			and the same of th		, `		COVER PAGE
Recipient Committee Campaign Statement Cover Page		V Se			Date Stamp	C	ALIFORNIA 460 FORM
	2022 SEP 29	PM 4:	Statement covers period	Date of election if applicable: (Month, Day, Year)		Pa	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	FINANCIAL SEA	71 (111) VISEB 1	through <u>09-24-2022</u>				
1. Type of Recipient Comn	nittee: All Commit	tees – Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
 ✓ Officeholder, Candidate Con	n Committee	C (Al	rimarily Formed Ballot Measure ommittee Controlled Sponsored So Complete Part 6) rimarily Formed Candidate/ fficeholder Committee so Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)		Statement dd-Year Report
3. Committee Information			NUMBER 453570	Treasurer(s)			
COMMITTEE NAME (OR CANDIDAT	E'S NAME IF NO COM	MITTEE)		NAME OF TREASURER			
Committee for Dave Melch	ner for City Coun	cil - Fost	er City 2022	Walter M. Rick			
		100,	3.0, 2022	MAILING ADDRESS			
STREET ADDRESS (NO DO DOX							
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP COD	DE AREA CODE/PHONE	Foster City NAME OF ASSISTANT TREASURI	CA	94404	
	CA			NAME OF ASSISTANT TREASURI	ER, IF ANY		
Foster City MAILING ADDRESS (IF DIFFERENT)		94404 R P.O. BOX		MAILING ADDRESS			
CITY	STATE	ZIP COD	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Francisco	CA	94128					
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRE	SS		
. Verification							
I have used all reasonable diliger	nce in preparing and	reviewing	g this statement and to the b <u>est of r</u>	nv knowledge the information contained	herein and in the attac	ched schedule	s is true and complete. I
certify under penalty of perjury ur	nder the laws of the	State of C	California that the foregoing is				
Executed on09-29-2022	Date		Ву	of Treasurer or Assistant	Treasurer		
Executed on	Date		By ————————Signa		ponent or Responsible Office	er of Sponsor	
Executed on	Date		Ву	Signature of Controlling Officeholder, Candidate, S			
Executed on	Date		Ву	Signature of Controlling Officeholder, Candidate, S		***	

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Con	nmittee	6	6. Primarily Formed Ba	llot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASUR			
Dave Melchner						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DI	STRICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICT	ION	
Member City Council						SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP				
	Foster City CA	94404	Identify the controlling off	iceholder, candi	date, or state measure pr	oponent, if any.
		· · · · · · · · · · · · · · · · · · ·	NAME OF OFFICEHOLDER,	CANDIDATE, OR I	PROPONENT	
Related Committees Not Included in this S	Statement: List any com	nmittees				
not included in this statement that are controlled by you contributions or make expenditures on behalf of your c.	u or are primarily formed to	receive	OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	•					
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMIT	TTEE? 7	 Primarily Formed Ca officeholder(s) or candidate 	ndidate/Offic	eholder Committee	ist names of
	YES NO				committee is primarily form	ied.
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
OLTY						OPPOSE
CITY STATE ZII	P CODE AREA COD	E/PHONE	NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HEL	D
						SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER O	P CANDIDATE	OFFICE SOUGHT OR HELI	☐ OPPOSE
			WILL OF OFFICE HOLDER O	N CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
NAME OF TREASURER	CONTROLLED COMMIT	TEE?				☐ OPPOSE
	☐ YES ☐ NO		NAME OF OFFICEHOLDER O	R CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.C						☐ OPPOSE
				·	1	
CITY STATE ZIF	CODE AREA CODE	E/PHONE	At	tach continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period california 460 from <u>07-01</u>-2022 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Walter M. Rick 1453570

1. Monetary Contributions		Calendar Year Summary for Cananal Floations	Column B CALENDAR YEAR TOTAL TO DATE		Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	(F	ontributions Received
2. Loans Received		General Elections	3025.00	\$	3025.00	\$	Monetary Contributions Schedule A, Line 3
Substitute Sub	n 6/30 7/1 to Date	1/1 through 6/30	0.00		0.00		•
4. Nonmonetary Contributions	\$ 9056.00	20. Contributions	3025.00	\$	3025.00	\$	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
Expenditures Made 6. Payments Made	7		6031.00		6031.00		Nonmonetary Contributions
6. Payments Made Schedule E, Line 4 \$ 0.00 \$	\$ 0.00	Made \$	9056.00	\$	9056.00	\$	TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4
6. Payments Made Schedule E, Line 4 \$ 0.00 \$	mary for State	Expenditure Limit Summary				<u> </u>	xpenditures Made
8. SUBTOTAL CASH PAYMENTS	mary for class		0.00	\$		\$	Payments Made Schedule E, Line 4
9. Accrued Expenses (Unpaid Bills)			0.00				Loans Made Schedule H, Line 3
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	penditures Made* ary Expenditure Limit)	22. Cumulative Expenditu (If Subject to Voluntary Expen	0.00	\$	0.00	\$	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
11. TOTAL EXPENDITURES MADE	Total to Date		0.00				Accrued Expenses (Unpaid Bills)
Current Cash Statement 12. Beginning Cash Balance	Total to Bato		0.00				Nonmonetary AdjustmentSchedule C, Line 3
12. Beginning Cash Balance	\$	\$/	0.00	\$	0.00	\$. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10
13. Cash Receipts	\$	\$\$.				Alexandra and a second	urrent Cash Statement
13. Cash Receipts			calculate Column B.	То		7	. Beginning Cash Balance Previous Summary Page, Line 16
15. Cash Payments			l amounts in Column	add			. Cash Receipts
15. Cash Payments	different from amounts	*Amounts in this section may be differed reported in Column B	ounts from Column B	amo			. Miscellaneous Increases to Cash Schedule I, Line 4
16. ENDING CASH BALANCE						-	. Cash Payments
17. LOAN GUARANTEES RECEIVED			negative figures that	ber	525.00	\$.	. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15
17. LOAN GUARANTEES RECEIVED			vious period amounts. If	prev			If this is a termination statement, Line 16 must be zero.
Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any).			l for this calendar year,	filed	0.00	\$.	. LOAN GUARANTEES RECEIVED Schedule B, Part 2
18. Cook Equivalents			n Lines 2, 7, and 9 (if	fron		#-Discountered	ash Equivalents and Outstanding Debts
10. Cash Equivalents			1-	any,	0.00	\$ _	. Cash Equivalents See instructions on reverse
19. Outstanding Debts	FPPC Form 460 (Jan/2016)	FDPC Fc			0.00	\$.	. Outstanding Debts Add Line 2 + Line 9 in Column B above
		FPPC Advice: advice@fppc.ca.		No.			

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement covers period

Monetary	Contributions Received	.0	whole donard.	Statement coverage from 07-01-2022	-	CALI F	FORNIA 460
	ONS ON REVERSE			through)22	Page	4 of 17
NAME OF FILER Walter M. R						I.D. NU 145357	JMBER 70
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
09-28-2022	Mrs. Grace Carole Loo San Mateo, Ca 94403	☑ IND □ COM □ OTH □ PTY □ SCC		1000.00	1000.00		
09-29-2022	Control Fire, Inc. Redwood City, Ca 94061	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1500.00	2500.00		
09-13-2022	Dave Melchner Foster City, Ca 94404	☑ IND □ COM □ OTH □ PTY □ SCC	Contractor Caponio & Son's	525.00	3025.00		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	3025.00			
1. Amount re (Include all	A Summary ceived this period – itemized monetary contribution I Schedule A subtotals.) ceived this period – unitemized monetary contributi		\$	25.00	IND COM -	(other t	al ent Committee han PTY or SCC) e.g., business entity)
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co					Small C	ontributor Committee Form 460 (Jan/2016))

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA A CO

Statement covers period

				from <u>07-01-2022</u>	<u>.</u>	FORM	
NAME OF FILER				through09-24-20		Page 5	of 17
Walter M. Ric	k				1	1453570	
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 CALENDAR YE (JAN. 1 - DEC.	AR	R ELECTION TO DATE REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL \$	0.00			

*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

Sched	ule	В	_	Part	1			
Loans Received								

** If required.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Loans Received		to whole dollar	15.		07.01.202	•	CALIFORI	^{NIA} 460
					from <u>07-01-202</u>	<u></u>	_ FORM	
SEE INSTRUCTIONS ON REVERSE					through <u>09-24-2</u>	2022	_ Page	of 17
NAME OF FILER							I.D. NUMBER	
Walter M. Rick							1453570	
	IE AN INDIVIDUAL EVENT	(a)	(b)	(C)		and the second second section and the section and the second section and the section and		The section of the se
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	RECEIVED THIS	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	PAID THIS	S AMOUNT OF	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID				CALENDAR YEAR
				s	\$	%	\$	\$
				FORGIVEN	,	RATE		PER ELECTION*
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	s
				PAID				CALENDAR YEAR
				s	. s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION*
[†] □ IND □ COM □ OTH □ PTY □ SCC		s	s	\$	DATE DUE	s	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	s	%	s	,
				FORGIVEN		RATE		PER ELECTION*
† IND COM OTH PTY SCC		s	s	\$	DATE DUE	s	DATE INCURRED	s
	S	UBTOTALS \$	6 0.00	\$ 0.00	\$ 0.00	\$ 0.00		Appendix and a second
Caladala D Communication					• • • • • • • • • • • • • • • • • • • •	(Enter (e) on Sche	edula E. Lino 3)	
Schedule B Summary				0.0	.0	(Enter (e) on oon	edule E, Lilie 3)	
1. Loans received this period		•••••		\$ <u>0.0</u>				
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period	s of less than \$100.)			0.0	0	(†Contributor Codes	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)	••••••	***************************************				IND – Individual	
(Include loans paid by a third party that	t are also itemized on Sched	dule A.)			_	(COM – Recipient Co other than F	
3. Net change this period. (Subtract Line	≥ 2 from Line 1.)		•••••	NET \$	0	(OTH - Other (e.g., b	ousiness entity)
Enter the net here and on the Summar	y Page, Column A, Line 2.						PTY – Political Party SCC – Small Contrik	/ outor Committee
				(Ma	ay be a negative number)	(Continuee
*Amounts forgiven or paid by another party also me	ust be reported on Schedule A.)						

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

Sche	dule	В	_	P	art	2
Loan	Gua	ra	nt	0	rs	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period

Loan Guarantors		to whole dollars.		from <u>07-01</u> -		CALIFOR	^{RNIA} 460
SEE INSTRUCTIONS ON REVERSE				through	24-2022	Page	_ of +
NAME OF FILER Walter M. Rick	DN REVERSE EET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* CONTRIBUTOR CODE* IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) IND COM OTH PTY SCC IND COM OTH PTY				I.D. NUMBER 1453570	₹	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER			CALENDAR YEAR	
	□ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
			LENDER			CALENDAR YEAR	
	□ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
	1 1		LENDER			CALENDAR YEAR	
	□ OTH □ PTY		DATE			PER ELECTION (IF REQUIRED)	
•	□IND		LENDER			CALENDAR YEAR	
	□отн		DATE			PER ELECTION (IF REQUIRED)	

Enter on Summary Page, Line 17 only.

SUBTOTAL \$ 0.00

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 07-01-2022 **FORM** from through _____ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Walter M Diele

vv after ivi. i	RICK						145357	0
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	CUMULATI DATI CALENDAF (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
09-28-22	Marlon Austria South San Francisco, Ca 94080	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Realty World/Bay Area Real Estate	Caps/Lawn Signs/ Vehicle Magnets	3700.00	3700.00		
09-28-22	Danny Freitas Santa Cruz, Ca 95060	☑IND □COM □OTH □PTY □SCC	Self Employed C & D Freitas Construction	T-Shirts	2331.00	6031.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
Attach add	litional information on appropriately labeled o	continuation s	sheets.	SUBTOTAL \$	0.00			

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	6031.00
Amount received this period – unitemized nonmonetary contributions of less than \$100	0.00

OTH - Other (e.g., business entity) PTY - Political Party

(other than PTY or SCC)

COM - Recipient Committee

3. Total nonmonetary contributions received this period.

SCC - Small Contributor Committee

*Contributor Codes IND - Individual

Schedule D Summary of Expenditures Supporting/Opposing Other

Amounts may be rounded to whole dollars.

SCHEDULE D Statement covers period CALIFORNIA 460 07-01-2022

Candidai	tes, Measures and Committees		irom				
SEE INSTRUCT	TIONS ON REVERSE			through <u>09-24-202</u>	22	Page A of A	
Walter M. Ri						I.D. NUME	
vvalter ivi. 10	ick .					1453570)
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - E	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	Support Dppose	Independent Expenditure					
		☐ Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	- \$ 0.00			
Schedule	D Summary						
	contributions and independent expenditures made	this period. (Include all	Schedule D subtotals	:)		0.0	00
	d contributions and independent expenditures ma						
	ributions and independent expenditures made this						
	made this	penou. (Add Lines 1 a	Hu ∠. Do not enter on	the Summary Page.) TOT	ΔI \$ 0.0	,,

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

Statement covers period
from 07-01-2022

through 09-24-2022

Page 10 of 77

I.D. NUMBER

				through <u>09-24-20</u>	22	Page	10 of 17
NAME OF FILER						I.D. NUMB	
Walter M. Ric	ck					1453570	1
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		☐ Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$ 0.00		1	

Schedule	Ε
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E Statement covers period **CALIFORNIA** FORM 07-01-2022 from. through <u>09-24-2022</u> I.D. NÜMBER 1453570

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Walter M. Rick

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

campaign consultants

contribution (explain nonmonetary)* CTB

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

independent expenditure supporting/opposing others (explain)*

legal defense

LIT campaign literature and mailings

MBR member communications MTG meetings and appearances

office expenses

PET petition circulating

PHO phone banks

polling and survey research postage, delivery and messenger services

professional services (legal, accounting) print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	01	R DESCRIPTION OF PAY	MENT	AMOUNT PAID
		-			
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.			SUBTOTAL S	; 0.00
Schedule E Summary					
1. Itemized payments made this period. (Include all Schedule E subtotals.)\$.00
2. Unitemized payments made this period of under \$100			\$ ⁰	.00	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part					00

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period 07-01-2022

CALIFORNIA FORM

SCHEDULE E (CONT.)

through <u>09-24-2022</u>

from _

I.D. NUMBER

Walter M. Rick				1453570
CODES: If one of the following codes accurately described accurately des	ribes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications meetings and appearances OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and production returned contributions campaign workers' salaries TEL t.v. or cable airtime and production returned contributions campaign workers' salaries TRC candidate travel, lodging, are staff/spouse travel, lodgi			aries I production costs g, and meals ging, and meals nittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
	-			
* Payments that are contributions or independent expenditures must also be	e summarized on Sched	dule D.		SUBTOTAL \$ 0.00

SUBTOTAL \$ 0.00

S				

Schedule	∍ F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from $\frac{07-01-2022}{\text{through}}$

CALIFORNIA 460

Page 12 of 17

I.D. NUMBER 1453570

SEE	INS	TRUC	TIONS	ON	REV	ERSE

NAME OF FILER

Walter M. Rick

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

CMP campaign paraphernalia/misc.

CMB campaign consultants

CTB contribution (explain nonmonetary)*

MBR member communications

MBR member communications

MER method appearances

MER prefured contributions

SAL campaign workers' salaries

ND independent expenditure supporting/opposing others (explain)*
POS postage, delivery and messenger services
LEG legal defenses
PRO professional services (legal, accounting)
To remain literature and mailing and messanger services
TSF transfer between committees of the same candidate/sponsor

To campaign literature and mailings

PRT print ads

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	i 0.00 \$; 0.00 \$	0.00	5 0.00

Schedule F Summary

... NET \$ ______

May be a negative number

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

www.fppc.ca.gov

Schedule	∍ F		
(Continu	ation Shee	t)	
Accrued	Expenses	(Unpaid	Bills)

campaign literature and mailings

NAME OF FILER

Walter M. Rick

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Sta	atement covers period	CALIFORN
	07-01-2022	FORM

through _09-24-2022

I.D. NUMBER 1453570

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 TEL t.v. or cable airtime and production costs CVC civic donations petition circulating candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research POL TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration

PRT print ads WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS \$	0.00	\$ 0.00	\$ 0.00	\$ 0.00

Schedule	G				
Payments	Made by	y an A	\gent (or Indepen	dent
Contracto	r (on Be	half o	f This	Committee))

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA / CO
from <u>07-01-2022</u>	FORM 46U
through <u>09-24-2022</u>	Page 15 of 17
	I.D. NUMBER

1453570

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Walter M. Rick

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*
CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense LIT campaign literature and mailings MBR member communications

MTG meetings and appearances OFC office expenses

PET petition circulating PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		ļ		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

				SCHEDULE H				
Schedule H	Amounts may be rounded			Statement covers period		CALIEODA	DESCRIPTION OF THE PROPERTY OF	
Loans Made to Others*			to whole dollars.			22	FORM	11A 460
					from		T CINIII	
SEE INSTRUCTIONS ON REVERSE					through	2022	- 100	(2)
NAME OF FILER					unougn		Page 10	_ of _
							I.D. NUMBER	
Walter M. Rick							1453570	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(b)	(c)	(d)	(e)	(f)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	AMOUNT	REPAYMENT O FORGIVENESS	BALANCE AT	INTEREST	ORIGINAL AMOUNT OF	CUMULATIVE
(II GOMMITTEL, ALGO ENTER I.D. NOMBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOD	CLOSE OF THIS	RECEIVED	LOAN	LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	s	%	\$	s
				FORGIVEN		RATE		PER ELECTION**
								PERELECTION
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
							DATE INCORRED	
		İ		☐ PAID				CALENDAR YEAR
				s	s	9,4		
				FORGIVEN		RATE	<u> </u>	S
				LI FORGIVEN				PER ELECTION**
		\$	\$	s		\$		s
*Loans that are contributions to another candidate of					DATE DUE		DATE INCURRED	
also be summarized on Schedule D. Loans forgiver	n committee must n must also be							
reported on Schedule E.		SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
						(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary						Ochedaje I, Eirle 3)		
_					0.00			
. Loans made this period(Total Column (b) plus unitomized leans	of lose than \$100.)	***************************************		• • • • • • • • • • • • • • • • • • • •	\$			
(Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans					0.00		,	**If Required
(Total Column (c) plus unitemized paym	ents of less than \$100 \		• • • • • • • • • • • • • • • • • • • •	•••••••	\$ <u></u>		<u> </u>	
8. Net change this period. (Subtract Line 2	from Line 1)				NET ¢ 0.00			
(Enter the net here and on the Summary	Page Column A Line 7 \	••••••		••••••	NET \$			
, and the same of the odd in the	. ago, oolamii / , Line / .)							

(May be a negative number)

Schedule I		Amounts may be rounded		SCHEDU				
Miscellaneous Increases to Cash		to whole dollars.	Stater	nent covers period				
		from		01-2022	FORM 46	OU		
			through	09-24-2022	12 12	•		
SEE INSTRUCTIONS ON REVER: NAME OF FILER	SE		unough_		Page 17 of 17			
Walter M. Rick					I.D. NUMBER			
DATE	FULL NAME AND ADDRESS OF COURSE				1453570	7CR 200 P.O.		
RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF	RECEIPT	AMOUNT OF			
		*			INCREASE TO CASH			
Attach additional informat	on on appropriately labeled continuation sheet	to				_		
Schedule I Summary		15.		SUBTOTAL \$	0.00			
•				0.00		=		
	ash this period			.\$				
2. Unitemized increases to cash of under \$100 this period			••••••	\$				
3. Total of all interest recei	ved this period on loans made to others. (Schedule H, Column (e).)		\$				
. Total miscellaneous incr	eases to cash this period. (Add Lines 1, 2,	, and 3. Enter here and on the		0.00				
Summary Page, Line 14	.)		TOTAL	\$	FPPC Form 460 (Jan/2016)	}		
				FPPC Advice: advice@	@fppc.ca.gov (866/275-3772))		

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