# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

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CITY OF LINCOLN

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Statement covers period from 1/1/2018 through 6/30/2018

Date of election if applicable: (Month, Day, Year)

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

- [x] 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
- [x] 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 1383144

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Gilbert 4 Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY Lincoln STATE CA ZIP CODE 95648 AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER
Lois Gilbert

MAILING ADDRESS

CITY Lincoln STATE CA ZIP CODE 95648 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 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 7/10/2018 (Date) By _____ (Signature of Treasurer)

Executed on 7/10/2018 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

SCANNED

# Recipient Committee Campaign Statement Cover Page — Part 2



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Peter Gilbert

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council - City of Lincoln

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP
Lincoln | CA | 95648

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

COMMITTEE NAME | I.D. NUMBER

NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | |
|---|---|---|
| Peter Gilbert | City Councilman | ☑ SUPPORT ☐ OPPOSE |
| | | ☐ SUPPORT ☐ OPPOSE |
| | | ☐ SUPPORT ☐ OPPOSE |
| | | ☐ SUPPORT ☐ OPPOSE |

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement
# Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/2018 through 6/30/2018

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER 1383144

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 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 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 85.00 | $ 85.00 |
| 7. Loans Made | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 85.00 | $ 85.00 |
| 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 | $ 85.00 | $ 85.00 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 450.00 |
| 13. Cash Receipts | Column A, Line 3 above | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | |
| 15. Cash Payments | Column A, Line 8 above | 85.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 365.00 |

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

17. LOAN GUARANTEES RECEIVED — Schedule E, 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 — $

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).

## 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 | $ | $ |

## 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 |
|---|---|
| / / | $ |
| / / | $ |

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

# Schedule E
# Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

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**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
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) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| City of Lincoln<br>600 5th Street<br>Lincoln CA 95648 | FIL | State Fee | 25.00 |
| Lincoln High School<br>790 J Street<br>Lincoln CA 95648 | FND | Contribution to School Choir | 60.00 |
| | | | |

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

SUBTOTAL $

## Schedule E Summary

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