 O FORGIVENES THIS PERIOD	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
N/A				☐ PAID				CALENDAR YEAR	
			- The second sec	\$	\$	%	\$	s	
		-		FORGIVEN		RATE		PER ELECTION*	
		\$		\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
	New York Control of the Control of t		Personal	S	s	%	\$	s	
	**************************************			FORGIVEN	5	RATE		PER ELECTION*	
		s	s	·					
				-	DATE DUE		DATE INCURRED	*	
*Loans that are contributions to another candidate									
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	s	\$	\$	\$			
						(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)	****************	****************	***************************************	\$		-	**If Required	
2. Payments received on loans(Total Column (c) plus unitemized paym	nents of less than \$100.)	***************************************	***************************************	***************************************	\$		_		
Net change this period. (Subtract Line 2 (Enter the net here and on the Summar	? from Line 1.)y Page, Column A, Line 7.))	*********			y be a negative number)	-		

Schedule I Inscellaneous Increases to Cash SEE INSTRUCTIONS ON REVERSE IAME OF FILER		Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2017 through 6/30/2017	CALIFORNIA 460 FORM of 14
				I.D. NUMBER
Rickman for	Mayor, 2016			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 Civlc Center Plaza Tracy, CA 95376		Candidate Sta	atement Overpayment	238.57
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTA	AL\$ 238.57
Schedule I	Summary			
	creases to cash this period			
	d increases to cash of under \$100 this period			0
	interest received this period on loans made to others. (Scher	, , ,	\$	0
	ellaneous increases to cash this period. (Add Lines 1, 2, and Page, Line 14.)		TOTAL \$ 238.5	57_

Recipient Committee COVER PAGE Date Stamp **Campaign Statement** CALIFORNIA **Cover Page FORM** Date of election if applicable: (Month, Day, Year) 1 J/N 30 Page Statement covers period 10/23/16 For Official Use Only from 12/31/16 11/08/2016 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure ☐ Preelection Statement Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) General Purpose Committee Amendment (Explain below) Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1382486 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Rickman for Mayor, 2016 Robert Rickman MAILING ADDRESS 700 Lawn Court STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 700 Lawn Court Tracy CA 95376 (209) 612-1589 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Tracv CA 95376 (209) 612-1589 Karen Rickman MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 700 Lawn Court CITY ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Tracy CA 95376 (209) 612-1587 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Robertrickman2016@gmail.com 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 foregoin 01/29/2017 Executed on. 01/29/2017 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ...

Executed on ..

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
FORM TUU
Page of

5. Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballo	t Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	, , , , , , , , , , , , , , , , , , , ,		NAME OF BALLOT MEASURE			
Robert Rickman			N/A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	FRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Mayor Tracy, CA						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP					A CONTRACTOR OF THE CONTRACTOR
700 Lawn Court Trac	y CA 95376		Identify the controlling office			proponent, if any.
			NAME OF OFFICEHOLDER, CANI	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this not included in this statement that are controlled by you contributions or make expenditures on behalf of your contributions.	u or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			**************************************	<u></u>	
N/A						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	Idate/Office	eholder Committe	e List names of formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	two interests		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
			N/A			OPPOSE
CITY STATE Z	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	631D1D67C	055105 00110117 05 11	
N/A			NAME OF OFFICEHOLDER OR CA	AUDIDATE	OFFICE SOUGHT OR H	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR H	ELD B avances
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO					SUPPORT OPPOSE
The second of th	o. 50n,		CHRISTIAN CONTROL CO.			<u></u>
CITY STATE Z	IP CODE AREA CODE/PHONE		Attac	ch continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SOMMARY PAGE
Stateme	ent covers period 10/23/16	california 460
through	12/31/16	Page 3 of /8
		I.D. NUMBER

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2016 1382486 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 66.981.00 1/1 through 6/30 7/1 to Date 1.000.00 20. Contributions 12,897.00 67.981.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 15,974.00 Nonmonetary Contributions...... Schedule C. Line 3 21. Expenditures 83,955.00 12,897,00 Made **Expenditures Made Expenditure Limit Summary for State** 54,239.31 Candidates 22. Cumulative Expenditures Made* 26,134.42 54.239.31 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/vv) 26,134.42 54,239,31 **Current Cash Statement** 28,208.99 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ __ To calculate Column B. 12.897.00 add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 26,134,42 of your last report. Some amounts in Column A may 14,971.57 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 \$ _____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 1.000.00 FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from 10/23/16		california 460		
SEE INSTRUCTION	DNS ON REVERSE			through 12	//31/16	Page	4_ of	
NAME OF FILER Rickman f	or Mayor, 2016					1.D. NU 13824	IMBER 186	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
11/1/16	Ernie Pombo 8834 Vine Lane Tracy, CA 95304	ØIND □COM □OTH □PTY □SCC	Self Em p loyed, Farmer	200.00	200.	00		
11/1/16	Robert J. Costa Farms, LLC PO Box 1031 Tracy, CA 95378	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		800.00	800.	00		
11/1/16	Tracy Grading and Paving PO BOX 444 Tracy, CA 95378	□IND □COM ØOTH □PTY □SCC		800.00	800	00		
11/3/16	Evelyn Costa 1430 Lincoln Blvd. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00		
11/4/16	Sanjeev K. Bansal 1504 Rose Garden Court Modesto, CA 95356	☑IND □COM □OTH □PTY □SCC	Physician, Kaiser Permanente, Modesto	1,000.00	1,000.	00		
			SUBTOTAL \$	3,050.00				
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	12,450.00	IND-			
2. Amount re	ceived this period – unitemized monetary contribution	ns of less that	n \$100\$	447.00		– Other – Politica	(e.g., business entity)	
3. Total mone	etary contributions received this period.			40.00=.00	scc	– Small	Contributor Committee	

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$___

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12,897.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statement cov	ers period	CAUL	ORNIA A	20
				from10/2	23/16	FC	ORNIA 4 ORM	100
				through12	/31/16	. Page <u>-</u>	5 of	18
NAME OF FILER						I.D. NUM	MBER	
Rickman fo	Mayor, 2016					138248	36	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE	TO DATE	PER ELEC	TION

		CONTRACTOR OF THE PARTY OF THE	The state of the s			
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	☑IND □COM □OTH □PTY □SCC	Self Employed, DAKHA Trucking	1,000.00	1,000.00	
11/4/16	Randeep S. Bajwa 1625 Bennington Court Stockton, CA 95209	☑IND □COM □OTH □PTY □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	☑IND □COM □OTH □PTY □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	□IND □COM ØOTH □PTY □SCC		1,000.00	1,000.00	
11/4/16	Hardeep and Sons, Inc. 25440 S. Schulte Road Tracy, CA 95377	☐IND ☐COM ☑OTH ☐PTY ☐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.)

CALIFORNIA

FORM

Statement covers period

from _

10/23/16

NAME OF FILER					31/16	Page _	
	Mayor, 2016					13824	İ
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
11/4/16	All Star Movers and Storage, LLC 4101 Dublin Blvd. Ste: F #517 Dublin, CA 94568	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.0	00	
11/5/16	National DRIVE Committee FEC ID# C00032979 25 Louisiana Ave. NW Washington, DC 20001-2198	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		1,000.00	1,000.0	00	
11/5/16	Kaylin Schack 1561 Biarritz Tracy, CA 95304	☑IND □ COM □ OTH □ PTY □ SCC	Chiropractor, Tracy Chiropractic	100.00	650.0	00	
11/8/16	The Tracy Hills Project Owner, LLC 888 San Clemente Drive Suite 100 Newport Beach, CA 92660	□IND □COM ØOTH □PTY □SCC		800.00	800.0	00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				The state of the s	
			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

Calcadula D. David	Am	nounts may be ro	unded	-	**************************************	***************************************	SCHEDULE B - PART 1		
Schedule B – Part 1 Loans Received		to whole dollars	5.		Statement cov	•	CALIFORNIA 460		
Loans Received				Учен везиропче	from10/	23/16	FORM	00	
SEE INSTRUCTIONS ON REVERSE				**************************************	through12	2/31/16	Page	of <u>/8</u>	
NAME OF FILER							I.D. NUMBER		
Rickman for Mayor, 2016							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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(a) INTEREST PAID THIS PERIOD	(i) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Robert Rickman	Sergeant,			☐ PAID				CALENDAR YEAR	
700 Lawn Court Tracy, CA 95376	California Highway Patrol			sC	1,000.00	O %	\$ <u>1,000.00</u>	s 1,000.00	
may, or soore		1,000,00	•	FORGIVEN				PER ELECTION**	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s 1,000.00	\$ <u>0</u>	ş <u>C</u>	N/A DATE DUE	\$ <u>0</u>		\$	
				☐ PAID				CALENDAR YEAR	
		decumentations		\$	\$	RATE	\$	\$ PER ELECTION**	
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
		TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE		\$	\$	0/6	5	\$	
	TAGGE PARTIES AND			☐ FORGIVEN	C T T T T T T T T T T T T T T T T T T T	RATE	***************************************	PER ELECTION**	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
	1	SUBTOTALS \$		S	\$ 1,000.00	\$			
Schedule B Summary	MCC018/200000000000000000000000000000000000				KATANDANIST TO TO CONTACT THE	(Enter (e) on Schedule E, Line 3)			
Loans received this period (Total Column (b) plus unitemized loan		*****************	4 P 4 K 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P	\$	0		ontributor Codes		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 	00 paid or forgiven.)		***************************************	\$	00_	. IN CO	D – Individual DM – Recipient C (other than I TH – Other (e.g., I	ommittee PTY or SCC) ousiness entity)	
Net change this period. (Subtract Line Enter the net here and on the Summar			***************************************		May be a negative number)		Y – Political Party C – Small Contri		

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

** If required.

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Schedule B – Part 2		Amounts may be rounded to whole dollars,	Production	Stater	nent covers period		SCHEDULE B - PART: CALIFORNIA 460		
Loan Guarantors		to whole delities,		from	10/23/16	FORM	" 45U		
GEE INSTRUCTIONS ON REVERSE				through _	12/31/16	Page 8	of <u>/8</u>		
VAME OF FILER						I.D. NUMBER			
Rickman for Mayor, 2016						1382486			
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. 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	□ IND		LENDER			CALENDAR YEAR			
	□отн □рту		DATE	D. Control of the con		PER ELECTION (IF REQUIRED)			
	scc		SOMEON CONTRACTOR OF THE STATE	2		\$			
	OIND		LENDER			CALENDAR YEAR			
	СОМ					PER ELECTION			
	□отн □рту		DATE			(IF REQUIRED)			
	□scc		***************************************			\$			
			LENDER	Andrew Prince and Andrew Princ		CALENDAR YEAR			
	□ COM □ OTH □ PTY		DATE	TO THE PROPERTY OF THE PROPERT		PER ELECTION (IF REQUIRED)			
	scc	į				\$			
The state of the s			LENDER		***	CALENDAR YEAR			
	□сом	TO DESCRIPTION OF THE PROPERTY	***************************************			\$			
	□отн	The second secon	DATE			PER ELECTION (IF REQUIRED)			
	□ PTY	O Confidence of the Confidence				·			
	□scc	Discovery and the second secon	**************************************			\$			

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedu	le C		Amounts may be rounded						SCHEDULE
Nonmor	netary Contributions Received		to whole dollars.		5	Statement covers	period	CALIFO	\$2.550 P. E. STOREN, S. STOREN, S
					fron	n 10/23/1	6	FOF	
SEE INSTRIKT	TIONS ON REVERSE				thro	ough12/31/	16	Page	7 of <u>/8</u>
NAME OF FILE		AND THE RESERVE OF THE PARTY OF	**************************************				······································	I.D. NUMB	,
Rickman	for Mayor, 2016							138248	6
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	itional information on appropriately labeled	continuation :	sheets.	SUBTO	OTAL \$	}			
Sahadula	C Summan.					······································			
1. Amount i	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	s.		\$_		IND .	tributor Cod - Individual I – Recipien (other tha	t Committee an PTY or SCC)
3. Total non	received this period – unitemized nonmonel imonetary contributions received this period es 1 and 2. Enter here and on the Summary	l.					PTY	– Other (e.g – Political P	g., business entity)

Supporti	e D y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be r to whole dolla		from 10/23/16 CALIFORNIA FORM			RM TOO
NAME OF FILER	ons on reverse		***************************************	through 12/3	1/16	I.D. NUME 138248	
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	CUMULATIV CALENDA (JAN. 1 - (RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				The state of the s	
			SUBTOTAL	\$			
1. Itemized o	D Summary contributions and independent expenditures made	, ,		•			

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statem	ent covers period 10/23/16	CALIFORNIA FORM
SEE INSTRUCTIONS ON REVERSE		through_	12/31/16	Page _//o
NAME OF FILER				I.D. NUMBER

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 contribution (explain nonmonetary)* СТВ OFC office expenses SAL campaign workers' salaries

CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research

independent expenditure supporting/opposing others (explain)* 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

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 Sch	adula D	SUPTOTAL	45 700 04

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 15,782,91

Schedule E Summary

Rickman for Mayor, 2016

25916.31 1. Itemized payments made this period. (Include all Schedule E subtotals.) 218.11 2. Unitemized payments made this period of under \$100..... 26.134.42

FPPC Form 460 (Jan/2016)

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

1382486

Schedule		
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA / CO
from10/23/16	FORM 40U
through 12/31/16	Page 12 of 18
	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 paraphemalia/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 campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP	Plane Banner Advertisement	3,400.00
	Storage Unit Rental	785.00
OFC	Printer Ink	119.84
FND	Food/Beverages	351.12
RAD	Radio Advertisement	1,605.06
	OFC FND	CMP Plane Banner Advertisement Storage Unit Rental OFC Printer Ink Food/Beverages Radio Advertisement

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

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.
---	--

SEE INSTRUCTIONS ON REVERSE

Rickman for Mayor, 2016

NAME OF FILER

SCHEDULE E (CONT.)

Statem	ent covers period	CALIFORNIA 160
from	10/23/16	FORM 400
through_	12/31/16	Page 13 of 18
·		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 transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services 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 LD. 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	СМР	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	СМР	4x8 Signs	702.00
Dee Cawley 103 E. 8th Street Tracy, CA 95376	СМР	Sign Board Display	500.00
* D			OTAL 6

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

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT	
--------------	------	--

Staten	ent covers period	CALIFORNIA 160
from	10/23/16	FORM 400
through	12/31/16	Page 14 of 18
 		I.D. NUMBER
		1382486

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Rickman for Mayor, 2016

campaign literature and mailings

LIT

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

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks staff/spouse travel, lodging, and meals TRS FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between PRO professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	DR 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 F		
Accrued Expenses	(Unpaid	Bills)

Amounts may be rounded

Statement covers period	CALIFORNIA 460
from10/23/16	FORM 100
through12/31/16	Page of
	I.D. NUMBER

Accrued Expenses (Unpaid Bills)	to whole dollars.	from	10/23/16	FORM 46U
SEE INSTRUCTIONS ON REVERSE		through	12/31/16	Page 15 of 18
NAME OF FILER		<u> </u>		I.D. NUMBER
Rickman for Mayor, 2016				1382486
CODES: If one of the following codes accurately describes the	payment, you may enter the code. Other		ibe the payment.	icto

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (i	nces earch nessenger services	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF 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.)	
	 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.)	
3.	s. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	May be a negative number

Schedule	G					
Payments	Made	by a	n Agent	or Ind	lependent	Ċ
Contracto	r (on	Behalf	f of This	s Com	mittee)	

Amounts may be rounded to whole dollars.

Statement covers period 10/23/16	CALIFORNIA 460
through 12/31/16	Page 16 of 18
	I.D. NUMBER 1382486

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Rickman for Mayor, 2016

NAME OF FILER

CODE2:	ir one of the fol	llowing codes	accurately	describes tr	ie payment	, you may	enter the code.	Otnerwise,	describe the payment.
C14D	i	-:			DD			DAD	

CMP	campaign parapnernalia/misc.	MRK	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	local defense	DDO	professional services (lenal accounting)	VOT	votor registration

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

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				
		-		
	noerealist			

	Province of the second of the			
	-			
	Casas Cardon Car			

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 I
Schedule H Loans Made to Others*			nay be rounded ble dollars.	and the second s	Statement cov	vers period 23/16	CALIFORN FORM	^{IIA} 460
SEE INSTRUCTIONS ON REVERSE				головичений	through12	2/31/16	Page	of <u>18</u>
NAME OF FILER				<u>L</u>	ACT PACES TO THE PACES OF THE P		I.D. NUMBER	
Rickman for Mayor, 2016							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 C FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A				☐ PAID				CALENDAR YEAR
	MANAGE PARTIES AND				. 5	·	\$	\$
	ACCOUNTS AND A STATE OF THE AC	APPOINT		☐ FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID	***************************************			CALENDAR YEAR
				3			\$	\$
				☐ FORGIVEN	t-mark 6000 minuses	RATE		PER ELECTION**
		\$	\$	\$		\$		\$
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate								
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					_			
Loans made this period (Total Column (b) plus unitemized loan	s of less than \$100.)							**If Required
Payments received on loans (Total Column (c) plus unitemized payr			***************************************	********	\$		Bennam	
3. Net change this period. (Subtract Line)			**********	*********				
(Enter the net here and on the Summa	ry Page, Column A, Line 7.)			(Ma	ry be a negative number))	

Schedule I Miscellaneous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from 10/23/16	CALIFORNIA 460 FORM Page 18 of 18
EEE INSTRUCTIONS ON REVERSE IAME OF FILER		unougn	I.D. NUMBER
Rickman for Mayor, 2016			1382486
DATE FULL NAME AND ADDRESS OF RECEIVED (IF COMMITTEE, ALSO ENTER I.D. N	SOURCE UMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
N/A			
Attach additional information on appropriately labeled continuat	ion sheets.	SUBTOT	AL\$
Schedule I Summary			
. 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).)	\$	ANTERIOR CONTROL OF
I. Total miscellaneous increases to cash this period. (Add Li Summary Page, Line 14.)			

Recipient Committee					COVER PAGE
Campaign Statement Cover Page			Date Stamp RECETY CITY CLERK'S	; : : : : : : : : : : : : : : : : : :	FORM 460
	Statement covers period 9/25/2016	Date of election if applicable: (Month, Day, Year)	ł	Pag 	e of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through10/22/2016	11/08/2016	CITY OF T TRACY.	RACY CA	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
O State Candidate Election Committee O Recall (Also Complete Part 5) ☐ General Purpose Committee O Sponsored O Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt [! ermination)	Quarterly St Special Odd	atement I-Year Report
	D. NUMBER 1382486	Treasurer(s)			
Rickman for Mayor, 2016 STREET ADDRESS (NO P.O. BOX)		Robert Rickman MAILING ADDRESS 700 Lawn Court CITY	STATE	ZIP CODE	AREA CODE/PHONE
700 Lawn Court		Tracy		95376	(209) 612-1589
CITY STATE ZIP CO		NAME OF ASSISTANT TREASURE			(/
Tracy CA 9537	(209) 612-1589	Karen Rickman			
MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX		MAILING ADDRESS 700 Lawn Court	· · · · · · · · · · · · · · · · · · ·		***************************************
CITY STATE ZIP CO	DE AREA CODE/PHONE	сіту Tracy	STATE CA	ZIP CODE 95376	AREA CODE/PHONE (209) 612-1587
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES		30370	(203) 012-1301
Robertrickman2016@gmail.com					
4. Verification					
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of	ng this statement and to the best of my California that the foregoi	knowledge the information contained	herein and in the attach	ned schedules i	s true and complete. I
Executed on	Ву	and the same of th			
Executed on	By Signature of Contr	olling Officenoruer, January	* Responsible Officer of	of Spansor	
Executed on	By S	ignature of Controlling Officeholder, Candidate, S	State Measure Proponent	·	
Executed on	Bv				

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

COVER PAGE - PART 2
CALIFORNIA 460
FORM 400
Page 2 of 19

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballo	t Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	·····			
Robert Rickman			N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	;	SUPPORT
Mayor Tracy, CA							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 700 Lawn Court Tracy	Y STATE ZIP CA 95376		Identify the controlling office	holder, candi	date, or state meas	sure propo	onent, if any.
, oo Lam ooar	<u> </u>		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candidates.	re primarily formed to receive		OFFICE SOUGHT OR HELD	- uchinalan	DIST	FRICT NO. IF	F ANY
COMMITTEE NAME	I.D. NUMBER				<u> </u>		
N/A							
		7.	Primarily Formed Cand	lldate/Offic	eholder Comm	ittee us	t names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is prima	rily formed	d.
	☐ YES ☐ NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT	JB HEI V	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	x)		WANTE OF OUR POLITICISES OF OR	ANDIDAI L		JIV FILLED	SUPPORT
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	6 A (C) (C) A T C	OFFICE SOUGHT O	SE HELO	
N/A			NAME OF OFFICEHOLDER OR CA	ANDIDALE	OFFICE SOUGHT	JK HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT (OR HELD	☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO							OPPOSE
	•				***************************************	· · · · · · · · · · · · · · · · · · ·	<u> </u>
CITY STATE ZIP CO	DE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necess	can/	
			Aug		er, erioote it (lange)	-ury	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

ummary Page	to united definately	State	9/25/2016	FORM 460
E INSTRUCTIONS ON REVERSE		through	10/22/2016	Page3 of/9
ME OF FILER				I.D. NUMBER
Rickman for Mayor, 2016				1382486
ontributions Received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR		mmary for Candidates

Contributions Received	Column A TOTAL THIS PERI (FROMATTACHED SCH	OD		Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions	\$ 11,9	0 88.00 0 88.00	\$ \$ \$	54,084.00 1,000.00 55,084.00 15,974.00 71,058.00	20. Contributions Received \$	9 \$\$
Expenditures Made 6. Payments Made	\$ 11,9	87.36 0 87.36 0 0 87.36	\$ \$ \$	28,104.89 0 28,104.89 0 15,974.00 44,078.89	Expenditure Limit S Candidates 22. Cumulativ (If Subject to Date of Election (mm/dd/yy)	Summary for State ve Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	11,9	08.35 88.00 0 87.36 08.99	A to the amounts of your la amounts be negatishould be previous	ate Column B, unts in Column corresponding from Column B ast report. Some in Column A may ive figures that e subtracted from period amounts. If	*Amounts in this section n reported in Column B.	\$nay be different from amounts
17. LOAN GUARANTEES RECEIVED	\$	00.00	filed for to	e lifs report being his calendar year, y over the amounts es 2, 7, and 9 (if	FPPC Advice: advi	FPPC Form 460 (Jan/2016 ce@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	10	whole dollars.	170m	/ers period 5/2016 22/2016	CALIFORNIA 460
SEE INSTRUCTION	ONS ON REVERSE	***************************************		through 107.		Page of
	or Mayor, 2016				i i	.D. NUMBER 382486
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	TO DATE
9/26/16	San Joaquin, Calaveras, Alpine and Amador Counties Building Trades Council ID# 890345 3984 Cherokee Rd. Stockton, CA 95219	□IND □COM □OTH □PTY ☑SCC		500.00	700.00	
9/26/16	Commercial Maintenance Renovation 1620 Waverly Court Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		1,100.00	1,100.00	
9/26/16	Sheet Metai Workers International Assoc. Local No. 104 PAC ID. 850381 2610 Crow Canyon Road Ste. 300 San Ramon, CA 94583	DOM COM COTH PTY SCC		1,000.00	1,000.00	
9/26/16	Plumbers and Pipefitters Local 442 PAC ID. 871625 4842 Nutcracker Lane Modesto, CA 95356	NO STEP		300.00	300.00	
9/26/16	Democratic Club of Tracy P.O. BOX 1146 Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		100.00	100.00	
			SUBTOTAL \$	3,000.00		
 Amount re (include al Amount re 	A Summary ceived this period – Itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period.			11,200.00 788.00	IND – In COM – I (OTH – C PTY – P	utor Codes dividual Recipient Committee other than PTY or SCC) Other (e.g., business entity) olitical Party
	s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	11,988.00		FPPC Form 460 (Jan/2016)

Schedule A (Continuation Sheet) Mo

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460
		from 9/25/2016	FORM 40U
		through10/22/2016	Page <u>5</u> of <u>19</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)
9/26/16	Michael Repetto 8400 Orazio Lane Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Seif Employed, Tracy Disposal	250.00	250.00	
9/27/2016	Manuel DeLaCruz 518 W. Eaton Ave. Tracy, CA 95376	IND COM OTH PTY	Physician, Eaton Pediatrics and Medical Corp.	100.00	100.00	
9/27/2016	Angeia Ditzenberger 436 Cumberiand Drive Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.00	
9/27/2016	Curtis Repetto 2709 Annette Court Tracy, CA 95304	IND COM OTH PTY	Self Employed, Tracy Material Recovery	250.00	250.00	
9/29/2016	Sandra Weiis 547 Park Haven Drive Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ 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

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

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole d		Statement cov	rers period /2016	CALIF	ORNIA 46	<u> </u>
				(10)(1	22/2016	Page _		9
IAME OF FILER						I,D. NUN	иBER	
Rickman for	Mayor, 2016					138248	36	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT BECEIVED THIS	CUMULATIVE		PER ELECTION	1

	mayor, 2010				13024	00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Electrician, City of Tracy	200.00	200.00	
10/5/2016	Kaylin Schack 1561 Blarritz Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Chiropractor, Tracy Chiropractic	50.00	550.00	
10/8/2016	Harry S. Truman Ciub of Stockton 5635 Stratford Circie Ste: A2 Stockton, CA 95207	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00	1,500.00	
10/8/2016	Central Labor Council COPE Committee 1200 N. Center Street Stockton, CA 95202	□ IND □ COM ☑ OTH □ PTY □ SCC		2,000.00	2,000.00	
10/11/2016	James L. Levand 123 E. Eaton Ave. Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.00	
			SUBTOTAL \$	4,000.00		

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SCC - Small Contributor Committee

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

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole uthats.	from 9/25/2016	FORM 460
		through 10/22/2016	Page 7 of 19
NAME OF FILER			I.D. NUMBER
Rickman for Mayor, 2016			1382486

	<u> </u>								
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	☑IND □COM □OTH □PTY □SCC	Real Estate Developer, AKS Development	250.00	350.00				
10/13/2016	J.P. Paimer inc. 672 W. 11th Street Ste: 102 Tracy, CA 95376	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	250.00				
10/13/2016	Stephanie Palmer 1505 E. Valpico Road Tracy, CA 95304	IND COM OTH PTY 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	□IND □COM □OTH □PTY ☑SCC		1,000.00	1,000.00				
10/14/2016	Lewis investment Company, LLC 1156 N. Mountain Ave. Upland, CA 91786	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00				
	SUBTOTAL \$ 2,250.00								

*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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

Schedule A (Continuation Sheet) Amounts may be rounded SCHEDULE A (CONT.) **Monetary Contributions Received** to whole dollars. Statement covers period **CALIFORNIA** 9/25/2016 **FORM** from. 10/22/2016 through. NAME OF FILER I.D. NUMBER Rickman for Mayor, 2016 1382486 IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS **CALENDAR YEAR** TO DATE RECEIVED CODE * (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) California Real Estate PAC-Псом California Assoc. of Realtors FPPC # 890106 10/21/2016 1,000.00 1,000.00 □отн 525 S. Virgli Ave. PTY Los Angeles, CA 90020 **∠** scc СОМ □отн □ PTY □scc СОМ ОТН

SUBTOTAL \$

1.000.00

□ PTY □ SCC

IND COM OTH SCC IND COM OTH PTY SCC

*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	Am	nounts may be roi to whole dollars			Statement cov	ers period /2016		DULE B - PART 1
SEE INSTRUCTIONS ON REVERSE					through10/2	22/2016	Page	of <u>19</u>
Rickman for Mayor, 2016							1.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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Rickman 700 Lawn Court Fracy, CA 95376	Sergeant, California Highway Patrol	_s 1,000.00	. 0	PAID S 0 FORGIVEN		O %	s 1.000.00	calendar year s 1,000.00 PER ELECTION**
☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ 1,000.00	\$	s0	DATE DUE	s0	1/21/2016 DATE INCURRED	\$
				PAID S FORGIVEN	\$	RATE	\$	S PER ELECTION**
OIND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	s	RATE	\$	\$ PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	S	\$ 1,000.00			
Schedule B Summary I. Loans received this period				\$	<u> </u>	(Enler (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$	0	IN CC	'H ~ Òther (e.g., I	ommittee PTY or SCC) ousiness entity)
 Net change this period. (Subtract Line Enter the net here and on the Summar 		±151717444174744747477747			O lay be a negative number}	sc	Y – Political Part CC – Small Contri	butor Committee

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

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

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Staten	nent covers period 9/25/2016	california 46		
SEE INSTRUCTIONS ON REVERSE				through _	10/22/2016	Page /	2 of <u>19</u>	
NAME OF FILER						I.D. NUMBER	}	
Rickman for Mayor, 2016						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	□ IND □ COM		LENDER			CALENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)		
						\$		
	□ IND		LENDER			CALENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER	THE PROPERTY AND COLOR		CALENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)		
			es			CALENDAR YEAR		
	□IND □COM		LENDER			\$		
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)	1	
	□scc		#*************************************			\$		
		n kina da kanana da k	SUB	TOTAL \$	•	Enter on Summary Page, Line 17 only.		

SEE INSTRUC NAME OF FILE	netary Contributions Received		Amounts may be rounded to whole dollars.		fron	Statement covers n	16	Page	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC					Annual control of the		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$	}			
1. Amount (Include	e C Summary received this period – itemized nonmonetary all Schedule C subtotals.)	******************					_ COM	(other th	1
	received this period – unitemized nonmonet nmonetary contributions received this period	•	ions of less than \$100		\$		PTY	– Political f	entributor Committee

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$

Schedule D **Summary of Expenditures** SCHEDULE D Amounts may be rounded Statement covers period **Supporting/Opposing Other** to whole dollars. **CALIFORNIA** Candidates, Measures and Committees 9/25/2016 **FORM** from 10/22/2016 Page 12 of 19 SEE INSTRUCTIONS ON REVERSE through NAME OF FILER I.D. NUMBER Rickman for Mayor, 2016 1382486 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE CUMULATIVE TO DATE PER ELECTION TYPE OF PAYMENT DESCRIPTION MEASURE NUMBER OR LETTER AND JURISDICTION. **AMOUNT THIS** CALENDAR YEAR (IF REQUIRED) TO DATE OR COMMITTEE **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary N/A Contribution Nonmonetary Contribution Independent ☐ Support Oppose Expenditure Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support Expenditure Oppose ☐ Monetary Contribution Nonmonetary Contribution Independent ☐ Support Expenditure ☐ Oppose SUBTOTAL \$ Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$

2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2016 CODES: If one of the following codes accurately describes the	Amounts may be to whole do	ilars.	to the ends Other	from	9/25/2016 10/22/2016		N3 of /9
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense MBR MBR MBR MBR MBR MBR MBR MBR MBR MB	R member come G meetings and C office expense I petition circula D phone banks L polling and su S postage, deliv	munications appearance as ating arvey researc ery and mes	s h senger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/r TSF trans VOT voter	airtime and production ned contributions paign workers' salaries cable airtime and produdate travel, lodging, and spouse travel, lodging, after between committees registration mation technology costs	uction costs d meals and meals s of the same	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DES	SCRIPTION OF PA	AYMENT		AMOUNT PAID
The Home Depot 2461 Naglee Road Tracy, CA 95304		СМР	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 summ	narized on Sched	lule D.			SUI	BTOTAL \$	5,530.38
Schedule E Summary	11 TO THE PARTY OF		v	,			
1. Itemized payments made this period. (Include all Schedule E su	ubtotals.)	********	***************************************		•••••	\$	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 Sch	edule B, Part	1, Columi	ı (e).)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0

11987,36

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

		001125522 2 (00141)
Statement covers period		CALIFORNIA / CO
from9/2	5/2016	FORM 400
through 10	/22/2016	Page 14 of 19
 		I.D. NUMBER
		1382486

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2016

campaign literature and mailings

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

print ads

PRT

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)

CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

4x8 Signs 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** 791.10 Bank of America 111 W. 10th Street Tracy, CA 95376 48" x 8" Signs Five Star Print and Sign 2830 Auto Plaza Way Ste: 140 Tracy, CA 95304 **CMP** 324.00 Bank of America 111 W. 10th Street Tracy, CA 95376 **Postcards** Pyramid Advertising 3532 LaGrande Blvd, Ste: A Sacramento, CA 95823 LIT 495.00 Slate Mailer **Budget Watchdogs** FPPC# 1345115 LIT 300.00 1954 W. Carson Ste: B Torrance, CA 90501 Banta PFA Advertisement - Hay Day 22345 El Rancho Road **CMP** 100.00 Tracy, CA 90501

SUBTOTAL \$

2,010.10

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

Schedule	E	
(Continuat	ion	Sheet)
Payments	Mad	de

Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet)	to whole dollars.	Statement covers period	CALIFORNIA ACO	
Payments Made		from 9/25/2016	california 460	
SEE INSTRUCTIONS ON REVERSE		through10/22/2016	- Page 15 of 19	
NAME OF FILER			I.D. NUMBER	
Rickman for Mayor, 2016			1382486	
CODER, Kanana Albandari				

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 LD. 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	СМР	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 Sunnydale 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 Menio Park, CA 94025	LIT	Facebook Advertisment	250.07

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

Amounts may be rounded to whole dollars.

Staten	nent covers period 9/25/2016	CALIFORNIA FORM	460
through _	10/22/2016	Page <u>/6</u>	of <u>19</u>
		I.D. NUMBER	
		1202406	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RAD radio airtime at RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer between VOT voter registration	nd production costs butions ters' salaries time and production cost al, lodging, and meals avel, lodging, and meals en committees of the san	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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 S				\$

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.)
	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.)
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amour to	nts may be ro whole dollar		§ fron	9	it covers period 9/25/2016	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ough	10/22/2016	Page	Z of <u>19</u>
NAME OF FILER Rickman for Mayor, 2016	TOTAL			V V V V V V V V V V V V V V V V V V V			I,D, NUMBE 1382486	
NAME OF AGENT OR INDEPENDENT CONTRACTOR				eriori con un reservado con contrato un un un sucue as				
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campalgn consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be s	MBR member co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professional PRT print ads	mmunications nd appearanc nses culating ss survey resear elivery and me al services (leg	es es rch essenger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airt returned campaig t.v. or ca candidat staff/spo transfer l voter reg	ime and production of contributions n workers' salaries ble airtime and produ e travel, lodging, and use travel, lodging, a petween committees	action costs I meals and meals of the same c	,
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR .	DESCRIPTION	OF PAYM	IENT		AMOUNT PAID
N/A								, , , , , , , , , , , , , , , , , , , ,
				. 110-3-300				
THE THE THE TAXABLE PROPERTY OF TA					***************************************			

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
				•	CALIFORN FORM	^{IIA} 460
			through10/	22/2016	Page <u>18</u>	of <u>19</u>
	777			·	I.D. NUMBER	
					1382486	
ND EMPLOYER BALANCE	(b) AMOUNT LOANED THIS PERIOD	FORGIVENES	S BALANCE AI	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
	-	☐ PAID				CALENDAR YEAR
	THE PROPERTY OF THE PROPERTY O	S	S minutes and a section and a	RATE	\$	PER ELECTION**
\$	\$	SA:	DATE DUE	\$	DATE INCURRED	\$
	manus distriction of the control of	☐ PAID				CALENDAR YEAR
		\$ FORGIVEN	***************************************	RATE	\$	PER ELECTION**
\$	4	\$	DATE DUE	\$	DATE INCURRED	\$
	\$	\$	\$	\$		
		1		(Enter (e) on Schedule I, Line 3)	-	
3100.)	***************	************	\$	MITTARE PARAMETERS BARRIES BAR		**If Required
			\$		<u>. </u>	· · · · · · · · · · · · · · · · · · ·
		*****************		ry be a negative number)		
t ()	to where the sustained by the sustained	SUBTOTALS SUBTOTALS SUBTOTALS SIGNO STATE SUBTOTALS SUBTOTALS SIGNO STATE SUBTOTALS SUBTOTALS	to whole dollars. Column	to whole dollars. 10/	To whole dollars. To w	to whole dollars. From 9/25/2016 FORM

Schedule I		Amounts may be rounded		SCHEDULE
Viscellaneous l	Increases to Cash	to whole dollars.	Statement covers period	CALIFORNIA 460
			from 9/25/2016	FORM
SEE INSTRUCTIONS ON RE	TANEDCE.		through10/22/2016	Page 19 of 19
NAME OF FILER	VERGE			I.D. NUMBER
Rickman for Mayor,	2016			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 int	formation on appropriately labeled continuation sheets	S.	SUBTOTA	AL\$
Schedule I Sumi	mary			
1. Itemized increases	s to cash this period	***************************************	\$	
2. Unitemized increa	ses to cash of under \$100 this period		\$	
Total of all interest	t received this period on loans made to others. (S	Schedule H, Column (e).)	\$	
	us increases to cash this period. (Add Lines 1, 2, ine 14.)		TOTAL \$	

R	ecipient Committee				COVER PAGE
	ampaign Statement			Date Stamp	CALIFORNIA 460
	over Page			RECEIVED	
	ovo ago			CITY CLERK'S OFF	
		Statement covers period	Date of election if applicable:	RECEIVED CITY CLERK'S OFF	Page of <u>27</u>
		7/1/16	(Month, Day, Year)	2016 SEP 29 AM 9:	7 For Official Use Only
		from			" "
SE	E INSTRUCTIONS ON REVERSE	through9/24/16	11/08/2016	CITY OF TRACY	Proposition of the Control of the Co
1	Type of Recipient Committee: All Committees			TRACY, CA	
١.			2. Type of Statement:		
	Officeholder, Candidate Controlled Committee State Candidate Election Committee	Primarily Formed Ballot Measure	Preelection Statement	tal Gue	rterly Statement
	O Recall	Committee Controlled	Semi-annual Statemer	··· Lan ope	cial Odd-Year Report
	(Also Complete Part 5)	O Sponsored	Termination Statement	-	
	[(Also Complete Part 6)	(Also file a Form 410)	,	
	General Purpose Committee Sponsored	☐ Primarily Formed Candidate/	Amendment (Explain t	pelow)	
	O Small Contributor Committee	Officeholder Committee			
	O Political Party/Central Committee	(Also Complete Part 7)			·····
_		I.D. NUMBER			
3.	Committee Information	1382486	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Rickman for Mayor, 2016		Robert Rickman		
	• '		MAILING ADDRESS		
			700 Lawn Court		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DDE AREA CODE/PHONE
	700 Lawn Court		Tracy	CA 9537	
	CITY STATE ZIF	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE		(200) 512 1000
	Tracy CA 95	376 (209) 612-1589	Karen Rickman	·	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX	MAILING ADDRESS		
			700 Lawn Court		
	CITY STATE ZIF	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
			Tracy	CA 9537	6 (209) 612-1587
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
	Robertrickman2016@gmail.com				
4.	Verification				
	I have used all reasonable diligence in preparing and revi	ewing this statement and to the best of my l	knowledge the information contained	f herein and in the attached sch	edules 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 .		
	9/28/16				
	Executed onDate	Ву	in in	t Treasurer	
	Executed on9/28/16	Pro 1			
	Date	Signature of Contro	olling Officeholder, Candidate, State Measure Pr	oponent or Responsible Officer of Spons	or
	Executed on	8y			
	Date	S	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	
	Executed on	Ву			<u></u>
	Date	· Si	gnature of Controlling Officeholder, Candidate, 5	State Measure Proconent	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA ACO
CALIFORNIA 460
Page 2 of 27

Officeholder or Candidate Controll	ed Committee			6.	Primarily Formed Ballo	t Measure	Committee	+	
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Robert Rickman					N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMB	IER IF APPLICABL	.E)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Mayor Tracy, CA						***************************************			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY	STATE	ZIP			.4			
700 Lawn Court	Tracv	CA 9537	6		Identify the controlling office	holder, candi	date, or state	measure pr	oponent, if any.
700 Cavii, Oddit	· raoy	071 0001			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this statement that are control contributions or make expenditures on behalf	ed by you or are pri				OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. N	UMBER			MANAGEMENT CATALOGUE CONTRACTOR C				
N/A	İ								
NAME OF TREASURER	CONT	TROLLED COMMI	TTEE?	7.	Primarily Formed Cand	Idate/Offic	eholder Co	mmlttee	List names of
NAME OF TREASURER		YES TING			officeholder(s) or candidate(s)	for which this	committee is	primarily for	med.
COMMITTEE ADDRESS STREET ADDRES		YES LINC)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOL	GHT OR HELI	
O MELINDONE									SUPPORT OPPOSE
CITY STAT	E ZIP CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	
									SUPPORT OPPOSE
COMMITTEE NAME	I.D. N	UMBER			NAME OF OFFICEHOLDER OR CA	ANIDUDATE	OFFICE SOL	GHT OR HELI	
N/A					NAME OF OFFICEHOLDER OR CA	ALVION E	OFFICE SOU	GRI OK NELL	SUPPORT OPPOSE
NAME OF TREASURER	CONT	TROLLED COMMI	TTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELI	
		YES NO	<u> </u>						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES	S (NO P.O. BOX)								
CITY STAT	E ZIP CODE	AREACO	DE/PHONE		441-				
OIT SIA	E ZIF CODE	ANEACO	DENTIFICATION		Atta	cn continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Stat	ement covers period	CALIFORNIA ACO
from	7/1/16	FORM 40U

SUMMARY PAGE

www.fppc.ca.gov

	9/24/16 p 3 . 27
EE INSTRUCTIONS ON REVERSE	through of of
AME OF FILER	I.D. NUMBER
Rickman for Mayor, 2016	1382486

Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 18,363.00 42.096.00 1/1 through 6/30 7/1 to Date 1.000.00 20. Contributions 18.363.00 43.096.00 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 14,160.00 15,974.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 32,423,00 59.070.00 Made **Expenditures Made** Expenditure Limit Summary for State 12,946.53 16.117.53 6. Payments Made...... Schedule E, Line 4 \$ _____ Candidates 22. Cumulative Expenditures Made* 12,946.53 16,117.5**3** 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 14,160,00 15,974.00 (mm/dd/vv) 32,091.53 27,106.53 **Current Cash Statement** 22,791.88 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 18,363.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 12,946.53 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 28.208.35 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. 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 **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ ___ 1,000 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ ___ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	Contributions Received	10	THOIC CONDICT.	170M	ers period 1/16 	CALI F	FORNIA 460
	ONS ON REVERSE			through	24/ IU	Page	
NAME OF FILER Rickman fo	or Mayor, 2016					1.D. NU 13824	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/1/16	Northern California Carpenters Regional Council SCC# 972104 265 Hegenberger Road Suite 200 Oakland, CA 94621	□IND □COM □OTH □PTY ☑SCC		2,000.00	2,000	.00	
7/1/16	Leroy Rickman 246 E. 22nd Street Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.	00	
7/4/16	Alice English 1492 Riverview Ave. Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500	.00	
7/5/16	Kaylin Schack 1561 Biarritz Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chiropractor, Tracy Chiropractic	350.00	500	.00	
7/7/16	Judith Cameron 793 S. Tracy Blvd. #328 Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	General Partner, Dublin Security Storage	100.00	200.	.00	
			SUBTOTAL\$	3,050.00			
	A Summary				I	tributor C	
	ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	17,085.00			ent Committee
	ceived this period – unitemized monetary contribution			1,278.00		– Öther	than PTY or SCC) (e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colo			18 ,3 63.00		– Politica – Small	Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 160
		from 7/1/16	FORM 40U
		through9/24/16	Page of
AME OF FILER			I.D. NUMBER
Rickman for Mayor, 2016			1382486

	, mayor, 2010				130241	J0
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	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	199.00	
7/8/16	Carol Silva 2483 Belle Glade Lane Manteca, CA 95336	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
7/12/16	Dave Rainey 342 Hollywood Ave. Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Sales Manager, Huntsman Pigments	100.00	100.00	
7/14/16	Mercedes Lavrinc 1110 Gatetree Court Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
7/15/16	Arleen Robbins 545 W. Carlton Way Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ 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

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460	
		from7/1/16		
		through 9/24/16	Page 6 of 27	
NAME OF FILER			I.D. NUMBER	
Rickman for Mayor, 2016			1382486	
	(FALLASSIVELLA) FIL			

			_		13024	JU
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	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
7/15/16	Corinne Vieira 2171 David Ernest Court Tracy, CA 95377	IND COM OTH SCC	Home Maker	100.00	100.00	
7/15/16	Robert Otani 1626 Kagehiro Drive Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
7/15/16	Gail Holderbein 2060 Chester Drive Tracy, CA 95376	IND □ COM □ OTH □ PTY □ SCC	Receptionist, Dr. Natesan Rama, MD	100.00	100.00	
7/20/16	Germaine Clark 2651 Solomon Lane Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250.00	
SUBTOTAL \$ 800.00						

*Contributor Codes

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PTY - Political Party

SCC - Small Contributor Committee

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

www.fppc.ca.gov

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement co	overs period	CALIFORNIA 460	
		from7	/1/16	_ FO	_{RM} 400
		through	9/24/16	_ Page	7 of 27
NAME OF FILER	The state of the s			I.D. NUM	BER
Rickman for Mayor, 2016				138248	6
	IF AN INDIVIDUAL ENTE	R AMOUNT	CLUMBLATIVE	TODATE	DES ELECTION

					L	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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 215 7 East Street Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	50.00	100.00	
7/18/16	Juana Dement 71 Club House Way Tracy, CA 95376	IND COM OTH PTY	Broker Associate, Allison James Estate and Homes	220.00	220.00	
7/18/16	Alzira Martin 1389 Brandon Dewey Lane Tracy, CA 95304	IND COM OTH PTY	Retired	160.00	160.00	
7/18/16	Bobbie Vital 1519 Madison Ave. Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	300.00	300.00	
7/18/16	Suzanne Hickok 690 Potsgrove Place Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Teacher, Connecting Waters Charter School	150.00	150.00	
			SUBTOTAL \$	880.00		

*Contributor Codes

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PTY - Political Party

SCC - Small Contributor Committee

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 160

Statement covers period

				from	/16	FO	RM TOO
**************************************				through9/2	24/16	Page	8 of 27
NAME OF FILER						I.D. NUM	BER
Rickman fo	г Mayor, 2016					138248	6
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/18/16	Joe Munoz III 1201 Schleiger Drive Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Service Technician, Tyco Integrated Security	100.00	100.	.00	
7/18/16	Betty Galli 12650 Platti Road Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.	00	
7/18/16	Michael Vargas 1821 W. Kavavaugh Ave. Tracy, CA 95376	IND COM OTH PTY	Officer, Lawrence Livermore lab	100.00	100.	00	
7/18/16	Betty Peterson 252 E. 22nd Street Tracy, CA 95376	IND COM OTH PTY SCC	Retired	60.00	100.	00	
7/18/16	Marcia Hanson 228 E. Acacia Street Tracy, CA 95376	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.	00	

SUBTOTAL \$

460.00

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from	/16	FO	_{RM} 400
				through9/2	24/16	Page	9_ of 27
NAME OF FILER						I.D. NUM	BER
Rickman fo	r Mayor, 2016					1382486	6
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/18/16	Stephen Ridolfi 216 Acacia Street Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
7/18/16	Karl Jensen 5923 W. Delta Ave. Tracy, CA 95304	IND COM OTH PTY	Retired	100.00	100.	00	
7/18/16	Laura Nunes 1677 Toulouse Court Tracy, CA 95304	IND COM OTH PTY	Teacher, Tracy Unified School District	60.00	110.	00	
7/18/16	Christopher Tyler 3208 Wycliffe Drive Modesto, CA 95355	☑IND □COM □OTH □PTY □SCC	Investment Manager, Great Gable Partnership, LP	160.00	660.	00	
7/18/16	A. Michael Souza 6000 W. Linne Road Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed, Souza Reality and Development	500.00	500.0	00	

SUBTOTAL \$

920.00

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OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	from 7/1/16 FORM 460		
		from7/1/16	FORM 40U
		through 9/24/16	Page 10 of 27
IAME OF FILER	A CONTRACTOR OF THE CONTRACTOR		I.D. NUMBER
Rickman for Mayor, 2016			1382486

	4	4				
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	DIND COM OTH PTY 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	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
7/18/16	Altamont Mechanical Inc. 793 S. Tracy Blvd. #342 Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		100.00	100.00	
7/18/16	Helen Noah 1338 Wall Street Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	150.00	
7/25/16	Anthony Souza 105 E. 10th Street Tracy, CA 95376	☑IND □COM □OTH □PTY □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)

Amounts may be rounded

SCHEDULE A (CONT.)

wonetary Contributions Received to whole dollars. Statement covers period CALIFORNIA 1	
through 9/24/16 Page // of 2	7
AME OF FILER L.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)
7/18/16	Richard English 1492 River View Ave. Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	375.00	375.00	
7/27/16	Stella Rickman 224 12th Street Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	500.00	1000.00	
8/3/16	Craig Manchester 888 San Clemente Drive Suite 100 Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ 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	☑ IND □ COM □ OTH □ PTY □ SCC	Principal, Integral Communities	250.00	250.00	
8/3/16	John Stanek 888 San Clemente Drive Suite 100 Newport Beach, CA 92660	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Principal, Integral Communities	250.00	250.00	
			SUBTOTAL \$	1,625.00		

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SCC - Small Contributor Committee

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

netary Contributions Received	to whole dollars.	Stateme	nt covers period	CALIFORNIA ACO	
		from	7/1/16	california 460	
		through	9/24/16	Page 12 of 27	
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	☑IND □COM □OTH □PTY □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	□IND □COM □OTH □PTY ☑SCC		200.00	200.00	
8/3/16	Lance Waite (The Waite Family Trust) 888 San Clemente Drive Suite 100 Newport Beach, CA 92660	IND COM OTH PTY	Principal, Integral Communities	250.00	250.00	
8/3/16	Diana Silva 6665 W. Eleventh Street Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	50.00	150.00	
8/21/16	Tracy Mini Storage 385 Enterprise Place Tracy, CA 95304	□ IND □ COM ☑ OTH □ PTY □ SCC		5,000.00	5,000.00	
			SUBTOTAL \$	5,600.00		

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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO
		from 7/1/16	california 460
		through 9/24/16	_ Page <u>13</u> of <u>27</u>
NAME OF FILER			I.D. NUMBER
Rickman for Mayor, 2016			1382486

					10024	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
8/24/16	Travln Toys 21200 S. Paradise Road Tracy, CA 95304	□IND □COM POTH □PTY □SCC		500.00	500.00	
8/9/16	Robert Zeck 2366 Gamay Common Livermore, CA 94550	☑ IND □ COM □ OTH □ PTY □ SCC	Stone Monuments, McCarthy Granite	100.00	100.00	
8/21/16	Todd Rickets 3924 Payton Lane Tracy, CA 95377	☑IND □ COM □ OTH □ PTY □ SCC	Product Manager, Agrian Inc.	150.00	150.00	
8/21/16	Donna Thompson 230 W. Highland Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	50.00	100.00	
			SUBTOTAL \$	900.00		

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SCC - Small Contributor Committee

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO
		from	CALIFORNIA 460
		through 9/24/16	Page 14 of 27
NAME OF FILER			I.D. NUMBER
Rickman for Mayor, 2016			1382486

	· mayor, 2010				130240	70
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	IND □ COM □ OTH □ PTY □ SCC	Parts Seller, Monument Auto Parts	100.00	100.00	
8/21/16	Erica Rossi 5751 W. Grantline Road Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Teacher, Banta School District	100.00	100.00	
8/10/16	Corinne Vieira 2171 David Ernest Court Tracy, CA 95377	IND COM OTH SCC	Home Maker	100.00	100.00	
9/16/16	DIK Tracy Enterprises PO Box 1036 Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
9/16/16	Bricklayers & Allied Craftworkers Local No. 3 PAC ID# 1244975 10806 Bigge Street San Leandro, CA 94577	□ IND □ COM □ OTH □ PTY ☑ SCC		250.00	500.00	
			SUBTOTAL \$	1,050.00		

*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

Sahadula D. Davit 1	An	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		to whole dollars		Statement covers period CALIFORNIA				
Loans Received					from	/1/16	FORM	400
SEE INSTRUCTIONS ON REVERSE					through	9/24/16	Page	of
NAME OF FILER							I.D. NUMBER	
Rickman for Mayor, 2016							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 PAII OR FORGIVEI THIS PERIOE	N CLOSE OF THIS	DAID THIS	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Robert Rickman 700 Lawn Court Tracy, CA 95376	Sergeant, California Highway Patrol			PAID S 0 FORGIVEN	s 1,000.00	O %	s 1,000,00	CALENDAR YEAR \$ 1,000.00 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s 1,000.00	\$O	s0	N/A DATE DUE	s0		\$
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID S FORGIVEN S	\$DATE DUE	%	\$DATE INCURRED	\$ PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID S FORGIVEN S	\$DATE DUE	% RATE	\$ DATE INCURRED	SPER ELECTION**
CIND CIONICIONI CINI COO I		SUBTOTALS \$. <u> </u>		\$ 1,000.00	<u> </u>	DATE INCORNED	
Schedule B Summary 1. Loans received this period						(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan: 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line)	ns of less than \$100.) 00 paid or forgiven.) t are also itemized on Schei	dule A.)		\$	0	OT PT	Contributor Codes D – Individual DM – Recipient Co (other than F IH – Other (e.g., b Y – Political Party CC – Small Contrib	PTY or SCC) pusiness entity)
Enter the net here and on the Summar	y Page, Column A, Line 2.	*******************	***************	*	lay be a negative number)	L _{SC}	.C – Small Conting	outor 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.				Stater	ment covers period 7/1/16	FORM 46	
SEE INSTRUCTIONS ON REVERSE				through .	9/24/16	Page <u>/6</u>	of <u>27</u>
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	□IND □COM □OTH □PTY		LENDER			\$ PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□ IND □ COM		LENDER			CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □ COM		LENDER	THE PARTY OF THE P		CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE	7		PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER		, , , , , , , , , , , , , , , , , , ,	CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
			SUB	TOTAL \$	S	Enter on Summary Page, Line 17 only.	

SCHEDULE B - PART 2

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

p		SCHEDULE C
Stateme	nt covers period	CALIFORNIA A CO
from	7/1/16	FORM 40U
through	9/24/16	Page 17 of 27
		I.D. NUMBER
		1382486

Rickman for Mayor 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE ★ CONTRIBUTOR CODE ★ CONTRIBUTOR CODE ★ CONTRIBUTOR CODE ★ CODE ★ CONTRIBUTOR CODE ★ CONTRIBUTOR CODE ★ CODE ★ CONTRIBUTOR CODE ★ CODE ★ CONTRIBUTOR CODE ★ CODE ★ CODE ★ CODE ★ CONTRIBUTOR CODE ★ CODE ★ CODE ★ CONTRIBUTOR CODE ★ CODE	
7/15/16 2830 Auto Plaza Way #140	ATE
7/17/16 1220 W. 11th Street	
	CANADA AND AND AND AND AND AND AND AND AN
Nirvaana Banquet & Event Center, LLC 1005 E. Pescadero Ave. Suite 101	
7/25/16 Jaspreet Gill 31995 S. Chrisman Road Tracy, CA 95304 Director, Crown Nut Co. 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
2. Amount received this period – unitemized nonmonetary contributions of less than \$100		Cont
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.)	\$	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.

Rickman for Mayor, 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TOORTIGIT	101 May01, 2010					138248	00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	□IND □COM ☑OTH □PTY □SCC		Restraunt use, Servers	800.00	800.00	
8/3/16	John Tsirelas 3194 Redbridge Road Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, Omega Properties Group	Food, Beverages	200.00	200.00	
8/3/16	Veronica Vargas 1266 Shady Court Tracy, CA 95377	D COM	Developer Director, Trumark Homes	Food, Beverages	600.00	600.00	
9/23/16	Tracy Sign, Inc. 3771 W. 11th Street Tracy, CA 95304	□IND □COM □OTH □PTY □SCC		Window Decals	100.00	700.00	
Attach add	itional information on appropriately labeled	continuation s	sheets.	SUBTOTAL \$	1,700.00		

Schedule C Summary

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		
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.)TO	TAL \$	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 SCHEDULE D **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. Supporting/Opposing Other **FORM** 7/1/16 Candidates, Measures and Committees from 9/24/16 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Rickman for Mayor, 2016 1382486 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DATE DESCRIPTION TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE ■ Monetary N/A Contribution Nonmonetary Contribution Independent Expenditure ☐ Support □ Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure ■ Support ☐ Oppose ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent Expenditure ☐ Support Oppose SUBTOTAL \$ Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$ 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 7/1/16	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 9/24/16	Page <u>20</u> of <u>27</u>
NAME OF FILER Rickman for Mayor, 2016			1.D. NUMBER 1382486
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Other	wise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production	costs
CTB contribution (explain nonmonetary)*	MTG meetings and appearances OFC office expenses	RFD returned contributions SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and prod	uction costs
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks	TRC candidate travel, lodging, and	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey research POS postage, delivery and messenger services	TRS staff/spouse travel, lodging, a TSF transfer between committees	and meals s of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	of the same canadate/sponsor
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, 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.)	\$12,946.53

Schedule	E
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160				
from	from 7/1/16		2100			
through	9/24/16	Page 21	_ of <u>97</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 I.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals

FND fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research 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

campaign literature and mailings PRT print ads WER information technology costs (internet e-mail)

LTT Campaign illerature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	a juga	CODE	OR DESCRIPTION OF PAYMENT	A	MOUNT 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 mu	ust also be summarized on Schedu	ıle D.	SUI	BTOTAL \$	2072.11	

Schedule	E
(Continua	tion Sheet)
Payments	Made

SCHEDULE E (CONT.)

(Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460	
Payments Made		from7/1/16	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through9/24/16	- Page <u>22</u> of <u>27</u>	
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 TEL t.v. or cable airtime and production costs PET petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events staff/spouse travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

(IF COMMITTEE, ALSO ENTER LO. NUMBER)	CODE	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	СМР	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 \$

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

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Stateme	ent covers period	CALIFORNIA 160			
from	7/1/16	FORM 40U			
through	9/24/16	Page <u>23</u> of <u>87</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 independent expenditure supporting/opposing others (explain)* IND 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) City of Tracy Cultural and Arts Booth 333 Civic Center Plaza MTG 125.00 Tracy, CA 95376 Bank of America 111 W. 10th Street Tracy, CA 95376 Postcards Pyramid Advertising 3532 LaGrande Blvd. Suite A LIT 1.295.00 Sacramento, CA 95823 Nirvaana Banquet and Event Center, LLC **Event Center** 1005 E. Pescadero Ave. #101 FND 575.00 Tracy, CA 95377 Colorprint Mailer 1570 Gilbreth Road LIT 1.859.51 Burlingame, CA 94010 Bank of America 111 W. 10th Street Tracy, CA 95376 Postcard Distribution Pyramid Advertising 3532 LaGrande Blvd, Suite A 1.950.00 Sacramento, CA 95823

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

SUBTOTAL \$

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA / C				
from	7/1/16	FORM 400				
through	9/24/16	Page <u>24</u> of <u>27</u>				
		I.D. NUMBER				

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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 polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) (a) (b) (d) NAME AND ADDRESS OF CREDITOR CODE OR **OUTSTANDING** AMOUNT INCURRED AMOUNT PAID OUTSTANDING (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD THIS PERIOD BALANCE AT CLOSE (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD N/A * Payments that are contributions or independent expenditures must also be SUBTOTALS \$ \$ S ŝ summarized on Schedule D Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

Schedule G			SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period 7/1/16	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 9/24/16	- Page <u>85</u> of <u>27</u>
IAME OF FILER	THE RESERVE THE PROPERTY OF TH		I.D. NUMBER
Rickman for Mayor, 2016			1382486
IAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes	the payment, you may enter the code	e. Otherwise, describe the paymen	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	
	MTG meetings and appearances OFC office expenses	RFD returned contributions SAL campaign workers' salaries	
na an an an an an an an an an an an an a	DET polition singulation	TEL Campaign workers salanes	

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 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 J.D. NUMBER)	CODE	or	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				
				Wilder And Confederate Confede
				Province and the same of the s
	T-construction of the construction of the cons			
		BADD-00-00-00-00-00-00-00-00-00-00-00-00-0		
	Tri di chia			
	Principal de la Company de la	TOWNS THE PROPERTY OF		
	HPF0prillia00000print/na	X-О-начиналития в.		
	Market Population Continues on the Conti			

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 7/1/16		california 460	
SEE INSTRUCTIONS ON REVERSE					through9	/24/16	Page <u>26</u>	of <u>27</u>
NAME OF FILER Rickman for Mayor, 2016							I.D. NUMBER 1382486	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. 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 O FORGIVENESS THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A		s	\$	PAID S FORGIVEN S	\$	RATE S	S	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	PAID S——— FORGIVEN S———	SDATE DUE		S	CALENDAR YEAR S PER ELECTION**
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$	\$	\$	\$		
Schedule H Summary 1. Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100.)				\$	(Enter (e) on Schedule I, Line 3)	-	**If Required
2. Payments received on loans(Total Column (c) plus unitemized paym	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	••••••	••••••	\$		_	
Net change this period. (Subtract Line 2 (Enter the net here and on the Summar)	? from Line 1.)y Page, Column A, Line 7.)	***************************************		****************		y be a negative number)	-	

Schedule I		Amounts may be rounded			CALIFORNIA 460	
Miscellaneous li	ncreases to Cash	to whole dollars.	Stateme	ent covers period		
				7/1/16	FORM TOO	
SEE INSTRUCTIONS ON REV	vener.		through	9/24/16	Page 27 of 27	
NAME OF FILER	ENGE				I.D. NUMBER	
Rickman for Mayor, 2	2016				1382486	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESCRIPTION OF R	ECEIPT	AMOUNT OF INCREASE TO CASH	
N/A						
				1100 500 500 500 500 500 500 500 500 500		
			· · · · · · · · · · · · · · · · · · ·			
				NACOTA PARA PARA PARA PARA PARA PARA PARA PA		
Attach additional info	rmation on appropriately labeled continuation sheets.			SUBTOTAI	_\$	
Schedule I Summ	-					
	to cash this period					
	es to cash of under \$100 this period					
	received this period on loans made to others. (Sch		***********************	\$		
	s increases to cash this period. (Add Lines 1, 2, ar		TOTAL	\$		

Recipient Committee Campaign Statement Cover Page		RECEI	Ven	COVER PAGE ALIFORNIA 460 FORM
	Statement covers period from1/1/16	(Month Doy Year) 2017 Bu A	S OFFICE P	age of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through6/30/16	11/8/16 CITY OF TRACY	RACY	
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee ○ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)		Statement dd-Year Report
3. Committee information	1.D. NUMBER 1382486	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Rickman for Mayor, 2016		Robert Rickman		
		MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		700 Lawn Court		
700 Lawn Court			STATE ZIP CODE	AREA CODE/PHONE
		Tracy	CA 95376	(209) 612-1589
Tracy STATE ZIPC	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	76 (209) 612-1589	Karen Rickman		
The second secon		MAILING ADDRESS		
CITY STATE ZIPC	ODE AREA CODE/PHONE	700 Lawn Court		
	ANLACODEFHORE		STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Tracy OPTIONAL: FAX / E-MAIL ADDRESS	CA 95376	(209) 612-1587
Robertrickman2016@gmail.com		OF HONAL, FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of	ring this statement and to the best of my k f California that the foregoing is true- e nd o	nowledge the information contained herein and in the correct.	ne attached schedules	s is true and complete. I
Executed on	By Xum	E \		
Executed on	D	Signature of Treasurer or Assistant Treasurer	ole Officer at Co	
Executed on			Na Milicei di Sponsor	
Date Date	BySig	nature of Controlling Officeholder, Candidate, State Measure Propor	nent	
Executed on	Bu			
Date	Sig	mature of Controlling Officeholder, Candidate, State Measure Proper	iant	

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE	- PART 2
CAL	IFORN		22
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PORTOURN PROPERTY.	4	2000200000	
Page	4	of «	23
raye		. 01	

Officeholder or Candidate Controlled	Committee		6	6. F	rimarily Formed Ballo	t Measure	Committee	•	
NAME OF OFFICEHOLDER OR CANDIDATE				N	AME OF BALLOT MEASURE				
Robert Rickman				1	N/A				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBE	ER IF APPLICABLE)	<u> </u>	Ē	ALLOT NO. OR LETTER	JURISDICTION	ON		SUPPORT OPPOSE
Mayor Tracy, CA				***					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STRE	ET) CITY Tracy	STATE CA 95	ZIP 376	ı	dentify the controlling office	holder, cand	date, or state	measure pro	pponent, if any.
100 Ediffi Court	iracy	- O/1 00		٨	AME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are prin			ā	FFICE SOUGHT OR HELD	·	M-t-link	DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NU	IMBER						<u>.l.,</u>	· · · · · · · · · · · · · · · · · · ·
N/A									
			7	7. F	rimarlly Formed Cand	Idate/Offic	eholder Co	ommittee	List names of
NAME OF TREASURER	1	ROLLED COMMITTI	EE?	ć	fficeholder(s) or candidate(s)	for which this	committee is	primarily form	ned.
		YES NO		-	AME OF OFFICEHOLDER OR CA	NDIDATE	TOFFICE SOL	IGHT OR HELE	. T
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)								SUPPORT
		***************************************			V/A		<u> </u>		OPPOSE
CITY STATE	ZIP CODE	AREA CODE	E/PHONE	N	AME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU			N	AME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (ROLLED COMMITTE YES NO	EE?	N	AME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOL	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE	ZIP CODE	AREA CODE	VPHONE	-	Attac	ch continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	JAI		

Summary Page	10 111010 actuals:	Statemen	1/1/16	CALIFORNI FORM	^A 460
SEE INSTRUCTIONS ON REVERSE		through	6/30/16	Page 3	of <u>23</u>
NAME OF FILER				I.D. NUMBER	
Rickman for Mayor, 2016				1382486	

	FROM ATTACHED SCHEDULES)		CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	23,733.00	\$	23,733.00	General Elections 1/1 through 6/30 7/1 to Date
Loans Received	\$ 24,733.00 1,814.00 26,547.00	\$	24,733.00 1,814.00 26,547.00	20. Contributions Received \$ N/A \$ 21. Expenditures Made \$ N/A \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4 Expenditures Made	\$	\$		Expenditure Limit Summary for State
6. Payments Made	0	\$	3,171.00	Candidates 22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS	3,171.00	\$	3,171.00 0 1,814.00	(if Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment		\$	4,985.00	(Milledayy)
Current Cash Statement 12. Beginning Cash Balance	0 24,733.00 1,229.88 3,171.00 22,791.88	add A t am of t am be she pre	calculate Column B, d amounts in Column to the corresponding ounts from Column B your last report. Some ounts in Column A may negative figures that ould be subtracted from vious period amounts. If is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0	file onl	d for this calendar year, y carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	1,000.00	fro any	n Lines 2, 7, and 9 (if /).	FPPC Form 450 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received	to	whole dollars.	Statement cov	ers period 1/16	CALII F(FORNIA 460 ORM	
SEE INSTRUCTIO	NS ON REVERSE			through6	/30/16	Page	<u> 4</u> of 23	
AME OF FILER						I.D. NU	MBER	
Rickman fo	or Mayor, 2016					13824	86	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE CALENDAR	YEAR	PER ELECTION TO DATE	

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	ØIND □COM □OTH □PTY □SCC	Retired	100.00	100.00			
3/4/16	Joan Rickman 1100 W. Eaton Ave. Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00			
3/4/16	Stella Rickman P.O. Box 244 Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.00			
3/4/16	Joann Hagele 1051 Pascoe Ave. San Jose, CA 95125	IND COM OTH PTY SCC	Home Maker	100.00	100.00			
3/5/16	Judith Cameron 793 S. Tracy Blvd. #328 Tracy, CA 95376	IND COM OTH PTY	General Partner, Dublin Security Storage	100.00	100.00			
<u> </u>	SUBTOTAL \$ 900.00							

Schedule A Summary

1. Amount received this period – itemized monetary contributions. 20,900.00 (Include all Schedule A subtotals.) 2,833.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

23,733.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA A C.O.

Statem	ent covers period	CALIFORNIA 160
from	1/1/16	FORM 40U
through	6/30/16	Page of
 		I.D. NUMBER
		4000400

NAME OF FILER

Rickman for Mayor, 2016

NORTHER TO	1 141ay01, 2010				13824	-00
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	☑ IND □ COM □ OTH □ PTY □ SCC	Minister, Presbyterian Church USA	500.00	500.00	
3/9/16	Lydia Tyler 8 Sunburst Irvine, CA 92603	IND COM OTH SCC	Retired	100.00	100.00	
3/10/16	Shirlee Rickman 8115 River Front Lane Fair Oaks, CA 95628	IND COM OTH SCC	Retired	100.00	100.00	
3/11/16	William Filios 5348 Saint Andrews Dr. Stockton, CA 95219	☑IND □ COM □ OTH □ PTY □ SCC	REal Estate Developer, AKS Development	100.00	100.00	
3/11/16	Tim Smith 1628 Toulouse Street Tracy, CA 95304		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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO
		from <u>1/1/16</u>	CALIFORNIA 460
		through 6/30/16	Page of
NAME OF FILER		The second secon	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)
3/14/16	Diana Silva 6665 W. Eleventh Street Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
3/14/16	Fred Gowan 6993 W. Saint Andrews Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	250.00	250.00	
3/18/16	D.A. Farms 21695 S. Lammers Road Tracy, CA 95304	□IND □COM ØOTH □PTY □SCC		200.00	200.00	
3/18/16	Anna Gable P.O. Box 1213 Tracy, CA 95378	☑IND □COM □OTH □PTY □SCC	Loan Consultant, I-Mortgage	100.00	100.00	
3/17/16	Kaylin Schack 1561 Biarritz Street Tracy, CA 95304	IND COM OTH PTY SCC	Chiropractor, Tracy Chiropractic	150.00	150.00	
747			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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 1 CO

				from1/1.	/16	F	ORM 400
				through 6/3	30/16	Page_	7 of 23
NAME OF FILER			<u> </u>			I.D. NU	MBER
Rickman for	Mayor, 2016				13824	86	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
3/24/16	Bacchetti and Silva, LLC 157 E. Eaton Ave. Tracy, CA 95376	□ IND □ COM ☑ OTH □ PTY □ SCC		100.00	100.	00	
4/4/16	Vaughn Gates 145 Carmel Way Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00		
4/5/16	Bricklayers & Allied Craftworkers Local No. 3 PAC# 1244975 10806 Bigge Street San Leandro, CA 94577	□IND □COM □OTH □PTY ☑SCC		250.00	250.	00	
4/5/16	International Brotherhood of Electrical Workers Local 595 PAC# 1273532 6250 Village Parkway Dublin, CA 94568	□IND □COM □OTH □PTY ☑SCC		500.00	500.	00	

□сом

₩ отн

□ PTY □ SCC

SUBTOTAL \$

1,450.00

500.00

Statement covers period

*Contributor Codes

IND - Individual

4/15/16

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Corral Hollow Development LLC

3208 Wycliffe Drive

Modesto, CA 95355

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1/1/16

through 6/30/16

Page 7 of 23

I.D. NUMBER

NAME OF FILER

Rickman for Mayor, 2016

1382486

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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	□IND □COM ØOTH □PTY □SCC		500.00	500.00		
4/15/16	Christopher Tyler 3208 Wycllffe Drive Modesto, CA 95355	IND COM OTH SCC	Investment Manager, Great Gable Partners, LP	500.00	500.00		
4/15/16	Stephanie Gallo 3208 Wycllffe Drive Modesto, CA 95355	☑IND □COM □OTH □PTY □SCC	Marketing, E&J Gallo Winery	500.00	500.00		
4/18/16	Darryl Scott 910 Centre Court Drive Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Firefighter, Tracy Fire Department	100.00	100.00		
5/15/16	Inderjit Sandhu 3972 W. Durham Ferry Road Banta, CA 95304	☑IND □COM □OTH □PTY □SCC	Farmer, Sandhu Brothers Farms	5,000.00	5,000.00		
SUBTOTAL \$ 6,600.00							

*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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statement co	vers period	CALIE	CALIFORNIA ACO	
				from 1/1/16		CALIFORNIA 460		
				through 6	/30/16	Page	9 of 23	
AME OF FILER	1000					I.D. NUN	BER	
Rickman fo	r Mayor, 2016					138248	6	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE		PER ELECTION	

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	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
5/15/16	Two Guys Food & Fuel Inc. 147 Lathrop Road Lathrop, CA 95330	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		300,00	300.00	
5/15/16	Tracy Liquors Inc. 1220 W. 11th Street Tracy, CA 95376	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		300.00	300.00	
5/15/16	R&T Farms 488 Pagosa Way Fremont, CA 94539	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00	
5/15/16	Anmol Mahal 965 Yakima Drive Fremont, CA 94539	Цсом	Physician, Medical Associates of Fremont	1000.00	1000.00	
			SUBTOTAL \$	3,100.00		

*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) Moneta

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO	
		from1/1/16	california 460	
		through <u>6/30/16</u>	Page 10 of 23	
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)	
5/15/16	Raghbir Shergill 1553 Tanya Lane Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, All American Trucking	250.00	250.00		
5/15/16	Sawaran Kamboj 13 4 2 Windsong Drive Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, Mi Ranchito Market	250.00	250.00		
5/15/16	Jasbir Tatla 726 San Miguel Ave. Sunnyvale, CA 94085	☑ IND □ COM □ OTH □ PTY □ SCC	Farmer, J.T. Farms	250.00	250.00		
5/15/16	Ripudaman Beniwal, M.D. 1530 Bessie Avenue Ste: 104 Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Physician, Sutter Health	500.00	500.00		
5/15/16	Surinder Lal 2107 Lighthouse Circle Tracy, CA 95304	IND COM OTH SCC	Realtor, Reality 1 Team	300.00	300.00		
SUBTOTAL \$ 1,550.00							

*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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole do	oliars.	Statement cov	rers period	california 460		
				through6/	30/16	Page	//_ of <u>23</u>	1000
IAME OF FILER						I.D. NUM	ABER .	٦
Rickman for	Mayor, 2016					138248	· ·	
		CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELECTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed, Manteca Mart Liquors	300.00	300.00		
5/15/16	Mohinder Singh Khinda 2316 Highlet Court Tracy, CA 95377	IND COM OTH PTY	Self Employed, Pete's Liquors	500.00	500.00		
5/15/16	Ranjit Singh Gill 403 Riley Court Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, Mountain Mikes Pizza	500.00	500.00		
5/15/16	Quick Mart 651 W. Grantline Road #A Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		100.00	100.00		
5/15/16	Judge & Litt Inc. DBA: Sansar Indian Cuisine 430 W. Grantllne Road Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		500.00	500.00		
SUBTOTAL \$ 1,900.00							

*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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Stateme	nt covers period	CALIEORNIA A CO
		from	1/1/16	FORM 460
		through	6/30/16	Page 12 of 23
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)
5/15/16	Rellance Intermodal Inc. P.O. Box 31238 Stockton, CA 95213	□IND □COM ☑OTH □PTY □SCC		500.00	500.00	
5/15/16	DS 135 Inc. DBA: Mountain Mikes Pizza 870 W. Schulte Road Tracy, CA 95376	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		300.00	300.00	
5/19/16	Richard Kovac 637 Sagewood Lane Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250.00	250,00	
5/19/16	RMPM Birdrock Properties Inc. DBA: Eagle Property Management 421 W. 11th Street Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	
6/8/16	Max Saver Liquor Mart 1162 N. Tracy Blvd. Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00	
			SUBTOTAL \$	1,550.00		

*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

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole d	ollars.	Statement cov	ers period	CALIFORNIA 460	
				from1/1	/16	FO	RM TUU
				through6/3	30/16	Page	13 of 23
NAME OF FILER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				I.D. NUA	/BER
Rickman for Mayor, 2016						138248	36
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y		PER ELECTION TO DATE

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 Aavenue Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		300.00	300.00	
6/17/16	Helm's Ale House 600 Central Avenue Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		500.00	500.00	
6/21/16	Ponerosa Homes II, Inc. 6130 Stoneridge Mall Road Ste: 185 Pleasanton, CA 94588	□IND □COM ☑OTH □PTY □SCC		500.00	500.00	
6/24/16	Wise Law Group, P.C. Michael Wise, Esq. 428 J. Street Ste: 200 Sacramento, CA 95814	□IND □COM ØOTH □PTY □SCC		500.00	500.00	
6/25/16	Brian Grubbs 166 Blue Heron Court The Dalles, OR 97058	IND COM OTH PTY	Sr. District Fleet Manager, Waste Management	250.00	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 B – Part 1 Loans Received	Am	ounts may be rou to whole dollars			Statement cov.	ers period /16	SCHED CALIFORN FORM	DULE B - PART
SEE INSTRUCTIONS ON REVERSE					through6/	30/16	Page <u>14</u>	of <u>43</u>
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)	(e) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(I) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Robert Rickman 700 Lawn Court Fracy, CA 95376	Sergeant, California Highway Patrol			PAID \$O FORGIVEN	\$ 1,000.00	0 %	ş <u>1,000,00</u>	\$ 1,000.00 PER ELECTION
☑ IND □ COM □ OTH □ PTY □ SCC		s0	s_1,000.00	sC	N/A DATE DUE	s0		\$
		s	\$	PAID S FORGIVEN S FORGIVEN	\$DATE DUE	% RATE	\$DATE INCURRED	S PER ELECTION \$
ND COM OTH PTY SCC		5	s	PAID \$ FORGIVEN	\$DATE DUE		\$	S PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		SUBTOTALS \$	1,000.00\$	S	0 \$ 1,000.00	\$ 0		<u> </u>

Schedule B Summary

Schedule E, Line 3)

(Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period.....\$ (Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

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 ∟oan Guarantors		Amounts may be rounded to whole dollars.		Stater	ment covers period 1/1/16 6/30/16	CALIFOR FORM	EDULE B - PART NIA 460
EE INSTRUCTIONS ON REVERSE IAME OF FILER				mionagii.			
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	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
11.	□ IND □ COM		LENDER			CALENDAR YEAR	
	OTH PTY SCC		DATE			PER ELECTION (IF REQUIRED)	
	□ IND		LENDER			CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
			LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	

□scc

Enter on Summary Page, Line 17 only.

SUBTOTAL \$

Schedule C Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

Cintomo	unt anyone marinel	OCHEDULE C
from	nt covers period 1/1/16	california 460
through	6/30/16	Page of
t		I.D. NUMBER
		1382486

SCHEDULE C

Rickman for Mayor, 2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

	io. Mayor, 2010					1002-10		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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	□IND □COM ☑OTH □PTY □SCC		Window Decals	300.00	300.00		
5/15/16	Sansar Indian Cuisine 430 W. Grantline Road Tracy, CA 95376	□IND □COM □OTH □PTY □SCC		Hall Rental, Food	1,000.00	1,000.00		
6/6/2016	Bob Corsaro 2941 Lincoln Blvd. Tracy, CA 95376	IND COM OTH PTY SCC	Retired	Bows, Ribbons, Flags	104.00	104.00		
6/30/16	Tracy Sign Inc. 3771 W. 11th Street Tracy, CA 95304	□IND □COM □OTH □PTY □SCC		Banners	300.00	300.00		
Attach add	ttach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 1,704.00							

Schedule C Summary

1. Amo	ount received this period – itemized nonmonetary contributions. lude all Schedule C subtotals.)	.\$	1,704.00
	ount received this period – unitemized nonmonetary contributions of less than \$100		
3. Tota	al 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

1,814.00

SCC - Small Contributor Committee

Supportir	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be r to whole dolls		Statement covers	·	CALIFO FOR	SCHEDULE C DRNIA 460 RM
	ONS ON REVERSE			through 6/30)/16	Page _	$\frac{7}{2}$ of $\frac{23}{2}$
Rickman fo	r Mayor, 2016					I.D. NUME 138248	
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	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
N/A	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure			The state of the s		
			SUBTOTAL	- \$			
1. Itemized c	D Summary ontributions and independent expenditures made d contributions and independent expenditures ma			•	••••••	\$	

Schedule E Payments Made	Amounts may b to whole d				nt covers period	CALIF(
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2016		· · · · · · · · · · · · · · · · · · ·		from	6/30/16		/8 of 23
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deliv PRO professional si	munications d appearance ses lating urvey resear very and me	es ch ssenger services	RAD radio at RFD returne SAL campai TEL t.v. or c TRC candida TRS staff/sp TSF transfer VOT voter re	rtime and production d contributions gn workers' salaries able airtime and produte te travel, lodging, and ouse travel, lodging, a between committees	uction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DESC	CRIPTION OF PAY	MENT		AMOUNT PAID
Staples 2471 North Naglee Road Tracy, CA 95304		LIT	Ink, labels, envelo	pes, 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 Fracy 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 Sche	dule D.			SU	BTOTAL \$	1,230.35
Schedule E Summary							
I. 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 fron	n Schedule B, Part	1, Colum	n (e).)	**************	*****************	\$	0
. Total payments made this period, (Add Lines 1, 2, and 3, F	Enter here and on t	the Summ	any Page Column A	Line 6 \	TO	TAI C	3,171.00

Schedule E

Amounta may be recorded

SCHEDU	11 500 500	'/^^\IT'	١
JUNEUL	JLE 5	. 11. (.) (2.1.	ŀ

(Continuation Sheet)	to whole dollars.	Statem	ent covers period	CALIFORNIA 460
Payments Made		from	1/1/16	FORM +UU
SEE INSTRUCTIONS ON REVERSE		through	6/30/16	Page
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 fundralsing events POL polling and survey research TRS staff/spouse travel, lodging, and meals 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 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	A	MOUNT 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	СМР	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 S	chedule D.	SUE	TOTAL \$	1,572.86

	Accounts many house of the		SCHEDULE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from1/1/16	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 6/30/16	Page 20 of 23
Rickman for Mayor, 2016			I.D. NUMBER 1382486
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may enter the code. Oth MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	ction costs meals nd meals of the same candidate/sponsor

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 \$		S • • • • • • • • • • • • • • • • • • •	<u> </u>	1

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.)	
	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.)	
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	mber

			rounded ars.	Statement covers period from1/1/16			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				thro	ough	6/30/16	– Page <u>2</u>	<u></u>	
NAME OF FILER Rickman for Mayor, 2016	Amerika andre de la companya da di da companya da di da companya da companya da companya da companya da companya	***************************************			**************************************		1.D. NUMBE 1382486		
NAME OF AGENT OR INDEPENDENT CONTRACTOR									
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professions PRT print ads	ommunication and appearan anses culating ks I survey rese elivery and m al services (In	ns nces	RAD RFD SAL TEL TRC TRS	radio ali returnec campaig t.v. or ca candida staff/spo transfer voter re	be the paymen time and production to contributions on workers' salaries able airtime and prote travel, lodging, a buse travel, lodging, between committee gistration ion technology cost	n costs duction costs and meals , and meals es of the same o	•	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYI	MENT		AMOUNT PAID	
λ1/Λ									

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CODE (OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A				
			VIII. VIIII. VIIII. VIIII. VIIII. VIIII. VIIII. VIII.	
				.,,
			,	

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 I
Schedule H		nay be rounded ble dollars.		Statement co		CALIFORI	NIA 460	
Loans Made to Others*	to wite	ne uonars.		from1/	1/16	FORM 400		
SEE INSTRUCTIONS ON REVERSE					through 6	/30/16	Page 22	_ of <u>&3</u> _
NAME OF FILER							I.D. NUMBER	***************************************
Rickman for Mayor, 2016							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 O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A				☐ PAID				CALENDAR YEAR
			Wilderstand Automobile Commission	\$. \$	RATE	5	\$PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	\$	RATE	\$	5
				FORGIVEN			:	PER ELECTION**
		\$ *************************************	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgive								
reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)	***************************************	****************	*****************	\$	/	- [**If Required
2. Payments received on loans (Total Column (c) plus unitemized paym		*****************	***************************************	************	\$			***************************************
3. Net change this period. (Subtract Line 2	from Line 1.)	****************	*************	*************	NET \$		_	
(Enter the net here and on the Summar	y Page, Column A, Line 7.)	•				ry be a negative number)		

Schedule Miscellan	leous Increases to Cash	Amounts may be rounded to whole dollars.	Statement	covers period	SCHEDULE	
modeliane da moreades to dasir			from	1/1/16	CALIFORNIA 460	
			through	6/30/16	Page 23 of 23	
NAME OF FILER	ONS ON REVERSE				I.D. NUMBER	
Rickman for	Mayor, 2016				1382486	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF REC	EIPT	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 c	ampaign funds	1229.88		
Attach add	I litional information on appropriately labeled continuation sheets.			SUBTOTAL \$	1,229.83	
Schedule	I Summary					
	ncreases to cash this period	***************************************	\$	1,229.83		
2. Unitemize	d increases to cash of under \$100 this period	***************************************	\$	0		
3. Total of all	interest received this period on loans made to others. (So	chedule H, Column (e).)	\$	0		
	ellaneous increases to cash this period. (Add Lines 1, 2, a		TOTAL \$	1,229.83		