FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNIA FORM	460
Page 8	of <u>13</u>

Officeholder or Candidate C	Controlled Committee	•	6.	Primarily Formed Ballo	ot Measure (Committee	
NAME OF OFFICEHOLDER OR CANDID	ATE			NAME OF BALLOT MEASURE			
Robert Rickman				N/A			
OFFICE SOUGHT OR HELD (INCLUDE L	OCATION AND DISTRICT NUM	(BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
Mayor Tracy, CA					<u> </u>		L] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (N	·	STATE ZIP		Identify the controlling offic	eholder, candid	date, or state measure p	roponent, if any.
	Tracy (DA 93010		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PRO	OPONENT	
Related Committees Not Inc	eluded in this Statem	Ant' Liet any committees					
not included in this statement that ar contributions or make expenditures	e controlled by you or are p	rimarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D.	NUMBER			····		
N/A							
			7.	. Primarily Formed Can	didate/Office	eholder Committee	List names of
NAME OF TREASURER		NTROLLED COMMITTEE?		officeholder(s) or candidate(s) for which this	committee is primarily fo	rmed.
		YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD I
COMMITTEE ADDRESS STREE	TADDRESS (NO P.O. BOX)			N/A			SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D.	NUMBER		NAME OF OFFICEHOLDER OR O	NANDIDATE	OFFICE SOUGHT OR HE	
N/A				NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OF HE	SUPPORT OPPOSE
NAME OF TREASURER	COI	NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR HE	LD GUERRA
		YES NO					SUPPORT OPPOSE
COMMITTEE ADDRESS STREE	TADDRESS (NO P.O. BOX)					<u> </u>	
CITY	STATE ZIP CODE	AREA CODE/PHONE		Δ++-	ach continuatio	on sheets if necessary	
				Au	ion commutation	ni ondeto ii nedeosary	
•							

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 07/01/2019

, •	from
	through 07/30/2019 Page 3 of 13
SEE INSTRUCTIONS ON REVERSE	I.D. NUMBER
NAME OF FILER	1382486

Contributions Received	(F	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 General Elections
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	\$ \$ \$	0 0 0 0	20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$	3,287.11	\$	3,747.46 0 3,747.46 0 0 3,747.46	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$	0 221.37 3,287.11 0	ac A ar of ar be sh pr th fil	o calculate Column B, and amounts in Column to the corresponding mounts from Column B your last report. Some mounts in Column A may be negative figures that hould be subtracted from revious period amounts. If is is the first report being ed for this calendar year, any carry over the amounts	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		^		om Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377

Amounts may be rounded						SCHEDULE		
Schedule A Monetary Contributions Received			whole dollars.	Statement cov	ers period 1/2019	california 460		
	·			through07/3	30/2019	Page	4 of <u>13</u>	
NAME OF FILER	ONS ON REVERSE				<u>. </u>	1.D. NU 13824	JMBER 186	
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 1 CALENDAR (JAN. 1 - DE	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						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
	<u> </u>		SUBTOTAL	\$				
1. Amount r (Include a 2. Amount r	A Summary eceived this period – itemized monetary contributions all Schedule A subtotals.) eceived this period – unitemized monetary contribution				OT PT	othe) H – Othe: Y – Politic	dual pient Committee er than PTY or SCC) r (e.g., business entity)	
3. Total mor	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line	1.) TOTAL \$ _		(30		PPC Form 460 (Jan/201	

Schedule B – Part 1 Loans Received	Am	ounts may be rou to whole dollars			Statement coverage of the statement over the statement coverage of the	ers period /2019	CALIFORN FORM	^{IA} 460
SEE INSTRUCTIONS ON REVERSE					through07/3	80/2019	Page	of <u>/3</u>
NAME OF FILER							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 FORGIVE THIS PERIOI	N. I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
N/A		, , , , , , , , , , , , , , , , , , , ,		☐ PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$	PER ELECTION
t		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC				☐ PAID				CALENDAR YEAR
				\$	_ \$	% RATE	\$	PER ELECTION
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
HAD GOOM GOM Z				PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$ 	PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	<u> </u>	SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary 1. Loans received this period				\$		(Enter (e) on Schedule E, Line 3)	
Loans received this period (Total Column (b) plus unitemized loan	ns of less than \$100.)					I .	Contributor Code	s
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party that 	00 paid or forgiven.)			\$ _		- C	OTH – Òther (e.g. PTY – Political Pa	PTY or SCC) , business entity; rty
3. Net change this period. (Subtract Lir	ne 2 from Line 1.)			NET \$ _	(May be a negative number)	- ل	SCC – Small Cont	ributor Committe

*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)

Schedule B – Part 2 Loan Guarantors

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160
from	07/01/2019	FORM 46U
through _	07/30/2019	Page 6 of 13
		I.D. NUMBER

				unough	. 490																
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMBER																
NAME OF FILLIC					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	THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE															
N/A	☐IND ☐COM ☐OTH ☐PTY		LENDER		S PER ELECTION (IF REQUIRED)																
	□scc		LENDER		CALENDAR YEAR																
	□IND □COM □OTH		DATE		PER ELECTION (IF REQUIRED)																
	□ PTY □ SCC				\$																
	□ IND		LENDER		SPER ELECTION																
	□ OTH □ PTY □ SCC	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY	□PTY		DATE		(IF REQUIRED)	
	□IND □COM		LENDER		CALENDAR YEAR																
	□ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)																
	□scc		SU	BTOTAL \$	Enter on Summary Page, Line 17 only.																

0 1 1 1			Amounts may be rounded						SCHEDULE (
Schedule C Nonmonetary Contributions Received		to whole dollars.			Statement covers period from07/01/2019			california 460		
SEE INSTRUCTION	NS ON REVERSE		·		thro	ough07/30/2	019		7_ of <u>/3</u>	
NAME OF FILER								1.D. NUMB		
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 -	ATE 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 additi	ional information on appropriately labeled	continuation	sheets.	SUBT	TOTAL	\$				
Amount re (Include al Amount re	C Summary eceived this period – itemized nonmoneta III Schedule C subtotals.)eceived this period – unitemized nonmone	etary contribut			\$. \$.		IND COI	other ti) H – Other (e Y – Political	al ent Committee than PTY or SCC) e.g., business entity)	

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

3. Total nonmonetary contributions received this period.

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www.fppc.ca.gov

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

Amounts may be rounded to whole dollars.

from 07/01/2019 CALIFORNIA FORM FORM FORM Page 8 of 13

SCHEDULE D

Candidat.	es, Measures and Committees			Trom			
				through07/30/	2019	Page 8	of <u>13</u>
SEE INSTRUCTION NAME OF FILER	ONS ON REVERSE					1.D. NUMBE 1382486	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAI (JAN. 1 - D	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					
		Monetary Contribution Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTA	L \$	W V V		
1. Itemized	D Summary contributions and independent expenditures ma						
	tributions and independent expenditures made						
J. 10101 0011	an in an an in an in an in an in a second and a second an	•					

60	HED	1 11	_	
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Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

	OO! ILDOLL L
Statement covers period	CALIFORNIA 460
from07/01/2019	FORM 400
through07/30/2019	Page 9 of <u>13</u>
	I.D. NUMBER
	4000406

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1382486

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Rickman for Supervisor, 2020 Tracy, CA 95376 <i>FPC A</i> 1419617	TSF		3,272.11

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 3,272.11 1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 15.00 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).)......\$ 3.287.11

SUBTOTAL \$

3,272.11

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2019	CALIFORNIA 460
through07/30/2019	Page 18 of 13
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1382486

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings (d) CODE OR AMOUNT INCURRED AMOUNT PAID OUTSTANDING OUTSTANDING NAME AND ADDRESS OF CREDITOR BALANCE AT CLOSE DESCRIPTION OF PAYMENT THIS PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD BALANCE BEGINNING (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD N/A * Payments that are contributions or independent expenditures must also be \$ \$ \$ SUBTOTALS \$

Schedule F Summary

summarized on Schedule D.

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

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
/A				
	_	 -		
		-		
l de la companya de				
Hoch additional information on appropriately labeled continuation sheets.	<u></u>		TC	TAL* \$

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

Attach additional information on appropriately labeled continuation sheets.

Schedule H Loans Made to Others*		ay be rounded le dollars.		Statement cov	ers period I/2019	california 460 form		
SEE INSTRUCTIONS ON REVERSE					through07/3	30/2019	Page 18 of 13	
NAME OF FILER							1.D. NUMBER 1382486	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A		ę		PAID \$ FORGIVEN	\$	% RATE	\$	S ————————————————————————————————————
				PAID S FORGIVEN	DATE DUE	% RATE	S	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$		
		`		<u> </u>		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					ф		_	
Loans made this period (Total Column (b) plus unitemized loar	ns of less than \$100.)						-	**If Required
Payments received on loans (Total Column (c) plus unitemized pay	ments of less than \$100.)	***************************************	,,		\$	<u> </u>	_	
3. Net change this period. (Subtract Line	2 from Line 1.)	 .)			NET \$	ay be a negative number	-	

Schedule Miscellane SEE INSTRUCTION NAME OF FILER	eous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2019 through07/30/2019	CALIFORNIA 460 FORM Page 3 of 3 I.D. NUMBER 1382486
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7/1/2019	I-Page 10 Coprporate Drive Burlingame, MA 01803	Refund for we	eb site/domain	221.37
Attach add	itional information on appropriately labeled continuation sheets	S.	SUBTOTA	AL\$ 221.37
1. Itemized in	I Summary ncreases to cash this periodd increases to cash of under \$100 this period		\$\$221.	37 0

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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221.37

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2						
california 46	0					
Page <u>2</u> of <u>/3</u>	_					

Officeholder or Candidate Controlled Con	nmittee		(6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Robert Rickman					N/A				•
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	F APPLICABLE)	-		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
Mayor Tracy, CA						<u> </u>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Trac	CITY CA	95376	ZIP		Identify the controlling office			measure proj	oonent, if any.
Hac	y OA	33070			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this a not included in this statement that are controlled by yo contributions or make expenditures on behalf of your design.	u or are primari	List any comm ly formed to re	nittees eceive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMB	ER							
N/A									
				7.	Primarily Formed Cand	idate/Offic	eholder Co	mmittee L	ist names of
NAME OF TREASURER		LED COMMITT	EE?		officeholder(s) or candidate(s)	for which this	committee is	primarily form	ea.
OTDEET ADDRESS (NO. P.	O POY	Ои			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				N/A				OPPOSE
CITY STATE Z	IP CODE	AREA CODE	PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMB	ER			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELD	
N/A					TAME OF STREET				SUPPORT OPPOSE
NAME OF TREASURER	CONTROI		EE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.		,							U OPPOSE
COMMITTEE ADDITION CITED AND ADDITION OF THE PROPERTY OF THE P	,								
CITY STATE Z	IP CODE	AREA CODE	PHONE		Atta	ch continuati	ion sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State	ment covers period 1/1/2019	CALIFORNIA 460
through _	6/30/2019	Page 3 of 13
		I.D. NUMBER

Rickman for Mayor, 2018			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 General Elections
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 0	\$O \$O \$O	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 460.35 0 0	\$ 460.35 0 \$ 460.35 0 0 0 \$ 460.35	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	\$ 358.48 460.35 \$ 3,065.74	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fppc.ca.gov

Schedule A Monetary Contributions Received		Amount to	ts may be rounded whole dollars.	from	/2019		SCHEDULE A
SEE INSTRUCTIO	INS ON REVERSE			through6/3	30/2019	Page	4 of 13
NAME OF FILER	or Mayor, 2018			<u> </u>		1.D. NU 13824	JMBER 186
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 I CALENDAR (JAN. 1 - DE	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					
		□IND □COM □OTH □PTY □SCC					
		<u></u>	SUBTOTAL	\$			
1. Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)				CO	(other	ual vient Committee r 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, Col					C – Small	Contributor Committee

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cov	vers period /2019	california 460		
SEE INSTRUCTIONS ON REVERSE					through6/3	30/2019	Page	of <u>13</u>	
NAME OF FILER					<u> </u>		I.D. NUMBER		
Rickman for Mayor, 2018							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 PAI OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
N/A				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION*	
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YEAR	
				\$ \$ forgiven	_ \$	RATE	\$	\$PER ELECTION*	
†□ IND □ COM □ OTH □ PTY □ SCC		*		PAID \$ FORGIVEN	DATE DUE		S	CALENDAR YEAR \$ PER ELECTION	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS	\$	\$	\$ 	\$ 			
Schedule B Summary						(Enter (e) on Schedule E, Line	3)		
Loans received this period (Total Column (b) plus unitemized loar	ns of less than \$100.)			\$		_ 	†Contributor Codes	<u> </u>	
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.)			\$ _		-	OTH - Other (e.g., PTY - Political Par	PTY or SCC) business entity) ty	
 Net change this period. (Subtract Lin Enter the net here and on the Summa 	e 2 from Line 1.) ry Page, Column A, Line 2.			NET \$	(May be a negative number)	- (SCC Small Contr	ibutor Committee	

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

** If required.

						SC+	IEDULE B - PART 2	
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.	Statement covers period CALIF			CALIFOR	ALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE				through _	6/30/2019	_ Page <u>E</u>	_ of <u>/</u> 3_	
IAME OF FILER						I.D. NUMBER	₹	
Rickman for Mayor, 2018						1382486	,	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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		
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	·	
	□scc					\$		
	□ IND		LENDER			S	;	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)		
	scc					\$		
	□ IND		LENDER			CALENDAR YEAR		
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)		
	□scc					\$		
	□IND		LENDER			CALENDAR YEAR		
	□сом					\$	Ì	
	□отн		DATE	,		PER ELECTION (IF REQUIRED)		

SUBTOTAL \$

□отн

□ PTY □scc

Enter on Summary Page, Line 17 only.

Schedule C		Amounts may be rounded		SCHEDUL				SCHEDULE	
Nonmonetary Contributions Received			to whole dollars.		1/1/2019			CALIFORNIA 460	
					fron	n1/1/2019	<u> </u>		
eee inietbi ica	TIONS ON REVERSE				thro	ough6/30/20)19	Page	of <u>13</u>
NAME OF FILE								I.D. NUMB	ER
Rickman	for Mayor, 2018							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 SERV		AMOUNT/ FAIR MARKET VALUE	CALEND.	ATIVE TO ATE AR YEAR DEC 31)	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	ditional information on appropriately labeled	continuation	sheets.	SUBT	OTAL	\$			
	e C Summary received this period – itemized nonmonetar	v contribution	ns.	-			IND	ntributor Co – Individua	1
(Include	all Schedule C subtotals.)						_	(other th	nt Committee nan PTY or SCC) .g., business entity)
	received this period - unitemized nonmone		ions of less than \$100		\$ _		PT	∕ – PoliticaÌ I	Party
3. Total no (Add Lin	nmonetary contributions received this period nes 1 and 2. Enter here and on the Summar	d. y Page, Colui	mn A, Lines 4 and 10.)	тот	4L\$ _				ontributor Committee

Supporti Candidat	e D y of Expenditures ing/Opposing Other tes, Measures and Committees	Amounts may be ro to whole dollar		Statement covers from 1/1/20 through 6/30/)19	CALIFO FOR Page	of /3
IAME OF FILER						1.D. NUMB 138248	
Rickman f	for Mayor, 2018					130240	
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	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Independent Independent					
	Support Doppose	Expenditure					
Schedule	e D Summary I contributions and independent expenditures made	de this period. (Include	all Schedule D subtotals.			\$_	
	zed contributions and independent expenditures n						
	ntributions and independent expenditures made th						
s. Total cor	numunions and independent expenditures made in	no portou. (r tau Entou i		, ,	•		

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
Statement covers period		CALIFORNIA 460
from	1/1/2019	FORM TOO
through.	6/30/2019	Page 9 of 13
		I.D. NUMBER
		4000400

Payments Made	from1/1/2019	FORM
	through 6/30/2019	Page 9 of 13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
Rickman for Mayor, 2018		1382486

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

CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
WEB	Domain/Web Site	251.35
4		
		Domain/Web Site

SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 251.35

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 209.00 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).)......\$ 460.35

251.35

Schedule	• F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from1/1/2019	california 460 form
through 6/30/2019	Page 10 of 13
	I.D. NUMBER
	4000400

Accrued Expenses (Oripaid Bills)	from	
	through6/30/2019	Page 10 of 13
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
Rickman for Mayor, 2018		1382486

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* CTB TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* voter registration PRO professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings LIT (d) OUTSTANDING AMOUNT PAID CODE OR AMOUNT INCURRED OUTSTANDING NAME AND ADDRESS OF CREDITOR BALANCE AT CLOSE THIS PERIOD DESCRIPTION OF PAYMENT THIS PERIOD (IF COMMITTEE, ALSO ENTER I.D. NUMBER) BALANCE BEGINNING (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD N/A

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

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

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period 1/1/2019	CALIFORNIA 460
•		through 6/30/2019	Page _//_ of _/_3
SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER			1382486
Rickman for Mayor, 2018			1302400
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes the	e payment, you may enter the code	. Otherwise, describe the payment	•
	R member communications	RAD radio airtime and production	
CNS campaign consultants MT		RFD returned contributions	
CTB contribution (explain nonmonetary)*	•	SAL campaign workers' salaries	tustian aasta
CVC civic donations PE	T petition circulating	TEL t.v. or cable airtime and proc	nucuon cosis

•	OPEO: If Office of the following occorded accomments				• -
С	MP campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	NS campaign consultants	MTG	meetings and appearances		
	TB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
	√C civic donations		petition circulating	TEL	t.v. or cable airtime and production costs
			phone banks		candidate travel, lodging, and meals
	L candidate filing/ballot fees				staff/spouse travel, lodging, and meals
	ND fundraising events	POL	polling and survey research		transfer between committees of the same candidate/sponsor
11	D independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services		
	EG legal defense	PRO	professional services (legal, accounting)		voter registration
L		PRT	print ads	WEB	information technology costs (internet, e-mail)
_	· varipaign natara a and man a		•		

^{*} 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				
				<u> </u>

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement coverage 1/1/2	vers period /2019	california 460 form		
SEE INSTRUCTIONS ON REVERSE					through6/3	30/2019	Page <u>12</u>	of <u>13</u>	
NAME OF FILER							I.D. NUMBER		
Rickman for Mayor, 2018							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 (FORGIVENES THIS PERIOR	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
N/A		\$	\$	PAID S———— FORGIVEN	\$DATE DUE	% RATE	\$	\$PER ELECTION**	
,		\$	\$	PAID S FORGIVEN S	DATE DUE	% RATE	S	CALENDAR YEAR \$ PER ELECTION** \$	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$			
			<u> </u>	<u> </u>		(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan	ns of less than \$100.)			······································	\$		_ [**If Required	
Payments received on loans (Total Column (c) plus unitemized payr	ments of less than \$100.)				\$	<u> </u>	_		
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ary Page, Column A, Line 7.	.)			NET \$	lay be a negative number)		

Schedule	1	Amounts may be rounded		SCHED	SCHEDULE		
	eous Increases to Cash	to whole dollars.		ent covers period	CALIFORNIA 46		
			from	1/1/2019	FORM TO	U	
			through	6/30/2019	Page 13 of 13	-	
EE INSTRUCTIO	NS ON REVERSE				I.D. NUMBER		
Rickman for	Mayor, 2018				1382486		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF F	RECEIPT	AMOUNT OF INCREASE TO CASH		
2/8/2019	City of Tracy 333 Civic Center Plaza Tracy, CA 95376	Candid	date Statement Refund	i	358.4	В	
						<u></u>	
Attach addi	itional information on appropriately labeled continuation sheets	·.		SUBTOTAL \$	358.48		
Schedule I	Summary						
. Itemized in	ncreases to cash this period			_			
	d increases to cash of under \$100 this period			_			
	interest received this period on loans made to others. (S			.\$0			
. Total misce Summary I	ellaneous increases to cash this period. (Add Lines 1, 2, Page, Line 14.)	and 3. Enter here and on th	ne TOTAL	\$358.48			

Recipient Committee			Date Stamp	COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			ATT RECEIVED	FURIVI
•			ITY CLERK'S GFFIC	FPage of
	Statement covers period			For Official Use Only
	from10/21/2018	(Monui, Day, Teal)	1019 JAH 28 AM 8:45	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2018	11/06/2018	CITY OF TRACY	
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 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 1 ☐ Amendment (Explain b	nt Spec t Fermination)	terly Statement ial Odd-Year Report
3. Committee Information	I.D. NUMBER 1382486	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1002-100	NAME OF TREASURER		
Rickman for Mayor, 2018		Robert Rickman		÷
		MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	
CITY STATE ZIP	CODE AREA CODE/PHONE	Tracy NAME OF ASSISTANT TREASURE	CA 95370	5
Tracy CA 953		Karen Rickman	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		<u></u>
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
		Tracy	CA 95376	6
OPTIONAL: FAX / E-MAIL ADDRESS	··········	OPTIONAL: FAX / E-MAIL ADDRE	SS	
4. Verification	<u> </u>			
I have used all reasonable diligence in preparing and revie	wing this statement and to the best of my	knowledge the information contained	d 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.		·
Executed on01/28/2018	Ву			
Date	5, <u>-</u>	Signature of Freasurer or Assistan	t Treasurer	
Executed on	BySignature of Contr	olling Officeholder, Candidate, State Measure P	reported Personality Officer of Course	;
	·	oning Chiceholder, Candidate, State Measure Pl	Opportunit of Responsible Officer of Sponso	ı
Executed onDate	By	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	<u> </u>
Executed on	Ву	·	· ·	
Date	s .	ignature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016)

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	Officeholder or Candidate Controlled Committee			officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot 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	DN	SUPPORT OPPOSE	
	Mayor Tracy, CA							U OPPOSE	
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY CA	STATE ZIP 95376		Identify the controlling office	eholder, candi	date, or state measure	proponent, if any.	
ı	Hacy		30010		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily	st any committees formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY	
	COMMITTEE NAME	I.D. NUMBER							
	N/A								
				7.	Primarily Formed Can	didate/Offic	eholder Committe	e List names of	
	NAME OF TREASURER CONTROLLED COMMITTEE?				officeholder(s) or candidate(s) for which this	committee is primarily f	formed.	
		YES	□ NO		NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOUGHT OR H		
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			A 1 / A			SUPPORT	
					N/A				
	CITY STATE ZIP C	ODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR H	ELD ☐ SUPPORT ☐ OPPOSE	
	COMMITTEE NAME	I.D. NUMBER	<u> </u>		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR H	FLD _	
	N/A				MANIE OF OFFICEROLDER OF			SUPPORT OPPOSE	
	NAME OF TREASURER	CONTROLLE	D COMMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR H	ELD SUPPORT	
		☐ YES	□ NO					OPPOSE	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)							
			·						
	CITY STATE ZIP C	ODE	AREA CODE/PHONE		Atta	ach continuati	on sheets if necessary		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State	ement covers period 10/21/2018	CALIFORNIA 460
through	12/31/2018	Page of
		I.D. NUMBER

www.fppc.ca.gov

OFF INCTRICTIONS ON PEVEDSE		through.	12/31/2018	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				I.D. NUMBER
Rickman for Mayor, 2018	_			1382486
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates e 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	120.00	\$ \frac{74,281.67}{0} \\ \$ \frac{74,281.67}{9,858.50} \\ \$ \frac{84,140.17}{0}		hrough 6/30 7/1 to Date
Expenditures Made 6. Payments Made	\$ 32,443.92 0 120.00	\$ 80,207.92 0 \$ 80,207.92 0 9,858.50 90,066.42	Candidates 22. Cumulat	Summary for State (ve Expenditures Made* to Voluntary Expenditure Limit) Total to Date
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 reported in Column B.	may be different from amounts FPPC Form 460 (Jan/2016
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Advice: ac	FPPC Form 460 (Jan/2016 vice@fppc.ca.gov (866/275-3772

Schedule A			its may be rounded			SCHEDULE A		
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period /2018	CALIFORNIA 460 FORM Page 4 of 17		
SEE INSTRUCTIO	INS ON REVERSE			through 12/31/2018				
NAME OF FILER	or Mayor, 2018	· · · · · · · · · · · · · · · · · · ·				I.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)	
10/22/2018	Tracy Firefighters, IAFF 3355 PO BOX 185 Tracy, CA 95378	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		1,000.00	2,500	.00		
10/26/2018	Arvindram Ramraj Tracy, CA 95377	IND COM OTH PTY SCC	Director of Technology, PROTEK Consulting	100.00	100	.00		
11/6/2018	California Real Estate PAC, FPPC# 890106 California Association of Realtors 525 S. Virgil Avenue Los Angeles, CA 90020	☐IND ☐COM ☐OTH ☐PTY ☑SCC		1,500.00	1,500	.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	2,600.00				
Schedule A	A Summary					tributor C		
	ceived this period – itemized monetary contributions.		\$	2,600.00	COM	(other	ient Committee than PTY or SCC)	
2. Amount re	ceived this period – unitemized monetary contribution	ns of less that	n \$100\$	50.00	PTY	- Politica		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	1.) TOTAL \$	2,650.00	SCC	- Small	Contributor Committee	

SCH	וחםו	11	R .	$D\Delta$	DТ

Schedule B – Part 1 Loans Received	AIII	to whole dollars			Statement cov	ers period 1/2018	CALIFORN FORM	california 460		
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2018	Page 5	of <u>17</u>		
NAME OF FILER							I.D. NUMBER			
Rickman for Mayor, 2018							1382486			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
N/A				PAID \$	\$	% RATE	s	\$PER ELECTION**		
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				PAID FORGIVEN	\$	RATE %	\$	CALENDAR YEAR \$ PER ELECTION ***		
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	,		
				\$ FORGIVEN	s	% RATE	\$	\$PER ELECTION**		
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$; ;	\$	\$	\$				
Schedule B Summary						(Enter (e) on Schedule E, Line	3)			
1. Loans received 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.)								committee PTY or SCC) business entity)		
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			.NET \$	May be a negative number)	٠ ('	SCC – Small Contr	ibutor Committee		

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

** If required.

Amounts may be rounded

						SCH	EDULE B - PART 2
ichedule B – Part 2		Amounts may be rounded to whole dollars.		Statem	nent covers period	CALIFOR	NIA 460
oan Guarantors		to whole donard		from	10/21/2018	FORM	
				through	12/31/2018	Page 6	of <u>/</u> 7
EE INSTRUCTIONS ON REVERSE AME OF FILER						I.D. NUMBER	
Rickman for Mayor, 2018						1382486	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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
			LENDER			CALENDAR YEAR	
N/A	☐ IND ☐ COM					s	
	□ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	,
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	СОМ					\$ PER ELECTION	
	□ OTH □ PTY		DATE			(IF REQUIRED)	
•	□scc					\$	
			SUI	BTOTAL S	<u> </u>	Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received		Amounts may be rounded					SCHEDULE		
			to whole dollars.		s	tatement covers		CALIFORNIA 460	
	•				from	10/21/20	18	FOR	RM TO
SEE INSTRUCTION	NS ON REVERSE				thro	ugh12/31/2	018	Page	7 of 17
NAME OF FILER	TO ON NEVEROE				<u></u>			I.D. NUMB	BER
Rickman for	· Mayor, 2018						_	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 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBT	OTAL \$				
	C Summary	n, contribution						ntributor Cod	
(Include all	ceived this period – itemized nonmonetar I Schedule C subtotals.) ceived this period – unitemized nonmone		••••••			120.00	COM	A – Recipier other th)	nt Committee nan PTY or SCC) .g., business entity)

3. Total nonmonetary contributions received this period.

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

FPPC Form 460 (Jan/2016)

SCC - Small Contributor Committee

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

PTY - Political Party

120.00

www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cover	•	california 460	
SEE INSTRUCT	TIONS ON REVERSE			through 12/31	/2018	Page	
	for Mayor, 2018					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 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
	N/A Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Independent Expenditure Independent Expenditure					
			SUBTOTAL	\$			
	e D Summary I contributions and independent expenditures mad	e this period. (Include	all Schedule D subtotals	.)		\$	
2. Unitemiz	zed contributions and independent expenditures m	nade this period of unde	er \$100	,		\$ _	
	ntributions and independent expenditures made th						

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LIT

Rickman for Mayor, 2018

campaign literature and mailings

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

SAL campaign workers' salaries

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

to divide the filing/ballot fees

PHO phone banks

TRC candidate travel, lodging, and meals

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

FND fundraising events FND independent expenditure supporting/opposing others (explain)* FOS polling and survey research FNS start/spouse travel, lodging, and means travel, lodging, a

LEG legal defense 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 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 Tracy, CA 95376	PRT	Advertisement	2,223.00
Bank of America 111 W. 10th Street Tracy, CA 95376 Postcard Mania 2145 Sunnydale Blvd. Building 102 Clearwater, FL 33765	LIT	Mailer/Postage	6,318.69
Bank of America 111 W. 10th Street Tracy, CA 95376 Gravis Marketing Inc. 910 Belle Avenue STE: 1180 Winter Springs, FL 32708		Live Voter ID Calls	5,910.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 14,451.69

Schedule E Summary

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA / CO
from10/21/2018	FORM 400
through 12/31/2018	Page 10 of 17
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

COD	ES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
	campaign paraphernalia/misc.		member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	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
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
	campaign literature and mailings		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 Cumulus Radio 3127 Transworld Road STE: 270 Stockton, CA 95206	RAD	Advertisement	1,140.00
Boys and Girls Club of Tracy 753 W. Lowell Avenue Tracy, CA 95376	cvc	Gala Fundraiser	100.00
Chest of Hope 68 W. 11th Street Tracy, CA 95376	cvc	Gala Fundraiser	100.00
Bank of America 111 W. 10th Street Tracy, CA 95376 Facebook Inc. 1 Hacker Way Menlo Park, CA 94025		Advertisement on Facebook	4,707.88
Bank of America 111 W. 10th Street Tracy, CA 95376 Colorprint 1570 Gilbreth Road Burlingame, CA 94010	LIT	Mailer/Postage	4,160.19

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

SUBTOTAL \$ 10,208.07

Schedule	E	
(Continuat	ion Sl	neet)
Payments	Made	

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from10/21/2018	FORM 400
through 12/31/2018	Page // of /7
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals

FND fundraising events

FND independent expenditure supporting/opposing others (explain)*

FOL polling and survey research

FOS postage, delivery and messenger services

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
POS postage, delivery and messenger service PRO professional services (legal, accounting) PRT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Precinct Walker** Bank of America 111 W. 10th Street Tracy, CA 95376 318.75 Kevin Brand rentwood, CA 94513 Robo Automated Phone Calls Bank of America 111 W. 10th Street Tracy, CA 95376 Gravis Marketing Inc. 910 Belle Avenue STE: 1180 295.00 Winter Springs, FL 32708 Aerial Banner Advertisement Bank of America 111 W. 10th Street Tracy, CA 95376 Aerial Beacon Inc. 8517 Earhart Drive Oakland, CA 94621 3,904.00 Food/Beverages Bank of America 111 W. 10th Street Tracy, CA 95376 Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95377 267.61 **FND** Food Vernalis Bar-B-Que 900.00 635 McCracken Road **FND** Vernalis, CA 95385

SUBTOTAL \$ 5.685,36

^{*} 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.

Statement covers period from 10/21/2018 CALIFORNIA FORM FORM

through 12/31/2018 Page 2 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

12/31/2018

Page 12 of 17

I.D. NUMBER

1382486

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Precinct Walker** Bank of America 111 W. 10th Street Tracy, CA 95376 Brentwood, CA 94513 120.00 Melissa Brand **Precinct Walker** Bank of America 111 W. 10th Street Tracy, CA 95376 Brentwood, CA 94513 165.00 Jadvn Wilson Bank of America 111 W. 10th Street Tracy, CA 95376 Precinct Walker 120.00 Salida, CA 95368 Rylie Stopk Precinct Walker Bank of America 111 W. 10th Street Tracy, CA 95376 Haley Boyle A 94505 165.00 Candy for Christmas Parade Bank of America 111 W. 10th Street Tracy, CA 95376 Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95377 179.88 **SUBTOTAL \$** 749.88 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule i	E
(Continuat	ion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

	• • • • • • • • • • • • • • • • • • • •
Statement covers period	CALIFORNIA 160
from10/21/2018	FORM 400
through 12/31/2018	Page 13 of 17
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

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

CNS campaign consultants 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 FROM the properties of t	MBR member com MTG meetings and DFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey researd very and mes	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and p TRC candidate travel, lodging	tion costs ies roduction costs , and meals ng, and meals tees of the same cand	lidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT	Af	MOUNT PAID
Bank of America 111 W. 10th Street Tracy, CA 95376			Checks/Cashier Check Fees		108.00
Bank of America 111 W. 10th Street Tracy, CA 95376 Costco Wholesale #658 3250 W. Grantline Road Tracy, CA 95	5377	LIT	Christmas Cards/Postage		432.50
Bank of America 111 W. 10th Street Tracy, CA 95376 Staples 2471 North Naglee Road Tracy, CA 95304		СМР	Labels, Paper, Ink		177.47
Dee Cawley Tracy, CA 95376			Sign Board Display		300.00
* Payments that are contributions or independent expenditures must also be su	ummarized on Sche	edule D.	1	SUBTOTAL \$	1,017.97

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statem	nent covers period 10/21/2018	CALIFORNIA FORM	460		
through _	12/31/2018	Page	of		
		I.D. NUMBER			

1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

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

R
CNS campaign consultants

MTG meetings and appearances

R

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

OFC office expenses
PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services
PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

SF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CRED (IF COMMITTEE, ALSO ENTER I.D. NUM		(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 expend	tures must also be SUBTOTALS	•			•

Schedule F Summary

summarized on Schedule D.

..... NET \$ ______ May be a negative num

Schedule G Payments Made by an Agent or Independe Contractor (on Behalf of This Committee)	ent Amounts may be rounded to whole dollars.	Statement covers period from10/21/2018	CALIFORNIA 460
		through 12/31/2018	Page 15 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER
Rickman for Mayor, 2018			1382486
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
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. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	uction costs d meals

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

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

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

TSF transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

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

Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement co	vers period 1/2018	CALIFORN FORM	SCHEDULE I
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2018					through12/	731/2018	Page 16 1.D. NUMBER 1382486	of 17
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 (FORGIVENES THIS PERIOL	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
N/A		\$	\$	PAID S————— FORGIVEN \$	\$DATE DUE	% RATE	\$	S PER ELECTION** \$
		\$	\$	PAID \$	DATE DUE	% RATE	\$	\$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	\$	\$	\$	\$ (Enter (e) on		
Schedule H Summary 1. Loans made this period (Total Column (b) plus unitemized loans	s of less than \$100)				\$	Schedule I, Line 3)	- _[**If Required

2. Payments received on loans\$

(Total Column (c) plus unitemized payments of less than \$100.)

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

Schedule I		Amounts may be i	rounded		SCHEDULE
	eous Increases to Cash	to whole dolla		Statement covers period	CALIFORNIA 460
				from10/21/2018	FORM -TOO
				through 12/31/2018	Page / 7 of / 7
SEE INSTRUCTION	NS ON REVERSE			<u> </u>	I.D. NUMBER
Rickman for I	Mayor, 2018				1382486
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A				
			 		
		-			
Attach addi	tional information on appropriately labeled continuation sheets.			SUBTOTA	AL \$
Schedule I	Summary				
1. Itemized in	creases to cash this period			\$	
2. Unitemized	d increases to cash of under \$100 this period			\$	
3. Total of all	interest received this period on loans made to others. (Sch	nedule H, Column	(e).)	\$	
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, ar	nd 3. Enter here a	nd on the		
Summary F	Page, Line 14.)			IUIAL \$	

	0.17	Date Stamp RECEIVED	CALIFORNIA 460
Statement covers period 9/23/2018			For Official Use Only
10/20/2018	11/06/2018	CITY OF TRACY	
aplete Parts 1, 2, 3, and 4.	2. Type of Statement:	Programmer and the state	
rimarily Formed Ballot Measure committee Controlled Socomplete Part 6) rimarily Formed Candidate/ fficeholder Committee Complete Part 7)	Semi-annual Statemer Termination Statement (Also file a Form 410 T	nt 🔲 t ermination)	Quarterly Statement Special Odd-Year Report
NUMBER 382486	Treasurer(s)		
	NAME OF TREASURER		
	MAILING ADDRESS		
	CITY	STATE	ZIP CODE AREA CODE/PHONE
	Tracy	CA	95376
E AREA CODE/PHONE		ER, IF ANY	
	MAILING ADDRESS		
E AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
	Tracy	CA S	95376
	OPTIONAL: FAX / E-MAIL ADDRE	ss	
n this statement and to the hest of my kr	nowledge the information contained	t herein and in the attache	ed schedules is true and complete.
California that the foregoing is true and c	orrect.		
By			
Бу	Signature of Treasurer of Assistan	r (reasurer	
BySignature of Control	ing Officeholder, Candidate, State Measure P	roponent or Responsible Officer of	f Sponsor
By			
Sig	nature of Controlling Officeholder, Candidate,	State Measure Proponent	
By	nature of Controlling Officeholder, Candidate,	State Measure Proponent	
	through 10/20/2018 through plete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) imarily Formed Candidate/ ficeholder Committee Complete Part 7) NUMBER 382486 AREA CODE/PHONE AREA CODE/PHONE g this statement and to the best of my kr california that the foregoing is true and co By By Signature of Control By Signature of Control	through	Statement covers period 9/23/2018 through

Date

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

* *	GE-PART Z
CALIFORNIA FORM	460
Page 🙎 o	17

Officeholder or Candidate Controlled Committee			. Primarily Formed Balle	ot 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	JURISDICTI	ON	SUPPORT OPPOSE
Mayor Tracy, CA						
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI			Identify the controlling office	eholder, cand	idate, or state measure p	roponent, if any.
Tracy	CA 95376		NAME OF OFFICEHOLDER, CA			
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candidates.	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER					
N/A						
	CONTROLLED COMMITTEES	7	. Primarily Formed Can	didate/Office	ceholder Committee	List names of
NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s	s) for which this	s committee is primarily το	rmea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	J^)		N/A			☐ SUPPORT
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD ☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
N/A						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE ADDRESS (NO P.O. BO	OX)					
CITY STATE ZIP C	ODE AREA CODE/PHONE		At	ach continuat	ion sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY PAGE
State	ement covers period 9/23/2018	CALIFORNIA 460
through.	10/20/2018	Page 3 of 17
_l		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER			1382486
Rickman for Mayor, 2018 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	17 376 00	\$ \frac{71,631.67}{0}\$ \$ \frac{71,631.67}{9,738.50}\$ \$ \frac{81,370.17}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$
Expenditures Made 6. Payments Made	\$ 22,532.44 0 0	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	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	\$ \frac{17,376.00}{0} \\ \frac{22,532.44}{32,961.53} \\ \hfrac{0}{32,961.53} \	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	Λ		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	vers period 5/2018	california 460	
				through10/2	20/2018	Page	4 of 17
NAME OF FILER	NS ON REVERSE			<u> </u>		I.D. NU	
Rickman fo	or Mayor, 2018					13824	186
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)
9/30/2018	Raghbir Singh Shergill Tracy, CA 95377	IND COM OTH PTY	Self Employed, All American Trucking	200.00	200	.00	
9/30/2018	Global Solution for Transportation, LLC DBA: Global Truck Permits 4646 Qantas Lane Ste: B-1 Stockton, CA 95206	☐ IND ☐ COM Ø OTH ☐ PTY ☐ SCC		200.00	200	.00	
9/30/2018	Gurminder Singh Manteca, CA 95337	IND COM OTH SCC	Self Employed, Manteca Mart Liquors	200.00	200	.00	
9/30/2018	DHABA Express, Inc. DBA: DHABA Indian Cusine 2242 W. Grantline Road Ste: 101 Tracy, CA 95377	☐IND ☐COM ØOTH ☐PTY ☐SCC		250.00	750	.00	
9/30/2018	Ranjit Singh Gill Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, Mountain Mikes Pizza	151.00	151	.00	
====			SUBTOTAL	\$ 1,001.00			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)	•••••		17,227.00 149.00	IND COM	(other	ual ient Committee than PTY or SCC) (e.g., business entity)
	etary contributions received this period.	turan A. Lina (17,376.00			Contributor Committee

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

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 FORM

Statement covers period

from.

9/23/2018

		through10/20	0/2018	Page _	5 of 17				
NAME OF FILER									
Rickman for	Mayor, 2018			·····		13824	80		
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 ELECTION TO DATE (IF REQUIRED)		
9/30/2018	Ripudaman Beniwal Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed, Ripudaman Beniwal, MD	3,250.00	3,250.	00			
10/1/2018	San Joaquin, Calaveras, Alpine & Amador Counties Building Trades Council SCC# 890345 PO BOX 8014 Stockton, CA 95208	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		500.00	700.	00			
10/1/2018	RMPM Birdrock Properties, Inc. DBA: Eagle Property Management 421 W. 11th Street Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	650.	00			
10/4/2018	Tracy Liquors, Inc. 1220 W. 11th Street Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		300.00	300.	00			
10/8/2018	DIK Tracy Enterprises PO BOX 1036 Tracy, CA 95378	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00			
	SUBTOTAL \$ 4,750.00								

*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 FORM

Statement covers period

from.

9/23/2018

				through10/2	0/2018	Page _	6 of 17
NAME OF FILER						I.D. NUN	
Rickman for	138248	36					
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 ELECTION TO DATE (IF REQUIRED)
10/9/2018	New Smile Orthodontics 2435 Naglee Road Tracy, CA 95304	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00	
10/10/2018	Sheet Metal Workers International Assoc. Local No. 104 PAC ID# 850381 2610 Crow Canyon Road Ste: 300 San Ramon, CA 94583	□IND □COM □OTH □PTY ☑SCC		500.00	500.	00	
10/11/2018	Sikandar Singh Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Self Employed, DCGV Incorporated	1,000.00	1,000.	00	
10/11/2018	Paramiyot Gill Tracy, CA 95304	IND COM OTH PTY	Self Employed, Gill Fuels	1,000.00	1,000.	00	
10/11/2018	Gurinder Singh Grewal Tracy, CA 95304	IND COM OTH PTY	Medical Doctor, San Joaquin Cardiology Med Group	1,000.00	1,000.	00	
			SUBTOTAL \$	4,500.00			

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(other than PTY or SCC)

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SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

9/23/2018

				through10/20	0/2018		7 of 17
NAME OF FILER						1.D. NU	
Rickman for	Mayor, 2018					13824	186
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)
10/11/2018	Maniit Singh Ghuman Tracy, CA 95377	IND COM OTH PTY	Self Employed, GMT Incorporation	125.00	125.	.00	
10/11/2018	Sharanjit Dhillon Tracy, CA 95377	IND COM OTH PTY	Self Employed, Coldwell Banker	200.00	200.	00	
10/11/2018	Sukhjit Sandhu Tracy, CA 95304	IND COM OTH PTY	Self Employed, Sandhu Brothers	1,000.00	1,000.	.00	
10/11/2018	Aibar Huatuco, MD Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self Employed, A&I Huatuco, Inc.	300.00	300.	.00	
10/11/2018	A. Michael Souza Tracy, CA 95304	IND COM OTH PTY	Self Employed, Souza Reality and Development	250.00	1,250.	.00	
SUBTOTAL \$ 1,875.00							

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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 FORM

Statement covers period

from

9/23/2018

				through10/20	0/2018	Page _		
NAME OF FILER					I.D. NUI			
Rickman for	13824	36						
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 ELECTION TO DATE (IF REQUIRED)	
10/11/2018	PJ Singh Dental Corp. 4598 S. Tracy Blvd. Ste: 150 Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.	00		
10/11/2018	Brown Bear Logistics, Inc. 793 S. Tracy Blvd. #330 Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		125.00	125.	00		
10/11/2018	Central Labor Council of San Joaquin & Calaveras Counties 3984 Cherokee Road Stockton, CA 95215	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.	00		
10/11/2018	Sarabjit Singh Tracy, CA 95377	IND COM OTH PTY	Engineer, CISCO	100.00	100.	00		
10/11/2018	Ranjit Singh Gill Tracy, CA 95377	IND COM OTH PTY	Self Employed, Railport Logistics	100.00	100.	00		
	SUBTOTAL \$ 975.00							

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(other than PTY or SCC)

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

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SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

9/23/2018

				through10/20	0/2018		9 of 17	
NAME OF FILER						I.D. NÜI		
Rickman for	Mayor, 2018					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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/11/2018	Hardip Singh Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed, Lucky 10 Trucking	200.00	200.	00		
10/11/2018	Harpreet Grewal Tracy, CA 95304	IND COM OTH PTY SCC	Self Employed, Harpreet Grewal, MD	300.00	300.	00		
10/11/2018	Kulbir Randhawa Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed, Serve Pro of Tracy	125.00	125.	00		
10/11/2018	Amarjit Singh Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Driver, Lucky 10 Trucking	100.00	100.	00		
10/11/2018	Mandeep S. Johal Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Assistant General Manager, Kenworth	100.00	100.	00		
	SUBTOTAL \$ 825.00							

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PTY - Political Party

SCC - Small Contributor Committee

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www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

9/23/2018

				from9/23/2016		FORW		
				through 10/20	0/2018		10 of 17	
NAME OF FILER						I.D. NÜM		
Rickman for	Mayor, 2018					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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/11/2018	Gurlal Singh Gill Tracy, CA 95377	IND COM OTH SCC	Self Employed, Gill Logistics	100.00	100.00			
10/11/2018	Dildeep Johal Tracy, CA 95377	IND COM OTH SCC	General Manager, Kenworth	100.00	100.00			
10/12/2018	Plumbers 7 Pipefitters, Local 442 PAC ID# 871625 4842 Nutcracker Lane Modesto, CA 95356	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		250.00	250.0	00		
10/15/2018	Stanley Morri Tracy, CA 95304	IND COM OTH PTY	Retired	150.00	150.0	00		
10/16/2018	Carol Silva Manteca, CA 95336	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	00		
			SUBTOTAL S	700.00				

*Contributor Codes

IND - Individual

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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

•				from9/23/2	2018	FORM	M
				through10/20		Page //	of
NAME OF FILER							-IX
Rickman for	Mayor, 2018					1382486	
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 YE. (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
10/19/2018	Quick Mart Karnail Banger 651 West Grantline Road #A Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		600.00	600.0	00	
10/19/2018	Country Mart Gas and Food 34243 S. Chrisman Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.0	00	
10/19/2018	Tracy Firefighters IAFF 3355 PO Box 185 Tracy, CA 95378	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,000.00	2,500.0	00	
10/20/2018	Tracy Trucking, Inc. 1455 Lankershire Drive Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		501.00	501.0	00	
		□IND □COM □OTH □PTY □SCC					
=======================================			SUBTOTAL	\$ 2,601.00			

*Contributor Codes

IND - Individual

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
State	ment covers period	CALIFORNIA 460
from	9/23/2018	FORM 400
through	10/20/2018	Page 12 of 17
		I.D. NUMBER
		1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG legal defense

Rickman for Mayor, 2018

campaign literature and mailings

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

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

POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting)

PRT print ads TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 111 W. 10th Street Tracy, CA 95376 Five Star Print and Sign 2830 Auto Plaza Way Ste: 140 Tracy, CA 95304	СМР	4x8 and Lawn Signs	995.90
Nirvaana Banquet and Event Center, LLC 1005 E. Pescadero Ave. Tracy, CA 95304	cvc	9/11 Police/Fire Fundraiser	400.00
South Side Community Organization 126 W. First Street Tracy, CA 95376		Booth at Mexican Independence Day Cultural Celebration	100.00

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

SUBTOTAL \$ 1,495 90

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	22,479.44
	r —-	53.00
2. Unitemized payments made this period of under \$100	۰ •	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	22 532 44
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	22,532.44

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

	CONEDULE E (COM
Statement covers period	CALIFORNIA 460
from9/23/2018	FORM 400
through 10/20/2018	Page 13 of 17
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT AMOUNT PAID CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mailer Bank of America 111 W. 10th Street Tracy, CA 95376 Postcard Mania 2145 Sunnydale Blvd. Building 102 7,163.63 LIT Clearwater, FL 33765

Tracy Press 95 W. 11th Street Ste: 101 Tracy, CA 95376 PRT 1,991.00

LIT

Bank of America 111 W. 10th Street Tracy, CA 95376 Cumulus Radio 3127 Transworld Road Ste: 270 Stockton, CA 95206

Bank of America 111 W. 10th Street Tracy, CA 95376 Colorprint 1570 Gilberth Road Burlingame, CA 94010

Bank of America 111 W. 10th Street Tracy, CA 95376

RAD Advertisement

Mailer

Newspaper/On-line AD

2,105.00

9.723.91

^{*} 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.

CALIFORNIA Statement covers period **FORM** 9/23/2018 from 10/20/2018 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1382486 Rickman for Mayor, 2018

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL. t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings (d) CODE OR AMOUNT INCURRED AMOUNT PAID OUTSTANDING OUTSTANDING NAME AND ADDRESS OF CREDITOR DESCRIPTION OF PAYMENT THIS PERIOD **BALANCE AT CLOSE** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD BALANCE BEGINNING (ALSO REPORT ON E) OF THIS PERIOD OF THIS PERIOD N/A

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

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

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 G Statement covers period **CALIFORNIA** Payments Made by an Agent or Independent Amounts may be rounded 9/23/2018 to whole dollars. **FORM Contractor (on Behalf of This Committee)** from 10/20/2018 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1382486 Rickman for Mayor, 2018 NAME OF AGENT OR INDEPENDENT CONTRACTOR CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations

phone banks

PRT print ads

polling and survey research

PRO professional services (legal, accounting)

postage, delivery and messenger services

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

campaign literature and mailings

FND fundraising events

LEG legal defense

FIL

NAME AND ADDRESS OF PAYEE OR CRED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ITOR	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PA	AID
N/A						
			 			
			<u> </u>			

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

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

candidate travel, lodging, and meals

WEB information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

TRS staff/spouse travel, lodging, and meals

TSF

VOT voter registration

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

Schedule H			Amounts may be rounded			vers period	CALIFORNIA 460		
Loans Made to Others*		to who	ole dollars.		from9/23	3/2018	FORM	···· 400	
SEE INSTRUCTIONS ON REVERSE					through10	/20/2018	Page 16	of_/フ	
NAME OF FILER							I.D. NUMBER		
Rickman for Mayor, 2018							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	
				\$. \$	RATE	s	\$PER ELECTION**	
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$ FORGIVEN	. \$	RATE	\$	\$PER ELECTION**	
		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$	
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$			
			<u> </u>	<u>'</u>		(Enter (e) on Schedule I, Line 3)	<u> </u>		
Schedule H Summary									
Loans made this period (Total Column (b) plus unitemized loan					\$		_ [**If Required	
Payments received on loans (Total Column (c) plus unitemized payr		••••••			\$		-		
3. Net change this period. (Subtract Line (Enter the net here and on the Summa						ay be a negative number	-		

Schedule I		Amounts may be rounded			SCHEDULE
Miscellaneous Increas	ses to Cash	to whole dollars.	Sta	tement covers period	california 460
			from _	9/23/2018	1 Oktivi
			throug	gh10/20/2018	Page 17 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			<u>L</u>		I.D. NUMBER
Rickman for Mayor, 2018					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					
	· · · · · · · · · · · · · · · · · · ·				
				SUBTOTA	1.6
Attach additional information	on appropriately labeled continuation sheets.			308101A	
Schedule I Summary					
 Itemized increases to cash 	this period			\$	
Unitemized increases to ca	ash of under \$100 this period		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	
	d this period on loans made to others. (S			\$	_
4. Total miscellaneous increa	ses to cash this period. (Add Lines 1, 2,	and 3. Enter here and on the	тот/	AL \$	

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	AGE - PART 2
CALIFORNIA FORM	460
Page 🗷 o	<u> 30</u>

Officeholder or Candidate Controlled Com	mittee		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 DISTI	RICT NUMBER IF	APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
Mayor Tracy, CA						<u> </u>		
RESIDENTIAL/RUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP		Identify the controlling office	eholder, cand	idate, or state meas	sure propo	nent, if any.
Tracy	CA CA	95376		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	ı or are primari	List any committees ly formed to receive		OFFICE SOUGHT OR HELD		DIST	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBI	ĒR						
N/A								
- Control of The College	CONTROL	LED COMMITTEE?	7	. Primarily Formed Can officeholder(s) or candidate(s	didate/Offic	ceholder Comm	nittee List arily formed	names of
NAME OF TREASURER	□ YES	<u></u>		Officeriolder(s) of carratation				
COMMITTEE ADDRESS STREET ADDRESS (NO P.C				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	☐ SUPPORT
COMMITTEE ADDITION OF THE PROPERTY OF THE PROP				N/A				OPPOSE
CITY STATE Z	P CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMB	ER .		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	
N/A				TOTAL OF STREET	· · · · · · · · · · · · · · · · · · ·			SUPPORT OPPOSE
NAME OF TREASURER	CONTROL	LED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.		☐ NO				·		OPPOSE
COMMUNITIES ADDRESS STREET ADDRESS (NOT.)								
CITY STATE Z	P CODE	AREA CODE/PHONE		Att	ach continua	tion sheets if neces	ssary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period 7/1/2018 CALIFORNIA FORM 460 through 9/22/2018 Page 3 of 30

SEE INSTRUCTIONS ON REVERSE			I.D. NUMBER
NAME OF FILER Rickman for Mayor, 2018`			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	4,697.50	\$ 54,255.67 0 \$ 54,255.67 9,738.50 \$ 63,994.17	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 12,461.12 0 4,697.50	\$ \(\frac{25,231.56}{0} \) \$ \(\frac{25,231.56}{0} \) \$ \(\frac{9,738.50}{34,970.06} \)	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	30,255.67 0 12,461.12 \$ 38,117.97	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, over the amounts.	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772 www.fppc.ca.go

Schedule	A	
Monetary	Contributions	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	netary Contributions Received				2018	CALII F(FORM 460	
				through9/2/	2/2018	Page	4 of 30	
SEE INSTRUCTIO	NS ON REVERSE					I.D. NU		
NAME OF FILER Rickman fo	or Mayor, 2018`					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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/3/2018	Noel Quigg Tracy, CA 95376	IND COM OTH PTY	Self Employed, N.Q. Engineering, Inc	500.00	500.00			
7/5/2018	Joan Rickman Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	300.00			
7/11/2018	Charles Knapp Newport Beach, CA 92660	IND COM OTH PTY	Principal, Integral Communities	2,000.00	2,000.00			
7/11/2018	John Stanek Newport Beach, CA 92660	IND COM OTH PTY	Principal, Integral Communities	2,000.00	2,000	.00		
7/11/2018	Craig Manchester Newport Beach, CA 92660	☑ IND □ COM □ OTH □ PTY □ SCC	Principal, Integral Communities	2,000.00	2,000.00			
			SUBTOTAL \$	6,600.00				
Schedule	A Summary				1	tributor C		
Amount re (Include all	eceived this period – itemized monetary contributions Il Schedule A subtotals.)		\$	28,766.66	COM	(other	ent Committee than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contributio	ns of less tha	n \$100\$	1,489.01	PTY	- Politica	(e.g., business entity)	
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co			30,255.67	scc		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 FORM

Statement covers period

from_

7/1/2018

				through 9/22	/2018	Page	
NAME OF FILER						13824	
Rickman for	Mayor, 2018`			· · · · · · · · · · · · · · · · · · ·		10021	
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 ELECTION TO DATE (IF REQUIRED)
7/20/2018	Sonny Sim Irvine, CA 92618	☑IND □COM □OTH □PTY □SCC	Pacific Advanced Civil Engineering	250.00	250.00		
8/1/2018	Kaylin Dell'Arringa Tracy, CA 95304	IND COM OTH PTY	Chiropractor, Tracy Chiropractic	483.33	583.33		
8/1/2018	C&H Farms, Inc. DBA: A.M. Henderson 5971 Linne Road Tracy, CA 95304	□IND □COM ☑OTH □PTY □SCC		350.00	350.	.00	
8/1/2018	The Commons 49 West Tenth Street Tracy, CA 95376	□IND □COM □OTH □PTY □SCC		333.33	333.	.33	
8/1/2018	Junqueiro Construction 1845 Pelican Court Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		250.00	250.	.00	25
	· · · · · · · · · · · · · · · · · · ·		SUBTOTAL	\$ 1,666.66			

*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 FORM

Statement covers period

from.

7/1/2018

				through9/22			of
NAME OF FILER						I.D. NUME	
Rickman for	Mayor, 2018`				1	382486)
DATÉ 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 E CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
8/1/2018	Grace Gualco Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Teacher, Tracy Unified School District	250.00	350.0	00	
8/1/2018	Elaine Pombo Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed, Elaine's Boutique	250.00	250.00		
8/1/2018	John Zellmer Rocklin, CA 95765	IND COM OTH PTY	Civil Engineer, RJA Engineering	200.00	200.0	00	
8/1/2018	Christopher Austin Rocklin, CA 95765	☑IND □COM □OTH □PTY □SCC	Finance Consultant, DPFG	200.00	200.0	00	
8/1/2018	Debbie Rinaldo Tracy, CA 95377	IND COM OTH PTY	Community Health Coordinator, St. Joseph Medical Center	200.00	200.0	00	<u> </u>
			SUBTOTAL	\$ 1,100.00			

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

7/1/2018

	through9/22/2018				_	7_ of 30		
NAME OF FILER Rickman for	· Mayor, 2018`					1.D. NUMBER 1382486		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
8/1/2018	RMPM Birdrock Properties, Inc. DBA: Eagle Property Management 421 W. 11th Street Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	450.00			
8/1/2018	Michael Souza Tracy, CA 95304	IND COM OTH PTY	Self Employed, Souza Reality and Development	1,000.00	1,000.00			
8/1/2018	Stuart Clever, Stephanie Clever DBA: Rusty's Pizza and Bar 320 W. Grantline Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00		
8/1/2018	Commercial Maintenance and Renovation, Inc. 1620 Wavery Court Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00		
8/1/2018	Alzira Martin Tracy, CA 95378	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Retired	300.00	300.	00		
			SUBTOTAL S	\$ 3,500.00				

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

7/1/2018

				through9/22	/2018		<u>g</u> of <u>30</u>
NAME OF FILER Rickman for	Mayor, 2018`				1.D. NUI 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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/1/2018	Mozingo Construction, Inc. 751 Wakefield Court Oakdale, CA 95361	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.	00	
8/1/2018	Tracy Mini Storage 385 Enterprise Place Tracy, CA 95304	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		4,000.00	4,100.	00	
8/1/2018	Tracy Grading and Paving PO Box 444 Tracy, CA 95378	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	J	1,000.00	1,000.	00	
8/1/2018	Robert J. Costa Farms, LLC PO Box 1031 Tracy, CA 95378	□ IND □ COM □ OTH □ PTY □ SCC		1,000.00	1,000.	00	
8/1/2018	Angelo K. Tsakopoulos & Affiliated Entites Sacramento, CA 95826	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.	00	
			SUBTOTAL	\$ 8,000.00			

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

7/1/2018

				through 9/22	/2018	Page	9 of30_	
AME OF FILER						138248	i	
Rickman for	Mayor, 2018`					1002-10		
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)	
8/1/2018	Tracy Sign, Inc. 3771 W. 11th Street Tracy, CA 95304	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00			
8/1/2018	Jack Alvarez Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Self Employed, Farmer	250.00	250.00			
8/4/2018	Helm's Ale House 600 Central Ave. Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00		
8/17/2018	Shea Homes and Affiliated Entities 655 Brea Canyon Road Walnut, CA 91789	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00			
8/17/2018	Glen Britton Evans, Jr. San Francisco, CA 94118	IND COM OTH PTY	Developer, EF Communities, Inc.	500.00	1,100.	00		
	SUBTOTAL \$ 2,500.00							

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

7/1/2018

				from	1010	FU	KIVI
	•			through 9/22	2/2018	-	10 of 30
NAME OF FILER				1	I.D. NUM	i	
Rickman for	Mayor, 2018`	<u> </u>		138248	36		
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 ELECTION TO DATE (IF REQUIRED)
8/17/2018	Jerry Finch Atherton, CA 94027	IND COM OTH PTY	Executive, EF Communities, Inc.	250.00	850.00		
8/17/2018	Willbanks and Wood A Professional Law Corp. 1047 S. Tracy Blvd. Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00		
8/19/2018	Louis Nunes Tracy, CA 95304	IND COM OTH PTY	Control Technician, Sunbelt Controls	100.00	100.	00	
8/19/2018	R&S Farms, Inc. DBA: Reeve Associates Real Estate PO Box 215 Tracy, CA 95378	□IND □COM ☑OTH □PTY □SCC		200.00	200.	00	
8/19/2018	Darlene Cose Tracy, CA 95304	IND COM OTH PTY SCC	Retired	500.00	500.	00	

SUBTOTAL \$

1,150.00

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from_

7/1/2018

				through 9/22/2018			11 of 30
NAME OF FILER				I.D. NUMBER			
Rickman for	Mayor, 2018			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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
8/19/2018	Helen Noah Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00		
8/19/2018	TSTW Primary LLC 547 Park Haven Drive Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		100.00	100.00		
8/19/2018	Erica Rossi Tracy, CA 95304	IND COM OTH SCC	Teacher, Banta School District	150.00	150.00		
8/19/2018	Vaughn Gates Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	200.00		
8/20/2018	Larry Wills Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00		
		550.00					

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from.

7/1/2018

				through9/22/2018		Page 12 of 30	
NAME OF FILER				I.D. NU			
Rickman for	Mayor, 2018			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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
8/14/2018	Chrystena G. Rockett Tracy, CA 95377	IND COM OTH PTY		150.00	150.00		
8/21/2018	Kagehiro Company, LLC 241 E. 10th Street Ste: D Tracy, CA 95376	☐IND ☐COM ØOTH ☐PTY ☐SCC		100.00	100.	.00	
8/22/2018	Don A. Cose, Inc. Rental Account Tracy, CA 95378	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	600.	.00	
8/23/2018	Judith Cameron Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	General Partner, Dublin Security Storage	100.00	200.00		
9/6/2018	Cynthia Wertman Tracy, CA 95378	IND COM OTH PTY	Real Estate Broker, Klemm Real Estate	100.00	100.00		
		\$ 550.00					

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

7/1/2018

				through9/22	/2018		13 of 30	
NAME OF FILER Rickman for	Mayor, 2018					1.D. NUMBER 1382486		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/10/2018	Lucia Rocha Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Office Manager, Jeffery Levine, DDS	150.00	150.00		, , , , , , , , , , , , , , , , , , , ,	
9/12/2018	Hector John Cardoza Tracy, CA 95376	IND COM OTH PTY	Self Employed, Hector John Cosmetics	100.00	100.00			
9/12/2018	Sharon Sherri MacKay Tracy, CA 95376	IND COM OTH PTY	Maintenance, Tracy youth Soccer League	100.00	100.00			
9/12/2018	TCS Insurance Brokers, Inc. 894 W. 11th Street Tracy, CA 95376	□IND □COM □OTH □PTY □SCC		200.00	200.00			
9/12/2018	Elizabeth Leduc Tracy, CA 95377	IND COM OTH PTY	Office Administrator II, Granite Construction, Inc.	100.00	100.00			
SUBTOTAL \$ 650.00								

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from _

7/1/2018

				through9/22	/2018	Page 19 of 30		
NAME OF FILER Rickman for	Mayor, 2018						1.D. NUMBER 1382486	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/13/2018	Leroy Rickman Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	50.00	150.00			
9/13/2018	Victoria HemRoan Tracy, CA 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Station Agent, BART	100.00	100.00			
9/14/2018	Brandon Dennington Tracy, CA 95376	IND COM OTH PTY	Peace Officer, Alameda County	100.00	100.	00		
9/14/2018	Mary Petty Tracy, CA 95304	IND COM OTH PTY	Principal, Tracy Unified School District	100.00	100.	.00		
9/12/2018	Gail Holderbein Tracy, CA 95376	IND COM OTH PTY	Receptionist, Dr. Natesan Rama, MD	50.00	50.00 150.00			
		400.00						

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SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from .

7/1/2018

			through 9/22/2018		Page 15 of 30				
NAME OF FILER						ī.D. NUN			
Rickman for	Mayor, 2018						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)		
9/16/2018	Elizabeth Ferreira Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Office Manager, Hansen Elementary	150.00	150.00				
9/16/2018	Tony Leonardo Tracy, CA 95377	IND COM OTH PTY SCC	Project Manager, Meyers Construction	100.00	100.00				
9/17/2018	Melissa Santiago Tracy, CA 95376	IND COM OTH SCC	Office Manager, Value Plumbing Inc.	100.00	200.0	00			
9/17/2018	Valley Quick Lube, LLC 2360 East Street Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.0	00			
9/17/2018	Dennco Trim Tracy, CA 95376	□IND □COM ☑OTH □PTY □SCC		100.00	100.0	00			
	SUBTOTAL \$ 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 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

_				from7/1/2	2018	FC	ORM 400
				through 9/22	2/2018	_	16_ of 30
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NUI	MBER
Rickman for	Mayor, 2018					138248	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)
9/17/2018	Elaine's Boutique Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		300.00	300.00		
9/18/2018	Christopher Jones Tracy, CA 95376	IND COM OTH SCC	Self Employed, Charles Gracie Academy-Fremont	100.00	100.	00	
9/18/2018	Alice English Tracy, CA 95377	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	50.00	150.	00	
9/18/2018	Maria Regina Alvis Tracy, CA 95304	IND COM OTH PTY SCC	Independent Agent, VG Capital	100.00	100.	00	
9/18/2018	Vicky Valerozo Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Physical Therapist, Vibrant Care	100.00	100.00		
			SUBTOTALS	650.00			

*Contributor Codes

IND - Individual

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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)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from

SUBTOTAL \$

850.00

7/1/2018

				through 9/22	2/2018		17 of 30
NAME OF FILER	Mayor 2019					1.D. NUMBER 1382486	
Rickman for	Mayor, 2018			T			
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)
9/12/2018	Krystal Silveira Tracy, CA 95304	IND COM OTH SCC	Self Employed, West Coast Cryogenics	100.00	100.0	00	
9/19/2018	GKF Group, Inc. 2800 Auto Plaza Way Ste: 130 Tracy, CA 95304	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.0	00	
9/19/2018	FIX'D Inc. 550 N. Corral Hollow Road Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.0	00	
9/19/2018	George Murphy Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Retired	50.00	150.0	00	
9/20/2018	Michael Repetto Tracy, CA 95304	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed, Tracy Delta Solid Waste Management	500.00	500.0	00	

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(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	nounts may be ro to whole dollar			Statement cov	ers period 2018	CALIFORN FORM	
OFF INOTOLICATIONS ON DEVELOE					through9/2	2/2018	Page <u>/8</u>	of 30
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Rickman for Mayor, 2018							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 PAI OR FORGIVE THIS PERIOI	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION: TO DATE
N/A				☐ PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$	PER ELECTION**
† IND COM OTH PTY SCC		\$	s	\$	_ DATE DUE	\$	DATE INCURRED	\$
T IND COM OTH PTY SCC		\$	\$	PAID \$ FORGIVEN \$	\$	% RATE	\$	\$PER ELECTION*
TO IND COM OTH PTY SCC				PAID \$ FORGIVEN	DATE DUE	%	\$	CALENDAR YEAR \$ PER ELECTION*
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$	\$	\$	\$		
Schedule B Summary 1. Loans received this period				\$		(Enter (e) on Schedule E, Line 3	3)	
(Total Column (b) plus unitemized loan2. Loans paid or forgiven this period(Total Column (c) plus loans under \$1(Include loans paid by a third party that	ns of less than \$100.)00 paid or forgiven.) at are also itemized on Sche	edule A.)		\$		-	OTH – Òther (e.g., PTY – Political Par	Committee PTY or SCC) business entity) ty
3. Net change this period. (Subtract Lir Enter the net here and on the Summa	e 2 from Line 1.) ry Page, Column A, Line 2.		•••••••	NET \$	(May be a negative number)	- [SCC – Small Conti	

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

** If required.

Schedule B – Part 2		Amounts may be rounded	States	nent covers period	SCHEDULE B - PART 2			
oan Guarantors		to whole dollars.		from	7/1/2018	FORM	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through _	9/22/2018	Page	of 30	
NAME OF FILER						I.D. NUMBER		
Rickman for Mayor, 2018						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		LENDER			CALENDAR YEAR		
	□COM □OTH □PTY		DATE			PER ELECTION (IF REQUIRED)		
	□scc					\$		
	□IND		LENDER			CALENDAR YEAR		
	□ COM □ OTH		DATE			PER ELECTION (IF REQUIRED)		
	□PTY □SCC					\$		
	□IND		LENDER			CALENDAR YEAR		
	□ COM □ OTH		DATE			PER ELECTION (IF REQUIRED)		
	□PTY □scc			_ 		\$		
	□IND		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.

SCHEDULE C Statement covers period **CALIFORNIA FORM** 7/1/2018 from Page 20 of 30 9/22/2018 through I.D. NUMBER 1382486

Dickman for Mayor	2018	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman	for Mayor, 2018		. <u> </u>			130270	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2018	Tracy Signs 3771 West 11th Street Tracy, CA 95304	□ IND □ COM □ OTH □ PTY □ SCC		Window Decals	400.00	800.00	
8/1/2018	Mike Bacchetti and Crew Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Food-Fundraiser	600.00	600.00	
8/1/2018	Bobby Costa Tracy, CA 95304	☑IND □COM □OTH □PTY □SCC	Farmer, Tosta AG Company, Inc	Beverages, Fundraiser	600.00	600.00	
8/1/2018	Jose Xavier Tracy, CA 95376	IND COM OTH PTY	Supervisor, Wiline Networks	Hall Rental, Fundraiser	500.00	500.00	
Attach ado	litional information on appropriately labele	SUBTOTAL \$	2,100.00				

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	4,637.50
2. Amount received this period – unitemized nonmonetary contributions of less than \$100		00.00
2. Amount received this period – uniternized nonthonetary contributions of less than \$100	φ	

3. Total nonmonetary contributions received this period. 4,697.50 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$_

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

Schedul	le C		Amounts may be rounded					SCHEDULI	
	netary Contributions Received		to whole dollars.		S	tatement covers p		CALIFO	DRNIA 460
					from	7/1/2018		,	XIVI
SEE INSTRUCT	TIONS ON REVERSE				throu	igh9/22/20	18	Page 🕰	21 of 30
NAME OF FILE				·!				I.D. NUMB	ER
Rickman	for Mayor, 2018							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 SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE	PER ELECTION TO DATE (IF REQUIRED)
8/7/2018	Harmesh Singh Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Manager, Shell Gas Station	T-Shirts		2,137.50	2	,137.50	
:		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	2,137.50			
	e C Summary received this period – itemized nonmonetar	y contribution	os.		•	4 637 50	IND	ntributor Cod - Individual	des

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	4,637.50
Amount received this period – unitemized nonmonetary contributions of less than \$100		
3. Total nonmonetary contributions received this period. (Add Lines 4 and 3. Enter here and on the Summan Page, Column A. Lines 4 and 10.)	TOTAL \$	4,697.50

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

(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)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers period from7/1/2018		CALIFORNIA 460 FORM Page 22 of 30	
SEE INSTRUCTION	ONS ON REVERSE			through 9/22		Page <u> </u>	
	or Mayor, 2018					1382486	,
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
N/A		Monetary Contribution Nonmonetary Contribution Independent					
	☐ Support ☐ Oppose	Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			
1. Itemized	D Summary contributions and independent expenditures made						
2. Unitemize	ed contributions and independent expenditures n	nade this period of unde	er \$100	***************************************		\$	
3. Total cont	ributions and independent expenditures made th	nis period. (Add Lines 1	and 2. Do not enter on	the Summary Page	e.) TOTA	\L\$	

S	chedule	E
P	ayments	Made

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 160
from7/1/2018	FORM 400
through 9/22/2018	Page 23 of 30
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

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

RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc.

RFD returned contributions MTG meetings and appearances campaign consultants CNS SAL campaign workers' salaries OFC office expenses

contribution (explain nonmonetary)* petition circulating CVC civic donations

PHO phone banks candidate filing/ballot fees POL polling and survey research

fundraising events

independent expenditure supporting/opposing others (explain)* legal defense

campaign literature and mailings

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

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 Costco Wholesale Tracy #658 3250 W. Grantline Road Tracy, CA 95377	FND	Postage Stamps, Photo Cards, Food, Beverages	956.35
Bank of America 111 W. 10th Street Tracy, CA 95376 IPage 10 Corporate Drive Burlingame, MA 01803	WEB	Domain/Web Site	125.99
Bank of America 111 W. 10th Street Tracy, CA 95376 The Home Depot 2461 Naglee Road Tracy, CA 95304	СМР	Lumber, framing anchors	91.24

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 1,173.58

Schedule E Summary

12,315.20 1. Itemized payments made this period. (Include all Schedule E subtotals.) 145.92 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).).....\$ 12,461.12

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

|--|

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2018 CALIFORNIA FORM FORM 460 Page 4 of 30 I.D. NUMBER

1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

campaign literature and mailings

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

MBR member communications

MTG meetings and appearances

MTG meetings and appearances

OFC office expenses

OFC office expenses

PET petition circulating

MBR member communications

RAD radio airtime and production costs

returned contributions

campaign workers' salaries

t.v. or campaign workers' and production costs

FIL candidate filing/ballot fees

FND fundraising events

FLT petition circulating

FLT petition circulating

FND phone banks

FND phone banks

FND polling and survey research

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services

PRO postage, delivery and messenger services

PRO professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor voter registration

PRO professional services (legal, accounting)

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Trailer Rental, Pipe Bank of America 111 W. 10th Street Tracy, CA 95376 Vans Ace Hardware 2695 North tracy Blvd. Tracy, CA 95376 188.25 **CMP** Bank of America 111 W. 10th Street Tracy, CA 95376 Envelopes, Printer Ink Staples 2471 North Naglee Road Tracy, CA 95304 **OFC** 84.40 Candidate Statement, Filing Fee Bank of America 111 W. 10th Street Tracy, CA 95376 City of Tracy 333 Civic Center Plaza Tracy, CA 95376 1.225:00 FIL Bank of America 111 W. 10th Street Tracy, CA 95376 Map, Voter File, Index San Joaquin Registrar of Voters 181.46 44 N. San Joaquin Street #350 Stockton, CA 95202 Lawn 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 1.082:50 **CMP**

SUBTOTAL \$

2,761.61

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

Schedule	E	
(Continua	tion	Sheet)
Payments		_

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 160
from7/1/2018	FORM 400
through 9/22/2018	Page <u>35</u> of <u>30</u>
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Rickman for Mayor, 2018

22410 Hawthorne Blvd. Ste: 5

Torrance, CA 90505

Rickitan for Mayor, 2010					<u> </u>		
CNS campaign consultants 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)* MTG m OFC of OFC of PET pe PHO ph PHO ph POL po POS po	nember comineetings and ffice expension circulation circulation circulatione banks colling and substage, deliverofessional s	munications appearance es ating urvey resear very and me	es		radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration	n costs duction costs nd meals and meals es of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
Mount Oso Lodge No. 460 1601 N. Tracy Blvd. Tracy, CA 95376		FND	Hall Rental	,			100.00
Election Digest 22410 Hawthorne Blvd. Ste: 5 Torrance, CA 90505		LIT	Slate Mailer				838.00
Budget Watchdogs 22410 Hawthorne Blvd. Ste: 5 Torrance, CA 90505		LIT	Slate Mailer				1,120.00
California Voter Guide			Slate Mailer				2000.00

Advanced Direct Mail Solutions, Inc.		Advertisement	
1460 Eastlake Circle	PRT		940.00
Tracy, CA 95304			

Advertisement

LIT

388.00

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

Schedule	E
(Continua	tion Sheet)
Payments	-

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from 7/1/2018	FORM 400
through 9/22/2018	Page 26 of 30
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Rickman for Mayor, 2018

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

Cit Campaign iterature and manings	1111 pintodo			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 111 W. 10th Street Tracy, CA 95376 Vistaprint 275 Wyman Street Waltham, MA 02451	LIT		Postcards, T-Shirt	766.61
Latino Times PO Box 691436 Stockton, CA 95209	PRT		Advertisement	1,500.00
Raise the Money PO Box 26466 Little Rock, AR 72221	WEE	- 1	On-Line Fundraising Fee	327:40
Elaine Pombo Tracy, CA 95304	FNC)	Food	2,400.00

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

SUBTOTAL \$

4,994.01

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE	Amounts may be round to whole dollars.	110111	ers period 2018 2/2018	CALIFORNIA 460 FORM of 30				
NAME OF FILER Rickman for Mayor, 2018					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 fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	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)				nerwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF 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 P THIS PERI (ALSO REPORT	OD BALANCE AT CLOSE			
N/A			·					
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.	SUBTOTALS	5	\$	5	\$			
 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.)								
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	er the difference here and	•••••••	***************************************		IET \$			

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 7/1/2018 from	CALIFORNIA 460 FORM Page 28 of 30
SEE INSTRUCTIONS ON REVERSE		unough	
NAME OF FILER			I.D. NUMBER
Rickman for Mayor, 2018			1382486
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes	s the payment, you may enter the code.	Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POI polling and survey research	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions TRC candidate travel, lodging, and the return of the return o	costs uction costs I meals

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

POL polling and survey research

PRT print ads

independent expenditure supporting/opposing others (explain)*

FND fundraising events

legal defense

campaign literature and mailings

IND

LEG

	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESC	CRIPTION OF PAYMEN	Т		AMOUNT PAID
N/A								
		ļ	_					
		<u> </u>	-				+	
			-				-	<u> </u>
			;					
		<u></u>						

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

Attach additional information on appropriately labeled continuation sheets.

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

TOTAL* \$

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

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

Schedule H Loans Made to Others*		ay be rounded le dollars.	:	Statement coverage 7/1.	vers period /2018	CALIFORNIA 460		
OFF INOTOLICATIONS ON DEVEDOS			•		through9/2	22/2018	Page 29 of 30	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Rickman for Mayor, 2018							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 S———— FORGIVEN \$———	\$DATE DUE	RATE	\$DATE INCURRED	S PER ELECTION**
		\$	\$	PAID S FORGIVEN \$	\$DATE DUE	%%	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en 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	ments of less than \$100.)				\$	1	-	
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ary Page, Column A, Line 7.)	***************************************		NET \$	ay be a negative number	<u> </u>	

Schedule I		Amounts may be rounded		SCHEDULE			
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period	CALIFORNIA 46			
			from7/1/2018	FORM TOC			
			through 9/22/2018	Page 30 of 30			
SEE INSTRUCTIONS ON REVER NAME OF FILER	RSE			i.D. NUMBER			
Rickman for Mayor, 20	18			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 infor	mation on appropriately labeled continuation sheets.		SUBTOTA	AL \$			
Schedule I Summa	arv						
	o cash this period		\$				
	s to cash of under \$100 this period						
	eceived this period on loans made to others. (Scheo						
4. Total miscellaneous i	increases to cash this period. (Add Lines 1, 2, and	3. Enter here and on the					

			COVER PAG
Recipient Committee Campaign Statement Cover Page		-	CALIFORNIA 460 RECEIVED CITY CLERK'S OF AS
	Statement covers period from1/1/2018	Date of election if applicable: (Month, Day, Year)	2018 JUL 27 PM 2: 44
SEE INSTRUCTIONS ON REVERSE	through6/30/2018	11/06/2018	OTTY OF TRACY
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 Pert 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terr Amendment (Explain belo	
3. Committee Information	I.D. NUMBER 1382486	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1002-700	NAME OF TREASURER	
Rickman for Mayor, 2018		Robert Rickman	
Montail of Mayor, 2010		MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE AREA CODE/PHONE
		Tracy	CA 95376 , ,
CITY STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY
Tracy CA 95	376	Karen Rickman	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	X	MAILING ADDRESS	

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CITY

Tracy

OPTIONAL: FAX / E-MAIL ADDRESS

Executed on	By Signature of Treasurer or Assistant Treasurer
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent
Executed onDate	BySignature of Controlling Officeholder, Candidate, State Measure Proponent

AREA CODE/PHONE

ZIP CODE

STATE

AREA CODE/PHONE

STATE

CA

ZIP CODE

95376

Recipient Committee Campaign Statement Cover Page — Part 2

COVERTAGE TARTE						
CALII FO	FORNIA DRM	460				
Page_	a.	28				

Officeholder or Candidate Co	ntrolled Committee		6.	. Primarily Formed Balle	ot Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDAT	E			NAME OF BALLOT MEASURE	· · · · · · · · · · · · · · · · · ·			
Robert Rickman				N/A				
OFFICE SOUGHT OR HELD (INCLUDE LO	CATION AND DISTRICT NUMBER I	FAPPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	日	SUPPORT OPPOSE
Mayor Tracy, CA								
RESIDENTIAL/BUSINESS ADDRESS (NO		STATE ZIP		Identify the controlling offic	eholder, candid	late, or state meası	ure propo	nent, if any.
t	Tracy CA	95376		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PRO	PONENT		
Related Committees Not Inclinot included in this statement that are contributions or make expenditures or	controlled by you or are primari	List any committees ly formed to receive		OFFICE SOUGHT OR HELD		DISTR	RICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMB	ER						
N/A			7	. Primarily Formed Can	didate/Office	sholder Commit	ttaa liei	names of
NAME OF TREASURER	CONTROL	LED COMMITTEE?		officeholder(s) or candidate(s	s) for which this	committee is primar	ily formed	
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)	<u> </u>		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT
COMMITTEE ADDRESS STREET	ADDRESS (NOT.S. BOX)			N/A				OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMB	ER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	
N/A								SUPPORT OPPOSE
NAME OF TREASURER	CONTROL	LED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
	☐ YES	□ NO						OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.O. BOX)						 	<u> </u>
CITY	STATE ZIP CODE	AREA CODE/PHONE		Att	tach continuatio	n sheets If necess	ary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period 1/1/2018	california 460
6/30/2018	Page <u>3</u> of <u>28</u>
	I.D. NUMBER

		through _			
SEE INSTRUCTIONS ON REVERSE		<u> </u>	I.D. NUMBER		
NAME OF FILER Rickman for Mayor, 2018			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	20,041.00	\$ \frac{24,000.00}{0} \\ \$ \frac{24,000.00}{5,041.00} \\ \$ \frac{29,041.00}{0} \\	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ \$		
Expenditures Made 6. Payments Made	\$ 12,770.44 0 5,041.00	\$ \frac{12,770.44}{0} \\ \$ \frac{12,770.44}{0} \\ \$ \frac{12,770.44}{0} \\ \$ \frac{5,041.00}{17,811.44} \\ \$	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.		
18. Cash Equivalents		any).	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.

SC			

Statement covers period

1/1/2018

				from			
				through6/30	0/2018	Page	<u>4</u> of <u>28</u>
	NS ON REVERSE					I.D. NU	MBER
NAME OF FILER						13824	86
Rickman fo	or Mayor, 2018						DED SI SOTION
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 ELECTION TO DATE (IF REQUIRED)
3/11/18	Gail Holderbein Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Receptionist, Dr. Natesan Rama, MD	100.00	100.	00	
3/15/18	William Filios Stockton, CA 95219	IND COM OTH PTY	Real Estate Developer, AKS Development	250.00	250.	.00	
3/12/18	Paul Ritter Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self Employed, Ritter Insurance Agency, LLC	100.00	100	.00	
3/15/18	Joan Rickman Tracy, CA 95376	IND COM OTH PTY	Retired	200.00	200	.00	
3/21/18	Anna M. Gable Tracy, CA 95378	☑ IND □ COM □ OTH □ PTY □ SCC	Loan Consultant, I-Mortgage	100.00	100	.00	
			SUBTOTAL	750.00			
_	A Summary	:			iND	ntributor (Individ	ual
1. Amount re	eceived this period – itemized monetary contributions all Schedule A subtotals.)		\$	22,360.00	COV	/ - Recip	pient Committee r than PTY or SCC)
(Include a	III Schedule A suptotals.)		A400	1640.00	OTH	l – Öther	(e.g., business entity)
2. Amount re	eceived this period – unitemized monetary contributio	ns of less tha	ın \$100			– Politic	al Party Contributor Committee
3. Total mon (Add Line	netary contributions received this period. es 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line	1.) TOTAL \$	24,000.00	(300		PC Form 460 (Jan/2016)

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.)
State	nent covers period	CALIFORNIA 460
from	1/1/2018	FORM 400
through_	6/30/2018	Page of 8
<u></u>		I.D. NUMBER
		1382486

NAME OF FILER

Rickman for Mayor, 2018

Rickman for	Mayor, 2018					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/24/18`	Germaine Clark Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	560.00	560.00	
3/24/18	Leroy Rickman Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.00	
3/24/18	Dr. R. Michael McI ellan Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Minister, Presbyterian Church USA	500.00	500.00	
3/26/18	Judith Cameron Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	General Manager, Dublin Security Storage	100.00	100.00	
3/30/18	Jerry Finch Atherton, CA 94027	☑IND □ COM □ OTH □ PTY □ SCC	Executive, EF Communities, INC.	600.00	600.00	
			SUBTOTAL	\$ 1,860.00		

*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

FORM

Statement covers period

from _

1/1/2018

				through 6/30	/2018	Page		
NAME OF FILER Rickman for	ME OF FILER 1382486 Rickman for Mayor, 2018							
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
4/4/18	Grace Gualco Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Teacher, Tracy Unified School District	100.00	100.0	00		
4/6/18	Alavna Carter Tracy, CA 95377	IND COM OTH PTY	Teacher, Tracy Unified School District	100.00	100.0	00		
4/8/18	Dolores Costa Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.0	00		
4/9/18	Richard Ruzbarsky Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Self Employed, Hacienda Pools	200.00	200.0	00		
4/10/18	Tracy Firefighters IAFF 3355 Tracy, CA 95378	□IND □COM ØOTH □PTY □SCC		1,500.00	1,500.0	00		
SUBTOTAL \$ 2,000.00								

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

			SCHEDULE A (CONT.)	,
Γ	Staten	ent covers period	CALIFORNIA / 60	
	from	1/1/2018	FORM 400	
	through _	6/30/2018	Page 7 of 28	
<u> </u>			I.D. NUMBER	
			14000400	

NAME OF FILER), NUMBER
	r Mayor, 2018				13	82486
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE
3/30/18	Manuel De La Cruz Tracy, CA 95376	IND COM	Physician, Eaton Pediatrics and Medical Corp.	100.00	100.00	
3/30/18	Richard Harris Jamestown, CA 95327	ZIND COM OTH PTY SCC	Retired	100.00	100.00	
3/30/18	Ralph Pombo Ranch Tracy, CA 95377	□IND □COM ☑OTH □PTY □SCC		100.00	100.00	
3/30/18	Glen Britton Evans. Jr. San Francisco, CA 94118	IND COM OTH PTY	Developer, EF Communities, Inc.	600.00	600.00	
3/31/18	Robert Lupton Tracy, CA 95376	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	
			SUBTOTAL	\$ 1,000.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA 460
from1/1/2018	FORM 400
through 6/30/2018	_ Page of 28
	I.D. NUMBER
	1382486

NAME OF FILER

Rickman for Mayor, 2018

Rickman tol	· Mayor, 2018					
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)
4/11/18	Kaylin Dell'Aringa Tracy, CA 95304	IND COM OTH PTY	Chiropractor, Tracy Chiropractic	100.00	100.00	
4/11/18	Melissa Santiago Tracy, CA 95376	☑IND □COM □OTH □PTY □SCC	Office Manager, Value Plumbing Inc.	100.00	100.00	
4/11/18	Takahashi Business Forms Tracy, CA 95304	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	
4/11/18	Tracy Mini Storage Tracy, CA 95304	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
4/11/18	Mitra Forozesh Behnam Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Accountant, Behnam Accounting	100.00	100.00	
			SUBTOTAL S	650.00		

*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 FORM**

Statement covers period

1/1/2018

				110111			
				through 6/30)/2018	Page _	9 of 28
NAME OF FILER							
Rickman for	Mayor, 2018					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)
4/11/18	San Joaquin, Calaveras, Alpine and Amador Counties Building Trades Council SCC#890345 Stockton, CA 95208	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		200.00	200.	.00	
4/11/18	Roy Hawkins Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	300.00	300.	00	
4/11/18	DHABA Express Inc. DBA: DHABA Indian Cusine Tracy, CA 95377	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.	.00	
4/11/18	DBA: American Mobile Billboard Carlos Villapudua Sole Prop. Stockton, CA 95201	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150,00	150.	.00	

Attorney,

Quinn and Kronlund, LLP

SUBTOTAL \$

☑ IND

СОМ

□отн

PTY SCC

*Contributor Codes

IND - Individual

4/11/18

COM - Recipient Committee

(other than PTY or SCC)

Stockton, CA 95215

Michael Kronlund

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

100.00

100.00

1,250.00

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA 460
from1/1/2018	FORM 400
through 6/30/2018	Page 10 of 28
	I.D. NUMBER
	1382486

NAME OF FILER

Rickman for Mayor, 2018

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)
4/11/18	Linda Wilcox Tracy, CA 95376	IND COM OTH PTY	Real Estate Broker, RE/MAX Diamond	100.00	100.00	
4/11/18	Stephen Ridolfi Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.00	
4/11/18	Mariene Jones Tracy, CA 95376	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	
4/11/18	Don A. Cose, Inc. Tracy, CA 95378	□ IND □ COM □ OTH □ PTY □ SCC		500.00	500.00	
4/11/18	Surinder Lal Tracy, CA 95304	IND COM OTH PTY	Realtor, Reality 1 Team	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

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period	CALIFORNIA 160
from	1/1/2018	california 460
through _	6/30/2018	Page // of 28
		I.D. NUMBER
		1382486

NAME OF FILER

f-- Mayor 2019

Rickman for	Mayor, 2018		WALLED ON ALL ENTER	AMOUNT	CUMULATIVE TO 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)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
4/11/18	Laura Nunes Tracy, CA 95304	IND COM OTH PTY	Teacher, Tracy Unified School District	100.00	100.00	
4/11/18	Kamalpreet Gill Tracy, CA 95377	IND COM OTH PTY	Manager, Daman Gill, DDS	100.00	100.00	
4/11/18	George Murphy Tracy, CA 95376	IND COM OTH SCC	Retired	100.00	100.00	
4/11/18	Jerome Kineen /e. Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.00	
4/11/18	Eleassia Davis DBA: Aduarian Kids Montessori Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.00	
		1 1000	SUBTOTAL	\$ 500.00		

*Contributor Codes

IND - Individual

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
State	ment covers period 1/1/2018	california 460
through.	6/30/2018	Page 12 of 28
		J.D. NUMBER

					J.D. N	UMBER
NAME OF FILER	r Mayor 2018				1382	486
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)
4/11/18	Alice English Tracy, CA 95377	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
4/13/18	Betty Galli Tracy, CA 95304	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	
4/13/18	C&A Navarra Ranch, Inc. Tracy, CA 95304	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	100.00	
4/14/18	McCarthy Granite Ste 1 San Leandro, CA 94577	IND COM OTH PTY		100.00	100.00	
4/16/18	Stella Rickman Tracy, CA 95378	IND COM OTH PTY	Retired	500.00	500.00	
			SUBTOTAL	\$ 900.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

	•••••••
Statement covers period from 1/1/2018	california 460
through 6/30/2018	Page
	I.D. NUMBER
	1382486

SCHEDULE A (CONT.) ~

NAME OF FILER

Rickman for Mayor, 2018

Rickman for	· Mayor, 2018				13024	30
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)
4/16/18	Shirlee Rickman Fair Oaks, CA 95628	☑IND □ COM □ OTH □ PTY □ SCC	Retired	100.00	100.00	
4/16/18	Bricklayers & Allied Craftworkers Local No. 3 PAC ID# 1244975 San Leandro, CA 94577	☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		250,00	250.00	
4/20/18	RMPM Bird Rock Properties, Inc. DBA: Eagle Property Management Tracy, CA 95376	☐ IND ☐ COM IZ OTH ☐ PTY ☐ SCC		250.00	250.00	
4/28/18	City Garage Tracy, CA 95376	□IND □COM ØOTH □PTY □SCC		250.00	250.00	
5/7/18	Laborer's International Unions of North America Local 73 SCC# 1381775 Stockton, CA 95215	□IND □COM □OTH □PTY ☑SCC		1,000.00	1,000.00	
	<u> </u>		SUBTOTAL	1,850.00		

*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.

CALIFORNIA

Statement covers period

1/1/2018

				110111			
				through 6/30)/2018	Page _	14 of 28
NAME OF FILER						I.D. NUI	MBER
	· Mayor, 2018					138248	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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/15/18	Vaughn Gates Tracy, CA 95376	IND COM OTH PTY	Retired	100.00	100.	00	
5/16/18	Janet Anderson and Associates, Inc. Tracy, CA 95376	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100.00	100.	00	
5/21/18	Michel Bazinet Tracy, CA 95377	IND COM OTH PTY	Retired	100.00	100.	00	
5/23/18	Northern California Carpenters Regional Council SCC# 972104 Oakland, CA 94621	□IND □COM □OTH □PTY ☑SCC		1,500.00	1,500.	00	
6/1/18	Ponderosa Homes III, Inc. Pleasanton, CA 94588	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,000.00	1,000.	00	
			SUBTOTAL	\$ 2,800.00			

*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 FORM

Statement covers period

from.

1/1/2018

				through6/30	0/2018		15 of 28
NAME OF FILER						I.D. NUMBER	
Rickman for	Mayor, 2018					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)
6/4/18	Debbie Corallo Tracy, CA 95377	IND COM OTH PTY	Primary caretaker	100.00	100.00		
6/18/18	Corral Hollow Development, LLC e Modesto, CA 95355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00	1,500.	00	
6/18/18	Terravest Capital Partners LP CC Modesto, CA 95355	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00	1,500.	00	
6/21/18	Randall Clark Morrison Burlingame, CA 94010	IND COM OTH PTY	Lawyer/Partner, Cox, Castte and Nicholson, LP	250.00	250.00		
6/21/18	Michael H. Zischke rve Orinda, CA 94563	IND COM OTH PTY	Attorney, Cox, Castte and Nicholson, LP	150.00	150.	00	
			SUBTOTAL	\$ 3,500.00			

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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 FORM

Statement covers period

from .

1/1/2018

				through6/30/2018		Page of		
NAME OF FILER 1.D. NÜR 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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
6/21/18	Anne E. Mudge Oakland, CA 94563	IND □ COM □ OTH □ PTY □ SCC	Attorney, Cox, Castte and Nicholson, LP	100.00	100.	00		
6/21/18	Vander Toolen Associates	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.	00		
6/21/18	William Hezmalhalch Architects, Inc. Santa Ana, CA 92705	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.	00		
6/21/18	ENGEO San Ramon, CA 94583	□IND □COM ☑OTH □PTY □SCC		500.00	500.	00		
6/22/18	Marcia Hanson Tracy, CA 95376	IND COM OTH PTY	Nurse, Sutter Tracy Hospital	100.00	100.	00		
	SUBTOTAL \$ 1,700.00							

*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.)
Stater	nent covers period	CALIFORNIA 460
from	1/1/2018	FORM 400
through	6/30/2018	Page
		I.D. NUMBER

NAME OF FILER	Mayor, 2018				1	382486	
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 E CALENDAR YEA (JAN. 1 - DEC. 3	KR	PER ELECTION TO DATE (IF REQUIRED)
6/28/18	Lance Waite Encinitas, CA 92024	☑IND □COM □OTH □PTY □SCC	Real Estate Developer, Integral Communities	2,000.00	2,000.00	0	
6/29/18	Christian Chukwuma Tracy, CA 95377	IND COM OTH PTY	Financial Advisor, Securities America	100.00	100.0	0	
6/29/18	Gill Fuels, Inc. San Ramon CA Account Tracy, CA 95304	□IND □COM ☑OTH □PTY □SCC		200.00	200.0	0	
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL	\$ 2,300.00			

*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

			_	B 4 B 4
sc	≀FIN	# 11	К-	PART 1

	Amounts may be rounded				·		SCHEDULE B-PART	
Schedule B - Part 1		to whole dollars			Statement cov	•	CALIFORN	^{IA} 460
Loans Received					from1/1/	2018	FORM	-100
SEE INSTRUCTIONS ON REVERSE					through6/3	30/2018	Page	of <u>28</u>
NAME OF FILER							I.D. NUMBER	
Rickman for Mayor, 2018							1382486	
Triorinal for Mayor, 2010		(a)	(b)	(c)	OUTSTANDING	(e)	(f)	(g)
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	AMOUNT PAI OR FORGIVE THIS PERIO	BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
N/A				☐ PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$	\$ PER ELECTION**
†□IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	_ \$	RATE	\$	\$PER ELECTION**
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID		1		CALENDAR YEAR
				\$	_ \$	RATE	\$	\$PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$	\$	\$	\$		
O. L. July D. Commons						(Enter (e) on Schedule E, Line	3)	
Schedule B Summary 1. Loans received this period				\$		_		
(Total Column (b) plus unitemized loar	s of less than \$100.)	***************************************			_	(†Contributor Codes	
·				¢			IND – Individual	
 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.)			Ψ			OTH – Òther (e.g., PTY – Political Par	PTY or SCC) business entity) ty
3. Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)ry Page, Column A, Line 2.		***************************************	NET \$	(May be a negative number)	- <u></u>	SCC - Small Contr	ibutor 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 C Nonmonetary Contributions I	Received
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Amounts may be rounded to whole dollars.

SCHEDULE C . Statement covers period **CALIFORNIA FORM** 1/1/2018 from. Page 19 of 28 6/30/2018 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1382486 Rickman for Mayor, 2018 **CUMULATIVE TO** PER ELECTION AMOUNT/ IF AN INDIVIDUAL, ENTER DATE **DESCRIPTION OF** CONTRIBUTOR TO DATE FAIR MARKET FULL NAME, STREET ADDRESS AND OCCUPATION AND EMPLOYER CALENDAR YEAR GOODS OR SERVICES DATE (IF REQUIRED) CODE * VALUE ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (JAN 1 - DEC 31) RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **□IND Event Center** Nirvaana Banquet & Event Center, LLC 4.500.00 4.500.00 ☐ COM 4/11/18 **☑** OTH Tracy, CA 95304 **□PTY** □scc □ IND Window Decals Tracy Signs 400.00 400.00 ☐ COM 774 141 6/1/18 **☑** OTH Tracy, CA 95304 ☐ PTY □ scc □сом □ OTH □ PTY □ SCC ☐ COM ☐ OTH □ PTY □ scc SUBTOTAL \$ 4.900.00 Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. 4.900.00 (Include all Schedule C subtotals.).....\$ 141.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period. 5,041.00 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)

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

Supportir	of Expenditures ng/Opposing Other	Amounts may be to whole do		Statement cover	•	CALIFO FOR	
Candidates, Measures and Committees				through 6/30/2018		Page 20 of 28	
NAME OF FILER	r Mayor, 2018			·		I.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 CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
N/A	Support Doppose	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 o	D Summary contributions and independent expenditures maded contributions and independent expenditures maded contributions and independent expenditures maded.						

Schedule	E
Payments	Made

Amounts may be rounded to whole dollars.

		SCHEDULE E
ſ	Statement covers period	CALIFORNIA 460
	from1/1/2018	FORM TOO
	through6/30/2018	Page 21 of 28
4		I.D. NUMBER
		1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

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

PRT print ads

campaign paraphernalia/misc. MTG meetings and appearances CNS campaign consultants

contribution (explain nonmonetary)*

CVC civic donations

candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)*

legal defense LEG

campaign literature and mailings

RAD radio airtime and production costs MBR member communications RFD returned contributions

SAL campaign workers' salaries OFC office expenses

t.v. or cable airtime and production costs petition circulating candidate travel, lodging, and meals phone banks

staff/spouse travel, lodging, and meals POL polling and survey research transfer between committees of the same candidate/sponsor TSF

postage, delivery and messenger services VOT voter registration professional services (legal, accounting)

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 United States postal Service 125 W. 9th Street Tracy, CA 95376	POS	Stamps, Postage	198.75
Bank of America 111 W. 10th Street Tracy, CA 95376 IPage 10 Corporate Drive Burlingame, MA 01803	WEB	Domain/Web Site	397.22
Bank of America 111 W. 10th Street Tracy, CA 95376 Facebook Inc. 1 Hacker Way Menlo Park, CA 94025	LIT	Advertisement	394.17
		OUDTOTAL	¢ 000.44

SUBTOTAL \$ 990.14 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 627.20 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).).....\$ 12,770,44

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

12,143.24

Schedule	E	
(Continua	tion	Sheet)
Payments	Ma	de

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from1/1/2018	FORM 400
through 6/30/2018	Page <u>22</u> of <u>28</u>
	I.D. NUMBER 1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* IND VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID **DESCRIPTION OF PAYMENT** NAME AND ADDRESS OF PAYEE CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mailer Bank of America 111 W. 10th Street Tracy, CA 95376 6,420.00 Colorprint 1570 Gilberth Road Burlingame, CA 94010 LIT Envelopes, Stamps, Labels, Ink Bank of America 111 W. 10th Street Tracy, CA 95376 485.76 Staples 2471 North Naglee Road Tracy, CA 95304 **OFC** Postcard, postage, magnets, T-Shirts Bank of America 111 W. 10th Street Tracy, CA 95376 995.93 Vistaprint 275 Wyman Street Waltham, MA 02451 LIT Food/Beverages Bank of America 111 W. 10th Street Tracy, CA 95376 375.57 Costco Wholesale Tracy #658 3250 W. Grantline Road Tracy, CA 95377 **FND Event Center** Nirvaana Banquet & Event Center, LLC 250.00 1005 E. Pescadero Ave. #101 FND Tracy, CA 95377

SUBTOTAL \$

8,527.26

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

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	
Statement covers period	CALIFORNIA 460
from1/1/2018	FORM TOO
through 6/30/2018	Page 23 of 28
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

San Diego, CA 92123

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events TSF transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings AMOUNT PAID NAME AND ADDRESS OF PAYEE DESCRIPTION OF PAYMENT OR CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Advertisement Bank of America 111 W. 10th Street Tracy, CA 95376 Tracy Press 95 W. 11th Street Ste. 101 Tracy, CA 95376 840.00 PRT

	i		1
Bank of America 111 W. 10th Street Tracy, CA 95376 Sticker Mule 411 Lafayette Street, 6th Floor New York, N.Y. 10003	CMP	Stickers	221.00
Bank of America 111 W. 10th Street Tracy, CA 95376 Wet Paint Printing and Design 152 Horton Street Wilkes Barre, PA 18702	CMP	Standing Cutouts	212.72
Bank of America 111 W. 10th Street Tracy, CA 95376 IBackdrop.com https://ibackdrop.com	CMP	Clothe Backdrop	259.98
Bank of America 111 W. 10th Street Tracy, CA 95376 Sports Boosters, Inc. 5095 Murphy Canyon Road Ste. 120	PRT	Advertisement	750.00

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

SUBTOTAL \$

2,283.70

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	001125022 - (001111)
Statement covers period	CALIFORNIA 460
from1/1/2018	FORM TOO
through 6/30/2018	Page <u>34</u> of <u>38</u>
	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

FIL candidate filing/ballot fees FND fundralsing events	ber communings and appropriate expenses on circulating banks and survage, deliveressional ser	inications opearances ng ey research y and mess	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Irmandade Portuguesa da Festa do Espirito Santo (IPFES) 400 W. 9th Street Tracy, CA 95376		CVC	Fundraiser Tickets	100.00
Tracy Chamber of Commerce 223 10th Street Tracy, CA 95376		MTG	July 4th Booth	125.00
Raise The Money PO BOX 26466 Little rock, AR 72221		WEB	On-line Fundraising fee	117.14

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

SUBTOTAL \$

342.14

						SCHEDUL
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.		Statement covers period		^{IIA} 460	
		through6/30/2018		Page 25	_ of	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Rickman for Mayor, 2018					1.D. NUMBER 1382486	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services	RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	outions ters' salaries time and product l, lodging, and level, lodging, and en committees con hnology costs (i	ction costs meals	
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 I THIS PER (ALSO REPOR	IOD BAL	(d) DUTSTANDING ANCE AT CLOSI F THIS PERIOD
N/A						·

Schedule F Summary

summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be

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.)	
the standard of Schodule E Column (c) subtotals for navments on	

SUBTOTALS \$

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

Schedule (
Payments	Made by a	an Agent d	or Independ	ent
Contractor	(on Beha	If of This	Committee))

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period 1/1/2018	CALIFORNIA 460
through 6/30/2018	Page 26 of 28
<u> </u>	I.D. NUMBER
	1382486

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rickman for Mayor, 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

		and the third and a second
CODES: If one of the following codes accurately describ	see the navment you may enter the code.	Otherwise, describe the payment.
CODES: If one of the following codes accurately describe	the paymont, you may office are seen	
	MBR member communications	RAD radio airtime and production costs
CMP campaign paraphernalia/misc.		
	MTG meetings and appearances	RFD returned contributions
CNS campaign consultants	• • • • • • • • • • • • • • • • • • • •	SAL campaign workers' salaries
CTB contribution (explain nonmonetary)*	OFC office expenses	
	PET petition circulating	TEL t.v. or cable airtime and production costs
CVC civic donations		
	PHO phone banks	IRC candidate traver, loughly, and means
FIL candidate filing/ballot lees		TRS staff/spouse travel, lodging, and meals
END fundraising events	POL polling and survey research	The state operation is a state of the state
		TSF transfer between committees of the same candidate/sponsor
FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*	PHO phone banks POL polling and survey research POS postage, delivery and messenger services	TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

PRO professional services (legal, accounting)
PRT print ads

VOT voter registration
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				
		-		
·				
		<u> </u>	TOTAL	

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
Schedule H Loans Made to Others*			ay be rounded le dollars.		Statement cov	ers period 2018	CALIFORN FORM	HA 460
					through6/3	0/2018	Page 27	_ of <u>28</u>
SEE INSTRUCTIONS ON REVERSE					an ough		I.D. NUMBER	
NAME OF FILER							1382486	
Rickman for Mayor, 2018							1002-100	
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	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		FEINOD		☐ PAID				CALENDAR YEAR
N/A					.	%	s	s
				FORGIVEN		RATE		PER ELECTION**
								•
		\$	\$	\$	DATE DUE	,	DATE INCURRED	
				☐ PAID				CALENDAR YEAR
			•	s	. \$	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
		s	s	s		s		\$
					DATE DUE		DATE INCURRED	<u> </u>
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	\$	\$	\$	\$		
reported on Schedule E.			<u></u>	1 		(Enter (e) on Schedule I, Line 3)	Broke Starting College College Sec	<u> 1866, 1866 (m. 1873) 1873 (m. 1875)</u> 1874, 1886 (m. 1874) 1874 (m. 1874)
						,		
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 payi	nents of less than \$100.)						-	
Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.) ry Page, Column A, Line 7.)		***************************************	NET \$	ay be a negative number)	-	

Schedule I		Amounts may be rounded	SCHEDULE			
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period from1/1/2018	california 460		
			through 6/30/2018	Page 28 of 28		
SEE INSTRUCTIONS ON REVEINAME OF FILER	RSE			I.D. NUMBER		
Rickman for Mayor, 20	018			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 infor	mation on appropriately labeled continuation sheets.		SUBTOTA	AL\$		
Schedule I Summa	arv					
	o cash this period	*********************	\$	<u> </u>		
	s to cash of under \$100 this period					
	eceived this period on loans made to others. (Sched					
4. Total miscellaneous i	increases to cash this period. (Add Lines 1, 2, and 3	3. Enter here and on the				