

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp	RECEIVED OCT 19 2015 CITY OF NOVATO	CALIFORNIA 2001/02 FORM	460
		Page <u>1</u> of <u>6</u>	For Official Use Only

Statement covers period

from 9/20/2015

through 10/17/2015

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

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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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"/> Primarily Formed Candidate/
Officeholder Committee
<i>(Also Complete Part 7)</i> |

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

STREET ADDRESS (NO P.O. BOX)

26 Truman Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Novato</u>	<u>CA</u>	<u>94947</u>	<u>415-272-3265</u>

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

Bradford C. Beach

MAILING ADDRESS

81 Gazania Ct

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Novato</u>	<u>CA</u>	<u>94945</u>	<u>415-269-4936</u>

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 10/19/15
Date

Executed on 10/19/15
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**

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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, City of Novato

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

26 Truman Drive 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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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>9/20/2015</u>	CALIFORNIA FORM 460
through <u>10/17/2015</u>	
Page <u>3</u> of <u>6</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>3,534.00</u>	\$ <u>16,408.99</u>
2. Loans Received Schedule B, Line 3		<u>1,638.38</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,534.00</u>	\$ <u>18,047.37</u>
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,534.00</u>	\$ <u>18,047.37</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>5,821.75</u>	\$ <u>7,532.01</u>
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5,821.75</u>	\$ <u>7,532.01</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>5,821.75</u>	\$ <u>7,532.01</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>11,258.63</u>
13. Cash Receipts Column A, Line 3 above	<u>3,534.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	
15. Cash Payments Column A, Line 8 above	<u>5,821.75</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8,970.88</u>

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).

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>1,638.38</u>

*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
 ID Number: 1316024

Statement Covers Period	
from	9/20/15
to	10/17/15

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Date Received	Name of Contributor		Address	City	State	Zip	Contributor Code						Occupation and Employer	1/1/15 to 6/30/15	Cumulative to Date Calendar Year
	Last	First					Ind	Com	Other	PTY	SCC				
9/8/15	Bill	Hollibaugh	513 Bodega Ave	Petaluma	CA	94952	x						Owner, Holly Solar Products	\$100.00	\$400.00
9/20/15	Kline	Dale	31-C Oliva Dr	Novato	CA	94947	x						Operations Manager, Sutter Insurance Co	\$50.00	\$50.00
9/21/15			Hanson Bridgett LLP	80 E. Sir Francis Drake Blvd., Suite 3E	Larkspur	CA	94939			x				\$400.00	\$400.00
9/21/15			Friends of Marc Levine for ASM 2016 #1373484	85 Angela Ave	San Anselmo	CA	94960	x						\$400.00	\$400.00
9/24/15	Colin	Kate	18 Culloden Park Road	San Rafael	CA	94901	x						Councilmember, City of San Rafael	\$200.00	\$200.00
9/25/15	Graves	Duane	242 Butterfield Drive	Novato	CA	94945	x						Retired	\$20.00	\$20.00
9/25/15			Builders Association PAC	660 Las Gallinas Ave	San Rafael	CA	94903	x						\$400.00	\$400.00
9/27/15	Perez	Gabe	114 Cooper Street	Sonoma	CA	95476	x						VP Strategy & Market Development, Coupa Software	\$100.00	\$100.00
9/29/15	Matas	Barbara	23 Sequoia Glen Lane	Novato	CA	94945	x						Retired	\$35.00	\$35.00
10/2/15	Goodman	Margie	10 Charmaine Ct	Novato	CA	94949	x						Retired	\$100.00	\$100.00
10/2/15	Jordan	Rob	6 Lavenham Rd	Novato	CA	94949	x						R. E. Acquisitions, STRS Ohio	\$100.00	\$100.00
10/3/15	Boggio	Alex	24 Truman Drive	Novato	CA	94947	x						CEO, Delta11 Inc	\$250.00	\$250.00
10/3/15	Boggio	Erica	24 Truman Drive	Novato	CA	94947	x						CFO, Delta11 Inc	\$250.00	\$250.00
10/6/15			Building Trades Council / Let's Build Responsibly PAC 900667	PO Box 6451	San Rafael	CA	94903	x						\$200.00	\$200.00
10/7/15	McCullough	Andrew	21 Biscayne Ct	San Rafael	CA	94901	x						Attorney, Syufy Enterprises	\$99.00	\$99.00
10/9/15			North Bay Leadership Council PAC 1246290	2350 Kerner Blvd, Suite 250	San Rafael	CA	94901	x						\$400.00	\$400.00
10/11/15	Magnone	Susan	8 Westridge Lane	Novato	CA	94945	x						Retired from Contra Costa County Office of Education, Educational Administration	\$30.00	\$30.00
10/14/15			Northern California Carpenter's Regional Council 972104	265 Hegenberger Road, Suite 200	Oakland	CA	94621	x						\$400.00	\$400.00
													Subtotal:	\$ 3,534.00	

Schedule A Summary														
1. Amount received this period - contributions of \$25 or more. (Include all Schedule A subtotals.)													\$	3,534.00
2. Amount received this period - unitemized contributions of less than \$25														
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)													\$	3,534.00

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>9/20/2015</u> through <u>10/17/2015</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Eric Lucan for City Council	I.D. NUMBER 1316024
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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
Eric Lucan 26 Truman Drive Novato, CA 94947 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CMO, Mike's Bikes	\$ 1,638.38	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,638.38 DATE DUE _____	0 % RATE	\$ 3,038.38 11/8-12/12 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
Eric Lucan 26 Truman Drive Novato, CA 94947 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$					\$ 1,638.38	\$		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

Schedule E Payments Made		Statement Covers Period from 9/20/2015 to 10/17/2015		FORM 460 Page 6 of 6	
Name of Filer: Eric Lucan for City Council			ID Number: 1316024		
Safeway 900 Diablo Ave Novato, CA 94947		Food for Campaign Event	\$	15.32	
Shell Gas Station 1390 S. Novato Blvd Novato, CA 94947		Ice for Campaign Event	\$	11.29	
Costco 300 Vintage Way Novato, CA 94945		Food for Campaign Event	\$	230.51	
paypal.com 2211 North First Street San Jose, CA 95131	WEB	Paypal Fees	\$	12.49	
Nugget Markets 470 Ignacio Blvd Novato, CA 94949	POS	Stamps	\$	19.60	
SC Design 50 Old Courthouse Square, Suite 203 Santa Rosa, CA 95404	LIT	Campaign Mailer	\$	3,778.34	
Trade Litho 720 Harbour Way S #A Richmond, CA 94804	POS	Postage	\$	1,648.55	
Facebook 1 Hacker Way Menlo Park, CA 94025	WEB	Advertising	\$	87.70	
Pini Ace Hardware 1535 S. Novato Blvd Novato, CA 94947		Supplies for Signs	\$	17.95	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			\$	5,821.75	

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 5,821.75
2. Unitemized payments made this period of under \$25	
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.)	\$ 5,821.75