Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 12

For Official Use Only

Date Stamp: RECEIVED JUL 25 2016 TUSTIN CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 1/1/2016 through 6/30/2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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: 1381739

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Lumbard for Council 2016

[redacted]

CITY: Tustin | STATE: CA | ZIP CODE: [redacted] | AREA CODE/PHONE: [redacted]

[redacted] O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: austin4tustin@gmail.com

Treasurer(s)

NAME OF TREASURER: Barrett Garcia

MAILING ADDRESS: 32302 Camino Capistrano #214

CITY: San Juan Capistrano | STATE: CA | ZIP CODE: 92675 | AREA CODE/PHONE: 949-496-6363

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 f[redacted]

Executed on 7-21-16 (Date) [redacted]

Executed on 7/21/16 (Date) * By [redacted] 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

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Austin J. Lumbard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	[redacted]

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 15,973.99	$ 15,973.99
2. Loans Received	*Schedule B, Line 3*	1,000.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 16,973.99	$ 16,973.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 16,973.99	$ 16,973.99

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 1,576.25	$ 1,576.25
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1,576.25	$ 1,576.25
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1,576.25	$ 1,576.25

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	16,973.99
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	1,576.25
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 15,397.74

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1,000.00

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 A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2016
through 06/30/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
02/09/2016	Jeff Thompson [redacted]	[X] IND	Engineer Manager Rancho Mission Viejo, LLC	200.00	300.00	G2016 $300.00
02/22/2016	Joe Perricone [redacted]	[X] IND	Chairman Perricone Juices	1,000.00	3,000.00	G2016 $3,000.00
04/19/2016	Douglass Davert [redacted]	[X] IND	Attorney Davert & Loe	100.00	100.00	G2016 $100.00
05/03/2016	CR&R Waste & Recycling 11292 Western Ave. Stanton, CA 90680	[X] OTH		500.00	500.00	G2016 $500.00
05/03/2016	Susan Lumbard [redacted]	[X] IND	IT Consultant Pacific Life	250.00	500.00	G2016 $250.00
			SUBTOTAL $	2,050.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 15,650.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 323.99
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 15,973.99

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER
Lumbard for Council 2016

I.D. NUMBER
1381739

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)
05/03/2016	David Rosenberg [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Operations Director Indianapolis Public Schools	100.00	100.00	G2016 $100.00
05/10/2016	Jerry Amante [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney FSB Core Strategies	150.00	150.00	G2016 $150.00
05/10/2016	Donna Marsh Perry [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Insurance Broker State Farm Insurance	100.00	100.00	G2016 $100.00
05/10/2016	Joe Perricone [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Chairman Perricone Juices	2,000.00	3,000.00	G2016 $3,000.00
05/10/2016	Jeff Thompson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Engineer Manager Rancho Mission Viejo, LLC	100.00	300.00	G2016 $300.00
			SUBTOTAL $	2,450.00		

*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

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 01/01/2016
through 06/30/2016

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
05/12/2016	John Johnson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Owner/Swim Instructor Blue Buoy Family Swim School	100.00	100.00	G2016 $100.00
05/27/2016	Karen Perricone [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Business Owner Chandlee Insurance	5,000.00	5,000.00	G2016 $5,000.00
05/27/2016	West Coast Arborists, Inc. 2200 E Via Burton St Anaheim, CA 92806	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	G2016 $1,000.00
05/31/2016	LAFC Sports, LLC 4751 Wilshire Blvd, 3rd Floor Los Angeles, CA 90010	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		250.00	250.00	G2016 $250.00
06/17/2016	Committee for Improved Public Policy (ID# 860849) 27441 Grassland Dr Laguna Niguel, CA 92677	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	G2016 $1,000.00
			SUBTOTAL $	7,350.00		

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IND – Individual
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SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
06/17/2016	Mark Parkinson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Auto Dealer Tustin Buick GMC	500.00	500.00	G2016 $500.00
06/17/2016	John Patterson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Auto Dealer PB&J Automotive	500.00	500.00	G2016 $500.00
06/27/2016	Regency Centers, LP One Independent Drive Jacksonville, FL 32202	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
06/27/2016	Tuttle-Click, Inc. 40 Auto Center Drive Irvine, CA 92618	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
06/29/2016	Ann Ruddock [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sales Prudential	150.00	150.00	G2016 $150.00
			SUBTOTAL $	2,150.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
06/30/2016	Annette Bartolomucci [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Self-employed Mrs. B's	100.00	100.00	G2016 $100.00
06/30/2016	Ryan Gallagher [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Engineer KEH & Associates	100.00	100.00	G2016 $100.00
06/30/2016	Scott Jones [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Architect Architects Orange	100.00	100.00	G2016 $100.00
06/30/2016	Susan Lumbard [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	IT Consultant Pacific Life	250.00	500.00	G2016 $250.00
06/30/2016	Richard Nelson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Executive Micromachines	100.00	100.00	G2016 $100.00
			SUBTOTAL $	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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
06/30/2016	Ryder Smith [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Executive Tripepi Smith & Associates	500.00	500.00	G2016 $500.00
06/30/2016	Vestar Properties, Inc. 2425 E Camelback Rd Ste 750 Phoenix, AZ 85016	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
		[ ] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC				
			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

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Austin Lumbard [redacted] †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Klein & Wilson	$ 0.00	$ 1,000.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	% RATE $ 0.00	$ 1,000.00 01/08/2016 DATE INCURRED	CALENDAR YEAR $ 1,000.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 1,000.00		$ 0.00	$ 1,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 1,000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 1,000.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2016
through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
United States Postal Service 115 Main Street Tustin, CA 92782	POS			82.00
Leadership Institute 1101 N Highland St Arlington, VA 22201	CVC			100.00
United States Postal Service 115 Main Street Tustin, CA 92782	POS			47.00

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

SUBTOTAL $ 229.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,432.20
2. Unitemized payments made this period of under $100 ..... $ 144.05
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1,576.25

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2016 through 06/30/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
United States Postal Service 115 Main Street Tustin, CA 92782	POS		94.00
United States Postal Service 115 Main Street Tustin, CA 92782	POS		188.00
The Monaco Group 1101 S Linwood Ave Santa Ana, CA 92705	LIT		459.00
Deluxe Business Forms PO Box 742572 Cincinnati, OH 45274	OFC		165.20
The Monaco Group 1101 S Linwood Ave Santa Ana, CA 92705	LIT		297.00

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

SUBTOTAL $ 1,203.20

www.netfile.com

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Date Stamp: RECEIVED OCT 03 2016 TUSTIN CITY CLERK'S OFFICE

Page 1 of 17

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 7-1-2016 through 9-24-2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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: Postmark 9.27.16

- [x] Preelection Statement
- [ ] Semiannual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1381739

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Lombard for Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Tustin STATE: CA ZIP CODE: [redacted] AREA CODE/PHONE: [redacted]

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

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: E-MAIL ADDRESS: austin4tustin@gmail.com

Treasurer(s)

NAME OF TREASURER: Barrett Garcia

MAILING ADDRESS: 32202 Camino Capistrano #214

CITY: San Juan Capistrano STATE: CA ZIP CODE: 92675 AREA CODE/PHONE: 949-496-6363

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY: STATE: ZIP CODE: AREA CODE/PHONE:

OPTIONAL: 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 9-27-16 (Date) [redacted]

Executed on 9/27/16 (Date) * (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)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Justin J. Lombard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	[redacted]

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from 07/01/2016 through 09/24/2016

Page 2 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lubbard for Council 2016

I.D. NUMBER: 1301739

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 7,848.00	$ 23,821.00
2. Loans Received	Schedule B, Line 3	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 7,848.00	$ 24,821.00
4. Nonmonetary Contributions	Schedule C, Line 3	1,464.70	1,464.70
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 9,312.70	$ 26,286.69

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

6. Payments Made	Schedule E, Line 4	$ 16,867.32	$ 18,443.57
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 16,867.32	$ 18,443.57
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 8	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	1,464.70	1,464.70
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 18,332.02	$ 19,908.27

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 15,897.74
13. Cash Receipts	Column A, Line 3 above	7,848.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	80.85
15. Cash Payments	Column A, Line 8 above	16,867.32
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 6,459.27

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

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 1,000.00

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lumbard for Council 2016

I.D. NUMBER
1381729

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)
07/21/2016	Robert Ammann [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired N/A	100.00	100.00	G2016 $100.00
07/21/2016	Barry Cottle [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Estate Developer C&C Development	150.00	150.00	G2016 $150.00
07/21/2016	Tustin Field Gas & Food Inc. 2917 Edinger Ave Tustin, CA 92780	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
08/11/2016	Patrick Remolacio [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Estate Develpment Shaw Development Partners LLC	1,000.00	1,000.00	G2016 $1,000.00
08/23/2016	Jerry Amante [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney FSB Core Strategies	100.00	250.00	G2016 $250.00
			SUBTOTAL $	1,850.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,699.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 149.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7,848.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
From 07/01/2016
through 09/24/2016

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
08/23/2016	Darren Chandlee [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Business Executive Alpert & Alpert	250.00	250.00	G2016 $250.00
08/23/2016	Ellis Chandlee [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Manager One Gas Inc.	100.00	100.00	G2016 $100.00
08/23/2016	Ryan Gallagher [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Engineer KEH & Associates	150.00	250.00	G2016 $250.00
08/23/2016	Stephen Kozack [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Family Assistance Ministries	100.00	100.00	G2016 $100.00
08/23/2016	Vincent Perricone [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Insurance Broker E.P.I.C.	250.00	250.00	G2016 $250.00
			SUBTOTAL $	850.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
08/23/2016	Darren Chandlee [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Business Executive Alpert & Alpert	250.00	250.00	G2016 $250.00
08/23/2016	Ellis Chandlee [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Manager One Gas Inc.	100.00	100.00	G2016 $100.00
08/23/2016	Ryan Gallagher [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Engineer KEH & Associates	150.00	250.00	G2016 $250.00
08/23/2016	Stephen Kozail [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Family Assistance Ministries	100.00	100.00	G2016 $100.00
08/23/2016	Vincent Perricone [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Insurance Broker E.P.I.C.	250.00	250.00	G2016 $250.00
			SUBTOTAL $	850.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

NAME OF FILER
Lumbard for Council 2016

I.D. NUMBER
1381729

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)
08/23/2016	Sempra Energy 101 Ash Street San Diego, CA 92101	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	G2016 $100.00
08/24/2016	CalAtlantic Group, Inc. 15360 Barranca Pkwy Irvine, CA 92618	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		350.00	350.00	G2016 $350.00
08/25/2016	Kyla Benson [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Santa Ana College	150.00	150.00	G2016 $150.00
08/25/2016	Paul Callanan [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Technology Manager Pimco	100.00	100.00	G2016 $100.00
08/25/2016	Douglass Davert [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Davert & Loe	250.00	350.00	G2016 $350.00
			SUBTOTAL $	950.00		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2016
through 09/24/2016

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NAME OF FILER
Lumbard for Council 2016

I.D. NUMBER
1381739

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)
08/25/2016	Benjamin Flint [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Davert & Loe	300.00	300.00	G2016 $300.00
08/25/2016	Tibor Kelemen [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	CEO Wind Water Realty	1,000.00	1,000.00	G2016 $1,000.00
08/25/2016	Jennifer LaMendola [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Teacher GGUSD	150.00	150.00	G2016 $150.00
08/25/2016	Susan Lumbard [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	IT Consultant Pacific Life	250.00	750.00	G2016 $500.00
09/07/2016	Pamela Sapetto [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	City Planning Sapetto Real Estate Solutions	249.00	249.00	G2016 $249.00
			SUBTOTAL $	1,949.00		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1281739

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)
09/07/2016	Jack Williams [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	G2016 $100.00
09/08/2016	Reed Glver [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Stradling	200.00	225.00	G2016 $225.00
09/12/2016	Kitajima Restaurant Thossansin, Inc 658 N. El Camino Real Tustin, CA 92780	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	100.00	G2016 $100.00
09/14/2016	Craig Jones [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-employed Jones Development	100.00	100.00	G2016 $100.00
09/19/2016	California Apartment Association Political Action Committee (ID# 745208) 980 Ninth Street, Ste 1430 Sacramento, CA 95814	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 $500.00
			SUBTOTAL $	1,000.00		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1291739

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)
09/20/2016	CR&R Incorporated 11292 Western Ave. Stanton, CA 90680	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00	1,500.00	G2016 $1,500.00
09/22/2016	Steven Lodge [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Steve Lodge	100.00	100.00	G2016 $100.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	1,100.00		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1281729

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Austin Lumbard [redacted] †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Klein & Wilson	$ 1,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	0.00 % RATE $ 0.00	$ 1,000.00 01/08/2016 DATE INCURRED	CALENDAR YEAR $ 1,000.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 0.00	$ 0.00	$ 0.00	$ 1,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 0.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 07/01/2016
through 08/31/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
08/22/2016	Karen Perricone [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Chandlee Insurance	Catering for Fundraising Event	1,164.70	6,164.70	G2016 $6,164.70
08/22/2016	Zov's Bistro 17440 E. 17th Street Tustin, CA 92780	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		Complimentary tickets for guests	300.00	300.00	G2016 $300.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 1,464.70

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 1,464.70
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0.00
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 $** 1,464.70

*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.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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 noncontributory)*	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
FNR	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
Barrett Garcia & Co 32302 Camino Capistrano #211 San Juan Capistrano, CA 92675	PRO	Accounting Services	400.00
Transfirst LLC 2121 S Vaughn Way, Suite 360 Aurora, CO 80014		Merchant Fees	72.46
Hart & Associates, LLC 1300 Bristol Street North Suite 100 Newport Beach, CA 92660	CNS		4,500.00

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

SUBTOTAL $ 4,972.46

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 16,728.22
2. Unitemized payments made this period of under $100 ..... $ 139.10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 16,867.32

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 07/01/2016
through [redacted]

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1391728

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

CMP	campaign paraphernalia/misc.	MBC	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
FRA	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
Carstickers.com 2146 NE 4th Street, Suite 100 Bend, OR 97701	CMP	Campaign stickers	142.10
Zazzle.com 1800 Seaport Blvd. Redwood City, CA 94063	CMP	Campaign T-shirts	143.73
FedExOffice Laguna Niguel, CA 92677	OFC	Printing	298.34
Barrett Garcia & Co 32302 Camino Capistrano #214 San Juan Capistrano, CA 92675	PRO		300.00
Transfirst LLC 2131 S Vaughn Way, Suite 250 Aurora, CO 80014	OFC	Merchant Fees	48.40

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

SUBTOTAL $ 932.57

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07/01/2016
through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lombard for Council 2016

I.D. NUMBER: 1801720

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
CTR	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
City of Tustin 300 Centennial Way Tustin, CA 92780	FIL		789.00
Bieber Communications 3609 W. MacArthur Blvd., #812 Santa Ana, CA 92704	LIT		1,392.40
Customink LLC PO Box 759439 Baltimore, MD 21275	CMP	Campaign T-shirts	1,006.50
Budget Watchdogs (ID# 1345115) 1954 W. Carson St. Ste B Torrance, CA 90501	LIT		1,433.00
California Voter Guide (ID# 595004) 1954 W. Carson St. Ste B Torrance, CA 90501	LIT		673.00

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

SUBTOTAL $ 5,293.90

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381738

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

CMP	campaign paraphernalia/misc.	MBC	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTR	contributions (explain memorandum)*	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
FNR	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
Continuing the Republican Revolution (ID# 598041) 1300 Bristol Street North Suite 100 Newport Beach, CA 92660	LIT		450.00
Electon Digest (ID# 1345303) 1954 W. Carson St. Ste B Torrance, CA 90501	LIT		924.00
United States Postal Service 115 Main Street Tustin, CA 92782	POS		47.00
Barrett Garcia & Co 32302 Camino Capistrano #214 San Juan Capistrano, CA 92675	PRO		300.00
Cops Voter Guide Inc. (ID# 599014) 705-2 E. Bidwell Street #370 Folsom, CA 95630	LIT	Slate Mailer	1,147.00

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

SUBTOTAL $ 2,888.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Sumbard for Council 2016

I.D. NUMBER
1281729

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 commentary)*	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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Transfirst LLC 2121 S Vaughn Way, Suite 250 Aurora, CO 80014	OFC	Merchant Fees	92.38
United Taxpayers of Orange County (ID# 1285728) PO Box 9301 Newport Beach, CA 92658	LIT		437.00
COGS South Signs 2209 S. Main Street Santa Ana, CA 92707	CMP		1,426.00
FedExOffice Laguna Niguel, CA 92677	OFC		4.91
COGS South Signs 2209 S. Main Street Santa Ana, CA 92707	CMP		671.00

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

SUBTOTAL $ 2,631.29

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

SCHEDULE I

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lumbard for Council 2016

I.D. NUMBER

1281739

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0.00
2. Unitemized increases to cash of under $100 this period. ..... $ 28.25
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 28.25

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

RECEIVED
Date Stamp
OCT 27 2016
TUSTIN
CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/25/16
through 10/22/16

Date of election if applicable: (Month, Day, Year)
11/08/2016

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:

- [x] 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: 1381739

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Lumbard for Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Tustin | STATE: CA | ZIP CODE: [redacted] | AREA CODE/PHONE: [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: austin4tustin@gmail.com

Treasurer(s)

NAME OF TREASURER: Barrett Garcia

MAILING ADDRESS: 32302 Camino Capistrano #214

CITY: San Juan Capistrano | STATE: CA | ZIP CODE: 92675 | AREA CODE/PHONE: 949-496-6363

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 10/24/16 (Date) — By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on 10-24-16 (Date) — By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Austin J. Lumbard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	[redacted]

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ 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 09/25/2016 through 10/22/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 7,750.00	$ 31,571.99
2. Loans Received	*Schedule B, Line 3*	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7,750.00	$ 32,571.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	1,464.70
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7,750.00	$ 34,036.69

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 5,944.63	$ 24,388.20
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 5,944.63	$ 24,388.20
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	1,464.70
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 5,944.63	$ 25,852.90

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 6,459.27
13. Cash Receipts	*Column A, Line 3 above*	7,750.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	5,944.63
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 8,264.64

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

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1,000.00

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 A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
09/28/2016	Steve Gilmore [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Estate Broker Gilmore Real Estate	200.00	200.00	G2016 $200.00
09/30/2016	Orange County Automobile Dealers Association PAC (ID# 870777) 3737 Birch Street, Suite 220 Newport Beach, CA 92660	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	G2016 $1,000.00
10/03/2016	Orange County Business Council's BIZ PAC (ID# 802010) 515 S. Figueroa St., Ste 1110 Los Angeles, CA 90071	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	G2016 $1,000.00
10/05/2016	Regency Centers, LP One Independent Drive Jacksonville, FL 32202	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC		1,000.00	1,500.00	G2016 $1,500.00
10/18/2016	Al Murray for City Council (ID# 1323319) [redacted]	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		250.00	250.00	G2016 $250.00
			SUBTOTAL $	3,450.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,700.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7,750.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM 460

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
10/18/2016	California Real Estate Political Action Committee - California Association of Realtors (CREPAC) (ID# 890106) 525 S. Virgil Avenue Los Angeles, CA 90020	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00	2,500.00	G2016 $2,500.00
10/18/2016	Jim Palmer [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Orange County Rescue Mission	500.00	500.00	G2016 $500.00
10/18/2016	The Lincoln Club of Orange State PAC (ID# 970861) 9070 Irvine Center Drive, #150 Irvine, CA 92618	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 $500.00
10/21/2016	Faubel Public Affairs 25 Orchard Lake Forest, CA 92630	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	G2016 $250.00
10/21/2016	John Ramirez [redacted]	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Rutan & Tucker, LLP	500.00	500.00	G2016 $500.00
			SUBTOTAL $	4,250.00		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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 *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Austin Lumbard [redacted] †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Klein & Wilson	$ 1,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	0.00 % RATE $ 0.00	$ 1,000.00 01/08/2016 DATE INCURRED	CALENDAR YEAR $ 1,000.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 0.00	$ 0.00	$ 0.00	$ 1,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 0.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 09/25/2016
through 10/22/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
Black Parrot Sign Studio 1582 Parkway Loop Tustin, CA 92780	CMP		259.20
Bieber Communications 3609 W. MacArthur Blvd., #812 Santa Ana, CA 92704		Printing and Postage	2,202.46
Bieber Communications 3609 W. MacArthur Blvd., #812 Santa Ana, CA 92704		Printing and Postage	2,742.41

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

SUBTOTAL $ 5,204.07

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 5,856.45
2. Unitemized payments made this period of under $100 ..... $ 88.18
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 5,944.63

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
Political Data Inc. P.O. Box 59570 Norwalk, CA 90652	LIT	Mail list	206.66
Political Data Inc. P.O. Box 59570 Norwalk, CA 90652	PHO		86.47
Barrett Garcia & Co 32302 Camino Capistrano #214 San Juan Capistrano, CA 92675	PRO	Accounting Services	300.00
Transfirst LLC 3131 S Vaughn Way, Suite 350 Aurora, CO 80014	OFC	Merchant Fees	59.25

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

SUBTOTAL $ 652.38

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Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 10

For Official Use Only

Date Stamp: RECEIVED JAN 20 2017 TUSTIN CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 10-23-2016 through 12-31-2016

Date of election if applicable: (Month, Day, Year) 11/08/2016

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: 1381739

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Lumbard for Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Tustin | STATE: CA | ZIP CODE: 92782 | AREA CODE/PHONE: [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS: austin4tustin@gmail.com

Treasurer(s)

NAME OF TREASURER: Barrett Garcia

MAILING ADDRESS: 32302 Camino Capistrano #214

CITY: San Juan Capistrano | STATE: CA | ZIP CODE: 92675 | AREA CODE/PHONE: 949-496-6363

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 1-18-2017 (Date) By [redacted]

Executed on 1/18/17 (Date) * By [redacted] 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

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Austin J. Lumbard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member: Tustin

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Tustin	CA	92675

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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ 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 10/23/2016 through 12/31/2016

CALIFORNIA FORM **460**

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 4,872.00	$ 36,443.99
2. Loans Received	*Schedule B, Line 3*	0.00	1,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 4,872.00	$ 37,443.99
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	1,464.70
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 4,872.00	$ 38,908.69

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

6. Payments Made	*Schedule E, Line 4*	$ 1,901.73	$ 26,289.93
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1,901.73	$ 26,289.93
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	1,464.70
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1,901.73	$ 27,754.63

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.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 8,264.64
13. Cash Receipts	*Column A, Line 3 above*	4,872.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	1,901.73
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 11,234.91

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

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0.00

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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 1,000.00

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
10/26/2016	Jonathan Abelove [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Board Member Tustin School Board	125.00	125.00	G2016 $125.00
10/28/2016	Ivan Bishop [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Retired	100.00	100.00	G2016 $100.00
10/28/2016	Building Industry Association of Southern California PAC (ID# 741733) 515 South Figueroa St., Ste. 1110 Los Angeles, CA 90071	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		1,000.00	1,000.00	G2016 $1,000.00
10/28/2016	William Doddridge [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Business Owner The Jewelry Exchange	1,500.00	1,500.00	G2016 $1,500.00
10/28/2016	Marge Kasalek [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Homemaker n/a	100.00	100.00	G2016 $100.00
			SUBTOTAL $	2,825.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4,673.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 199.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 4,872.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM **460**

Statement covers period
from 10/23/2016
through 12/31/2016

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
10/28/2016	Craig Swanson [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Real Estate Irvine Assest Group	249.00	249.00	G2016 $249.00
10/31/2016	HNTB Holdings Ltd. PAC (ID# 1298176) 715 Kirk Drive Kansas City, MO 64105	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		250.00	250.00	G2016 $250.00
11/01/2016	Fenstermacher Alan [redacted]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Rutan & Tucker LLP	100.00	100.00	G2016 $100.00
11/07/2016	Manufactured Housing Educational Trust PAC (ID# 820165) 9070 Irvine Center Dr #150 Irvine, CA 92618	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	G2016 $500.00
11/11/2016	AECOM PAC (ID# C00374447) 2450 Crystal Drive #500 Arlington, VA 22202	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		249.00	249.00	G2016 $249.00
			SUBTOTAL $	1,348.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM **460**

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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)
11/11/2016	The Family Action PAC (ID# 1225424) 1601 Dove St Ste 145 Newport Beach, CA 92660	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	G2016 $500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 500.00		

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016 through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Austin Lumbard [redacted] †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Klein & Wilson	$ 1,000.00	$ 0.00	☐ PAID $ 0.00 ☐ FORGIVEN $ 0.00	$ 1,000.00 DATE DUE	0.00 % RATE $ 0.00	$ 1,000.00 01/08/2016 DATE INCURRED	CALENDAR YEAR $ 1,000.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $ 0.00	$ 0.00	$ 0.00	$ 1,000.00	$ 0.00 (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 0.00 (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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 forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
Facebook 1601 Willow Rd. Menlo Park, CA 94025	WEB		50.11
Constant Contact 1601 Trapelo Road, Suite 329 Waltham, MA 02451	WEB		45.00
Facebook 1601 Willow Rd. Menlo Park, CA 94025	WEB		70.82

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

SUBTOTAL $ 165.93

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1,898.73
2. Unitemized payments made this period of under $100 ..... $ 3.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 1,901.73

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
Barrett Garcia & Co 32302 Camino Capistrano #214 San Juan Capistrano, CA 92675	PRO		300.00
Rory Dotson [redacted]	CMP		150.00
Hart & Associates, LLC 1300 Bristol Street North Suite 100 Newport Beach, CA 92660	PHO		400.00
Tustin Grille 405 El Camino Real Tustin, CA 92780	OFC	Election night food and beverage	560.21
Transfirst LLC 3131 S Vaughn Way, Suite 350 Aurora, CO 80014	OFC	Merchant fees	71.70

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

SUBTOTAL $ 1,481.91

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Lumbard for Council 2016

I.D. NUMBER: 1381739

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
Constant Contact 1601 Trapelo Road, Suite 329 Waltham, MA 02451	WEB		45.00
Facebook 1601 Willow Rd. Menlo Park, CA 94025	WEB		130.54
Transfirst LLC 3131 S Vaughn Way, Suite 350 Aurora, CO 80014	OFC	Merchant fees	25.35
Secretary of State 1500 11th Street, Room 495 Sacramento, CA 95814	FIL	Annual Fees	50.00

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

SUBTOTAL $ 250.89

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