Recipient Committee  
Campaign Statement  
Cover Page

Statement covers period  
from  

through  

Date of election if applicable:  

(Whole Number, Month, Day, Year)

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)

3. Committee Information  

I.D. NUMBER: 12345678

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):

Hickman For City Council

STREET ADDRESS (M P.O. BOX): 19 Corte Madeira

CITY STATE ZIP CODE AREA CODE/PHONE

LAKE ELsinore CA 92532 951-245-7729

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

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX (EMAIL ADDRESS):

Hickman4 City Council@gmail.com

Treasurer(s)

NAME OF TREASURER

Hickman, Becky

MAILING ADDRESS

19 Corte Madeira

LAKE ELsinore CA 92532 951-245-7729

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX (EMAIL ADDRESS)

Hickman4 City Council@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 10/25/2018

By

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

Executed on 10/25/18

By

Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on

By

Signature of Controlling Officer, Candidate, State Measure Proponent

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

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 1,750 $ 10,850
2. Loans Received .................................................. Schedule B, Line 3 $ 4 $ 8
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $ 1,750 $ 10,850
4. Nonmonetary Contributions .................................. Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED ...................... Add Lines 3 + 4 $ 1,750 $ 10,850

Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 4,652 $ 10,668.76
7. Loans Made ....................................................... Schedule H, Line 3 $ 0 $ 0
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 5 + 7 $ 4,652 $ 10,668.76
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ 0 $ 0
10. Nonmonetary Adjustment .................................... Schedule C, Line 3 $ 0 $ 0
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 4,652 $ 10,668.76

Current Cash Statement

12. Beginning Cash Balance .................................. Previous Summary Page, Line 16 $ 6,473 $ 0
13. Cash Receipts .................................................. Column A, Line 3 above $ 1,750 $ 0
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 $ 4,652 $ 0
15. Cash Payments ................................................ Column A, Line 5 above $ 0 $ 0
16. ENDING CASH BALANCE ................................ Add Lines 12 + 13 + 14, then subtract Line 15 $ 3,513 $ 0

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

Exit Date of Election (mm/dd/yy) Total to Date

Cash Equivalents and Outstanding Debts

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

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

$ $ 0

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18</td>
<td>C R R</td>
<td></td>
<td></td>
<td>750</td>
<td>750</td>
<td>750</td>
</tr>
<tr>
<td></td>
<td>11202 Western Ave, Stanton, CA 90680</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/18</td>
<td>Civic Partners Electric</td>
<td></td>
<td></td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>7777 Centerline Street, Suite 230</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/17</td>
<td>SPT - Lake Elsinore Holding Co</td>
<td></td>
<td></td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>2 Park Place, Suite 790</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period — itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 

2. Amount received this period — unitemized monetary contributions of less than $100 ........................................ $ 

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

---

*Contributor Codes
IND – Individual
COM – Recipient Committee
(oth - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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www.fppc.ca.gov
## Schedule E (Continuation Sheet)
### Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**
- *from:* Sept 28, 2018
- *through:* Oct 31, 2018

**NAME OF FILER**
- skinner for City Council

**I.D. NUMBER**
- 1239856

### CODES:
- 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
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production 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 PAYEE
- (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print and Mail Guy</td>
<td>CMP</td>
<td>Print &amp; Mail Flyers</td>
<td>650 $</td>
</tr>
<tr>
<td>903 Box 358</td>
<td>LIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print and Mail Guy</td>
<td>CMP</td>
<td>Print &amp; Mail Flyers</td>
<td>1562 $</td>
</tr>
<tr>
<td>903 Box 358</td>
<td>LIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOP</td>
<td>CNS</td>
<td>Due to Republican Party</td>
<td>1000 $</td>
</tr>
<tr>
<td>Republican Party of Cali</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacramento, CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print and Mail Guy</td>
<td>CMP</td>
<td>Print &amp; Mail Flyers</td>
<td>1654 $</td>
</tr>
<tr>
<td>903 Box 358</td>
<td>LIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>CMP</td>
<td>Package for Hardware</td>
<td>690 $</td>
</tr>
<tr>
<td>F.C. Box 98234</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Paso, TX 79998-2234</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

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