

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	CALIFORNIA 2001/02 FORM
RECEIVED	460
OCT 22 2019	Page <u>1</u> of <u>5</u>
CITY OF NOVATO	For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>9/22/19</u>	
through <u>10/19/19</u>	

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1316024

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Eric Lucan for City Council 2019

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Novato	CA	94947	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Mitch Todd

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Rafael	CA	94903	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/21/19
Date

Executed on 10/21/19
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

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

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

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>5</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Eric Lucan

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council District 3, City of Novato

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Novato CA 94947

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/22/19</u>	CALIFORNIA FORM 460
through <u>10/19/19</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1316024</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Eric Lucan for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>6,100.00</u>	\$ <u>26,796.00</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>6,100.00</u>	\$ <u>26,796.00</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>6,100.00</u>	\$ <u>26,796.00</u>

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>5,156.11</u>	\$ <u>12,192.82</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,156.11</u>	\$ <u>12,192.82</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5,156.11</u>	\$ <u>12,192.82</u>

**Expenditure Limit Summary for State
Candidates**

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

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>14,864.54</u>
13. Cash Receipts Column A, Line 3 above	<u>6,100.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>5,156.11</u>
15. Cash Payments Column A, Line 8 above	<u>15,808.43</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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

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

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

Name of Filer: Eric Lucan for City Council 2019
ID Number: 1316024

Statement Covers Period	
from	9/22/2019
to	10/19/2019

FORM 460
Page 4
of 5

Date Received	Name of Contributor		Address	Contributor Code								Amount Received this Period	Cumulative to Date Calendar Year		
	Last	First		Company	City	State	Zip	Ind	Com	Other	PTY			SCC	Occupation and Employer
9/21/19	Jones	Christine		Novato	CA	94947	x						grandmother	\$ 100.00	\$ 100.00
9/23/19	Albert	Tanya		Novato	CA	94949	x						Supervisory Aide, County of Marin	\$ 50.00	\$ 50.00
9/24/19	Addleman	Danielle		Novato	CA	94947	x						Talent Development, Federal Reserve Bank of San Francisco	\$ 50.00	\$ 50.00
9/26/19	Hirshfield	Maddy		Cotati	CA	94931	x						Political Director, North Bay Labor Council	\$ 150.00	\$ 150.00
9/26/19			CREPAC-C.A.R. Candidate Support ID#890106	Los Angeles	CA	90020		x						\$ 400.00	\$ 400.00
9/27/19			International Brotherhood of Electrical Workers Local 551 PAC ID#1277746	Sacramento	CA	95814		x						\$ 400.00	\$ 400.00
9/27/19	Landies	Gordon		Novato	CA	94947	x						CEO, OfficeWork Software	\$ 200.00	\$ 400.00
9/28/19	Guerhring	Ross		Novato	CA	94947	x						PR, Lighthouse Public Affairs	\$ 200.00	\$ 200.00
9/28/19			United Food & Commercial Works Local 5 PAC	San Jose	CA	95113		x						\$ 400.00	\$ 400.00
10/2/19	Parker	Joanne		Cloverdale	CA	95425	x						Infrastructure Finance, SMART	\$ 100.00	\$ 100.00
10/2/19	Chacko	Jaon		Novato	CA	94945	x						Retired	\$ 100.00	\$ 200.00
10/3/19			Novato Police Officer's Association	Novato	CA	94948		x						\$ 400.00	\$ 400.00
10/4/19	Ghirardo	Jerry		Novato	CA	94945	x						CPA, Ghirardo CPA	\$ 200.00	\$ 200.00
10/4/19	Derby	Justin		Novato	CA	94949	x						Home Builder, Meritage Homes	\$ 400.00	\$ 400.00
10/4/19	Bolton	Brian		Novato	CA	94949	x						Field Service/Prog, Empire Comm.	\$ 50.00	\$ 120.00
10/5/19			Marin Builders Association Political Action Committee	San Rafael	CA	94903		x						\$ 400.00	\$ 400.00
10/8/19	Nickel	Kathy		Novato	CA	94947	x						Insurance Agent, Northgate Insurance	\$ 100.00	\$ 100.00
10/9/19	Nance	Victoria		Novato	CA	94949	x						General Contractor, Thompson Builders	\$ 400.00	\$ 400.00
10/9/19	Flores	Ever		Santa Rosa	CA	95401	x						School Counselor, Healdsburg Unified School District	\$ 400.00	\$ 400.00
10/10/19	Sheffield	Edward		Santa Rosa	CA	95405	x						Government Affairs, Sutter Health	\$ 50.00	\$ 50.00
10/11/19	Burke	Mary Jane		Novato	CA	94947	x						Marin County Superintendent of School, MCOE	\$ 100.00	\$ 100.00
10/13/19	Edward	Jackie		Rohnert Park	CA	94928	x						Day Supervisor, Santa Rosa City School	\$ 100.00	\$ 100.00
10/15/19	Conroy	Vincent		Novato	CA	94945	x						Technology, Self Employed	\$ 50.00	\$ 50.00
10/18/19			Access4Bikes	Woodacre	CA	94973			x					\$ 400.00	\$ 400.00
10/19/19	Albanese	Charlene		Larkspur	CA	94977	x						Real Estate Agent, PFI Inc	\$ 400.00	\$ 400.00
10/19/19	Sproete	Vincent		Novato	CA	94947	x						Fire Marshal, City of Vallejo	\$ 100.00	\$ 100.00
10/20/19			North Bay Labor Council AFL-CIO COPE	Santa Rosa	CA	95403		x						\$ 400.00	\$ 400.00
											Subtotal:	\$ 6,100.00			

Schedule A Summary	
1. Amount received this period - contributions of \$25 or more. (Include all Schedule A subtotals.)	\$ 6,100.00
2. Amount received this period - unitemized contributions of less than \$25	\$ 6,100.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	\$ 6,100.00

Schedule E Payments Made		Statement Covers Period from 9/22/2019 to 10/19/2019		FORM 460 Page 5 of 5
Name of Filer: Eric Lucan for City Council		ID Number: 1316024		
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB		\$ 245.94	
paypal.com 2211 North First Street San Jose, CA 95131	WEB		\$ 65.95	
PMCohen Public Affairs PO Box 150268 San Rafael, California 94915-0268	CNS		\$ 1,050.00	
four waters media, inc. 3093 Lassen Street West Sacramento, CA 95691	CNS		\$ 150.00	
four waters media, inc. 3093 Lassen Street West Sacramento, CA 95691	LIT		\$ 2,731.11	
Alphagraphics 3000 Kerner Boulevard San Rafael, CA 94901	LIT		\$ 605.92	
Luke Heslip 3 Ramona Way Novato, CA 94945	CNS		\$ 260.00	
Democratic Central Committee of Marin PO Box 683 Fairfax, CA 94978	PRT		\$ 30.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			\$ 5,138.92	

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 5,138.92
2. Unitemized payments made this period of under \$25	\$ 17.19
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.)	\$ 5,156.11