

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period from <u>June 30, 2018</u> through <u>Sept 27, 2018</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.

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER 1239856

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

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

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

**Treasurer(s)**

NAME OF TREASURER  
Angie 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  
AngieJo.Hickman@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 9-27-2018  
Date

Executed on 9-27-18  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

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>Jun 30 2008</u>	<b>CALIFORNIA FORM 460</b>
through <u>Sept 27, 2008</u>	
Page <u>2</u> of <u>5</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>3500<sup>00</sup></u>	\$ <u>9100<sup>00</sup></u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>3500<sup>00</sup></u>	\$ <u>9100<sup>00</sup></u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>3500<sup>00</sup></u>	\$ <u>9100<sup>00</sup></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>2276.97</u>	\$ <u>6006<sup>56</sup></u>
7. Loans Made..... Schedule H, Line 3	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>2276.97</u>	\$ <u>6006<sup>56</sup></u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ _____	\$ _____
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>2276.97</u>	\$ <u>6006<sup>56</sup></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
<u>1/1/08</u>	\$ _____
<u>1/1/08</u>	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>5200<sup>48</sup></u>
13. Cash Receipts..... Column A, Line 3 above	<u>2276.97</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>2276.67</u>
15. Cash Payments..... Column A, Line 8 above	<u>6423.25</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6423.23</u>

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

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

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

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ _____
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>June 30, 2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>Sept 27, 2018</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1239856</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hickman for City Council

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>Sky Memorial Center 725 W. Duarte Rd Arcadia CA 91007</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Brian Lam Developer</u>	<u>3500<sup>00</sup></u>	<u>8600<sup>-</sup></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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 3500<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3500<sup>00</sup>
- 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 \$** 3500<sup>00</sup>

\*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  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>June 30, 2018</u> through <u>Sept 27, 2018</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>5</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
<u>2193</u> Bank of America <u>P.O. Box 982235</u> <u>El Paso, TX 79998</u>	<u>CVC</u>	<u>Supports to Baseball game</u>	<u>145<sup>35</sup></u>
<u>2194</u> Register of Voters <u>Riverside CA</u>	<u>VOT</u>	<u>lists of voters</u>	<u>43<sup>00</sup></u>
<u>2195</u> City of Lake Elsinore <u>130 S Main St</u> <u>Lake Elsinore, CA 92530</u>	<u>PHO</u>	<u>Filing for Election</u>	<u>395<sup>00</sup></u>

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

**SUBTOTAL \$** 563<sup>35</sup>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	June 30 2018	
through	Sept 27 2018	Page 5 of 5
NAME OF FILER		I.D. NUMBER
Hickman for City Council		1239836

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

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

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
2196	Bank of America P.O. Box 982235 El Paso, TX 79998	MTG	2 Dinners @ Mason Street Kitchen & Tap with Chinese & Land Developer	225 <sup>00</sup> 68
2197	Kimbo 18050 Colton Lake Elsinore, 92532	Emp.	layout of flyer.	65 <sup>00</sup>
2198	Print & Mail Co. 640 6 <sup>th</sup> Street Lake Elsinore, CA 92530	Emp	Printing and postage for flyers sent out to VOTERS	772 <sup>94</sup>
2199	Elsmore H.S. Football Booster Club Linderoth CA 92580	CVC	Donation to Football Team	50 <sup>00</sup>
2200	Daryl Hickman 19 Corte Madera Lake Elsinore CA 92532	Emp	Donation to individual for delivery flyers to Citizens Homes	600 <sup>00</sup>
				<b>SUBTOTAL \$</b> 1713 <sup>62</sup>

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