

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp AUG 1 '16 AM 8:47	CALIFORNIA FORM 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>JAN 1 2016</u> through <u>June 30 2016</u>	Date of election if applicable: (Month, Day, Year) _____
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SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1239856

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Hickman for City Council

STREET ADDRESS (NO P.O. BOX)
19 Corte Madera

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92532

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
(951) 245-7729

CITY STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER
Amy Jo Hickman

MAILING ADDRESS
19 Corte Madera

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92532 (951) 245-7729

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
Darryl J Hickman @ gmail.com

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

4. Verification

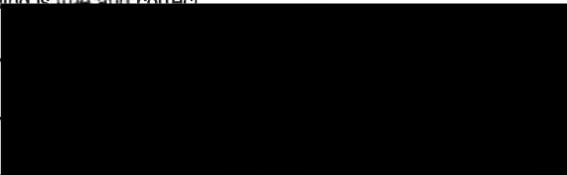
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 8-1-2016 Date

Executed on 8-1-16 Date

Executed on _____ Date

Executed on _____ Date

By  _____

By _____ Responsible Officer of Sponsor

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

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

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Jan 1 2014</u> through <u>June 30 2014</u>	CALIFORNIA FORM 460
	Page <u>2</u> of <u>6</u>
I.D. NUMBER <u>1239856</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hickman for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1400</u>	\$ <u>1400</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1400</u>	\$ <u>1400</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>1400</u>	\$ <u>1400</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>2337.62</u>	\$ <u>2337.62</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>2337.62</u>	\$ <u>2337.62</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>2337.62</u>	\$ <u>2337.62</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>2268.93</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>1400.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>2337.62</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1331.31</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1 2016</u> through <u>June 30 2016</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hickman for City Council

I.D. NUMBER

1239856

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)
<u>1-4/17</u>	<u>Dr. Chen 6984 Overlook Canyon Abie Hills CA 92807</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Developer</u>	<u>500⁰⁰</u>	<u>500⁰⁰</u>	
<u>1-25/17</u>	<u>Eric Warner Agropura Inc 14609 Nublar Rd New Haven CA 92852</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Developer</u>	<u>900⁰⁰</u>	<u>900⁰⁰</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1400

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1400⁰⁰
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1400⁰⁰

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>Jan 1 2010</u> through <u>June 30, 2010</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>6</u>	I.D. NUMBER <u>1239856</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Hickman for City Council

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

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Check #</i> 2/27 1-1	<i>Grassroots Summit 2011 Comm Lake Elsinore CA 92530</i>	<i>CVC</i>	<i>Deposit for Fund Raiser for Food</i>	<i>300⁰⁰</i>
2/28 2-19	<i>Chamber of Commerce 187 N. Gales Lake Elsinore CA 92532</i>	<i>CVC</i>	<i>Chamber New Officers Sworn into office</i>	<i>235³¹</i>
2/29 1-23	<i>Bank of America PO Box 32235 EL PASO TX 79998</i>	<i>CVC</i>	<i>Balance for Fund Raiser</i>	<i>395⁸²</i>

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

SUBTOTAL \$ *931¹³*

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	<i>2337⁶²</i>
2. Unitemized payments made this period of under \$100.....	\$	<i>0</i>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	<i>0</i>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$	<i>2337⁶²</i>

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>Jan 1, 2014</u> through <u>June 30, 2016</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>4</u>	I.D. NUMBER <u>1239856</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hickman for City Council

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

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>1/30</i>	<i>check</i> <i>21376</i> Elsmore High School 21745 Elsmore Waldman Ct 92585	<i>CVC</i>	<i>Donation to Elsmore High School Cante Department</i>	<i>200⁰⁰</i>
<i>2/23</i>	<i>2131</i> Chamber of Commerce 190 Colman Lake Elsinore CA 92530	<i>CVC</i>	<i>Ticket to Chamber of Commerce new officers</i>	<i>100⁰⁰</i>
<i>3/24</i>	<i>2132</i> T.I.P. P.O. Box 585 Manteca CA 92564	<i>CVC</i>	<i>Tickets to T.I.P Dinner</i>	<i>150⁰⁰</i>
<i>3/17</i>	<i>2133</i> Bank of America P.O. Box 98725 21 PASO TX 79998	<i>CVC</i>	<i>Dinner for Citizens who help with Campaign</i>	<i>51³⁰</i>
<i>4/12</i>	<i>2134</i> U.S. Post office 501 Cackler Lake Elsinore CA 92530	<i>POS</i>	<i>Postage</i>	<i>58⁰⁵</i>

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

SUBTOTAL \$ *559³⁵*

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hickman for City Council

Statement covers period		CALIFORNIA FORM 460
from	<i>Jan 2016</i>	
through	<i>June 30 2016</i>	Page <i>6</i> of <i>6</i>
		I.D. NUMBER <i>1239856</i>

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

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>5/03</i>	<i>check # 2135 Elsinore First Assembly 19740 Grand Ave Lake Elsinore CA 92531</i>	<i>CVC</i>		<i>Special Church Service</i>	<i>50⁰⁰</i>
<i>5/17</i>	<i>2136 Elsinore First Assembly 19740 Grand Ave Lake Elsinore CA 92530</i>	<i>CVC</i>		<i>Sanction Memorial Day Service</i>	<i>200⁰⁰</i>
<i>5/19</i>	<i>2137 Lakeside High School 32593 Riverside Dr Lake Elsinore CA 92530</i>	<i>CVC</i>		<i>Trophy for Girls Basketball team</i>	<i>448⁹⁹</i>
<i>5/31</i>	<i>2138 Storm Stadium 509 Diamond Drive Lake Elsinore, CA 92530</i>	<i>CVC</i>		<i>Charge for use of Storm Suite for graduation - Sund Family</i>	<i>100⁰⁰</i>
<i>6/16</i>	<i>2139 Bank of America P.O. Box 98225 El Paso TX 79998</i>	<i>POS</i>		<i>Postage</i>	<i>48¹⁵</i>

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

SUBTOTAL \$ *847.14*