Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	COVERPAGE COVERPAGE CALIFORNIA 460 FORM
	Statement covers period from07/01/2011	Date of election if applicable: (Month, Day, Year)	(Hand - delivered) 2012 JAN 31 PM 4 392 1 of 22 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2011		CITY OF COSTA MEDA
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	inplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure committee () Controlled () Sponsored (so Complete Part 6) imarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Righeimer for City Council 2010 STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO CITY STATE ZIP COD OPTIONAL: FAX / E-MAIL ADDRESS		Treasurer(s) NAME OF TREASURER Lysa Ray MAILING ADDRESS MAILING ADDRESS MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP CODE AREA CODE/PHONE
A. Verification I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California (Executed on	that the foregoing	istant T	reasurer Tonnent or Responsible Officer of Sponsor ate Measure Proponent
Executed on	Ву	Signature of Controlling Officeholder Candidate Sta	ate Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

CALIFORNIA FORM 460

Page	2	of _22	

. Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
James Righeimer								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICTLY Council Member	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	TON		SUPPORT OPPOSE	
	STATE ZIP		Identify the controlling of	iceholder, ca	andidate, or sta	ite measure	proponent, if any	
·			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR P	ROPONENT			
Related Committees Not Included in this Stanot included in this statement that are controlled by you contributions or make expenditures on behalf of your call	or are primarily formed to receive		OFFICE SOUGHT OR HELD		[DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)	didate/Offi for which th	ceholder Cor	mmittee Li primarily form	st names of ed.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP C	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGI	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER						OPPOSE	
			NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)						T OLLOSE	
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attac	h continuati	on sheets if ne	ecessary		

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE Statement covers period CALIFORNIA 160

					froi	m	07/01/2011	FORM 40U
SEE INSTRUCTIONS ON REVERSE					thre	ough	12/31/2011	Page3 of22
NAME OF FILER Righeimer for City Council 2010	Nondiction and				1,			I.D. NUMBER 1309846
Contributions Received	ı	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	YEAR		Running in Both th	nmary for Candidates ne State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	19,885.00	\$	35,78	4.00		General Elections	
2. Loans Received Schedule B, Line 3		0.00		30,00	8.27		1/1 t	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	19,885.00	\$	65,79	2.27		20. Contributions	
4. Nonmonetary Contributions Schedule C, Line 3		0.00			0.00			\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	19,885.00	\$	65,79	92.27	_	21. Expenditures Made \$	\$
Expenditures Made 6. Payments Made	\$	861.56	\$	19,14	46.01	L	Expenditure Limit : Candidates	Summary for State
7. Loans Made Schedule H, Line 3		0.00			0.00			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	861.56	\$	19,14	46.01	_	22. Cumulativ	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		10,107.00		12,00			Date of Election	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00			0.00		(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$	10,968.56	\$	31,15	53.01			_ \$
Current Cash Statement		anna markitak puru mana maskilikan mana manana maka kalendara mana maka kalendara mana mana maka kalendara man	Ī		Water and House	(3)		
12. Beginning Cash Balance Previous Summary Page, Line 16		6,175.84	To	o calculate Colum	nn B. a	add		
13. Cash Receipts		19,885.00	ar	mounts in Columi	n A to	the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		20.50	fro	orresponding am om Column B of	your la	ast	*Amounts in this section m reported in Column B.	ay be different from amounts
15. Cash Payments		861.56	re C	port. Some amo olumn A may be	unts i	n ivo	reported in Coldining.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	25,219.78	fig	jures that should	l be			
If this is a termination statement, Line 16 must be zero.	KXXX biologogou		рe	ubtracted from pre- eriod amounts. If	f this is	s		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$.	0.00	fo	e first report beir r this calendar yearry over the amo	ear, o	d nly		
Cash Equivalents and Outstanding Debts	and and the same		fro	om Lines 2, 7, an		f		
18. Cash Equivalents								
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$.	42,015.27				S. Canada Control	FPPC Toll-Free Helpline	FPPC Form 460 (January/05) e: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			whole dollars.	Statement cov	•	california 460		
	ONS ON REVERSE			through	2011	Page4 of22		
NAME OF FILER Righeimer 1	for City Council 2010					I.D. NUMBER 1309846		
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 I CALENDAR YE, (JAN. 1 - DEC. :	AR TO DATE		
12/19/2011	TNT Fireworks American Promotional Events	□IND □COM ③OTH □PTY □SCC		249.00	24	9.00		
12/31/2011	Apartment Association of OC PAC (#980470)	□IND ☑COM □OTH □PTY □SCC		500.00	50	0.00		
12/12/2011	John W. Applegate, MD	☑IND □COM □OTH □PTY □SCC	Physician Self	200.00	20	0.00		
12/31/2011	Athens Services	□IND □COM 図OTH □PTY □SCC		249.00	24	9.00		
12/19/2011	Thomas P. Bengard	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,000.00	3,50	0.00		
			SUBTOTAL\$	2,198.00				
1. Amount re (Include al 2. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.) ceived this period – unitemized monetary contributions etary contributions received this period.		·		IND - In COM - I OTH - PTY - F	outor Codes dividual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) Political Party Small Contributor Committee		
	3 1 and 2. Enter here and on the Summary Page, Colum	nn Aline 1)	TOTAL \$	19.885.00	000-0	on an obtaination continuities		

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

Statement covers period

		to whole	uviiais.	from <u>07/01/2</u>	011	FC	PRM 46	U
NAME OF FILER		***		through <u>12/31/2</u>	011	Page _	5 of22	_
						I.D. NUN	MBER	
kigneimer f	or City Council 2010					13098	346	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
12/31/2011	Jim Bieber	IND □COM □OTH □PTY □SCC	Consultant Bieber Communications	250.00	25	50.00	and the second s	
12/19/2011	BIZPAC (#802010)	□IND ☑COM □OTH □PTY □SCC		500.00	50	0.00		
12/31/2011	G. Jeffrey Brown	⊠IND □COM □OTH □PTY □SCC	Associate Development Manager EA Sports	500.00	50	0.00		
12/21/2011	Care Ambulance Service, Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	50	0.00		
12/31/2011	Brennan Cassidy	□COM □OTH	MD J. Brennan Cassidy MD	100.00	10	0.00		

SUBTOTAL\$

1,850.00

□scc

"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

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

SCHEDULE A (C	CTNO:
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Statement covers period

		to whole	uoliais.	from07/01/2	011	FORI	
NAME OF THE				through <u>12/31/2</u>	011	Page	6 of22
NAME OF FILER	or City Council 2010					I.D. NUMBE	R
Kighermer It	of City Council 2010	The same of the sa				1309846	
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 I CALENDAR YE (JAN. 1 - DEC. :	AR	PER ELECTION TO DATE (IF REQUIRED)
12/19/2011	Peter Chapman	IND COM OTH PTY SCC	Executive Metcom Corp.	249.00	241	9.00	
12/19/2011	CJ Segerstrom & Sons	☐IND ☐COM ☑OTH ☐PTY ☐SCC		249.00	249	9.00	
12/19/2011	Dale Dykema	☑IND □COM □OTH □PTY □SCC	Executive TD Service Financial	1,000.00	1,000	0.00	
12/21/2011	Jon Fosheim	☑IND □COM □OTH □PTY □SCC	President ARC Business Ventures	1,000.00	1,000	.00	
12/19/2011	Barry Friedland	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer D3 Air & Space Operations	100.00	100	.00	
			SUBTOTAL\$	2,598.00			

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(other than PTY or SCC)

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PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement cove		FORM 460				
				through <u>12/31/2</u>	011	Page_	7 of22			
NAME OF FILER						I.D. NU	MBER			
Righeimer fo	or City Council 2010					1309	846			
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.	EAR	PER ELECTION TO DATE (IF REQUIRED)			
12/19/2011	Robert Friedman	☑IND □COM □OTH □PTY □SCC	Chaiman Auction.com	249.00	24	19.00				
12/19/2011	TJ Fuentes	IND COM OTH PTY SCC	Assistant to the Chairman Eagle Publishing	100.00	10	00.00				
12/19/2011	Sonya Grabowski	☑IND □COM □OTH □PTY □SCC	Attorney Jones Day	249.00	24	19.00				
12/31/2011	Doy Henley	IND COM OTH PTY SCC	Owner Henley Properties	1,000.00	1,00	00.00				
12/19/2011	Gary Hunt	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner California Strategies	250.00	25	0.00				
	SUBTOTAL\$ 1,848.00									

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SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from07/01/2	011	FORM 400				
MANEGO				through12/31/2	011	Page	8 of <u>22</u>			
NAME OF FILER Righeimer fo	or City Council 2010					I.D. NUME 130984				
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	PER ELECTION TO DATE (IF REQUIRED)			
08/11/2011	Inland Group	□IND □COM 図OTH □PTY □SCC		1,000.00	1,50	0.00				
12/31/2011	Gary Kutscher	⊠IND □COM □OTH □PTY □SCC	Board Member OC Marathon	100.00	10	0.00				
12/12/2011	Robert Lee	□COM □OTH	Owner US Dry Cleaners	1,000.00	1,00	0.00				
12/19/2011	Guy Lemmon	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Meadows Asset Management	249.00	24	9.00				
08/24/2011	James Lindsey	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	1,000.00	1,249	9.00				
	SUBTOTAL\$ 3,349.00									

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

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

SCH		11 🗆 🗡	(CONT)
OUL	ヒレし	ᇨᆮᄶ	11 1 1 1 1 1

•		to whole	dollars.	from07/01/2	2011	FORM 460			
NAME OF FILER				through <u>12/31/2</u>	011	Page	9 of22		
						I.D. NUM	BER		
Righeimer f	or City Council 2010					13098	46		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, 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	PER ELECTION TO DATE (IF REQUIRED)		
12/12/2011	James Lindsey	IND □COM □OTH □PTY □SCC	Retired	249.00	1,24	9.00			
12/31/2011	Marshall Linn	⊠IND □COM □OTH □PTY □SCC	CEO Urban Futures, Inc.	249.00	24	9.00			
12/19/2011	Lee Lowrey	IND COM OTH PTY SCC	Founder Sterling Pacific REA Investment Fund	100.00	100	0.00			
12/19/2011	Nedrick Roland McCune	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Manager Self	1,000.00	1,000	0.00			
12/19/2011	Christina Waller Nickel	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Marketing Digmaps	249.00	249	0.00			
	SUBTOTAL\$ 1,847.00								

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Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period		california 460	
				through <u>12/31/2</u>	011	Page_	<u>10</u> of <u>22</u>
NAME OF FILER	or City Council 2010					I.D. NUI	MBER
Kighermer it	City Council 2010					1309	346
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 Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
12/19/2011	Deborah Pauly	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	1	00.00	
12/19/2011	James Poth	☑IND □COM □OTH □PTY □SCC	Attorney Jones Day	150.00	1:	50.00	
12/19/2011	John R. Saunders	IND COM OTH PTY SCC	President Saunders Property	1,000.00	2,00	00.00	
12/19/2011	Stephen Scott	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	VP Sales Lawyers Title Insurance Corporation	200.00	20	00.00	
12/12/2011	Robert Sparr	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	2,500.00	5,00	00.00	

SUBTOTAL\$

3,950.00

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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may to whole		Statement covers period		FORM 460	
				through <u>12/31/2</u>	011	Page	<u>11</u> of <u>22</u>
NAME OF FILER						I.D. NUMB	
Righeimer f	or City Council 2010			ka fisiantilikkin kirinin mahakitti kirin Kirintekkin karan Garan menamba	4	130984	6
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	PER ELECTION TO DATE (IF REQUIRED)
12/19/2011	John Vogt	⊠IND □COM □OTH □PTY □SCC	Attorney Jones Day	150.00	15	0.00	
12/19/2011	Richard Wagner	IND COM OTH PTY SCC	Real Estate Developer RKW Development Corp.	250.00	25	0.00	
12/19/2011	John Warner	IND COM OTH PTY SCC	Retired	250.00	25	0.00	
12/12/2011	West Coast Arborists, Inc.	□IND □COM 図OTH □PTY □SCC		100.00	10	0.00	
12/31/2011	Mace Wolf	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	President Cognify Inc.	1,000.00	1,00	0.00	
			SUBTOTAL	\$ 1.750.00			

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

1,750.00

Schedule B – Part 1 Loans Received	lype or print in ink. Amounts may be rounded to whole dollars.				Statement cov	vers period	CALIFORN	11A 460
SEE INSTRUCTIONS ON REVERSE					through12/31	1/2011	Page12	of22
NAME OF FILER							I.D. NUMBER	
Righeimer for City Council 2010							1309846	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTION
LMC Management Group, LLC	is the desired of	PERIOD		THIS PERIO	D" PERIOD	PERIOD	LOAN	TO DATE
				PAID 0.0	9 12,400.00	_0%% RATE	\$	\$5,308.2
		12,400.00		FORGIVEN		Mic		PER ELECTION*
TO IND COM CONTROL OF SCC		\$	\$	\$	DATE DUE	\$	12/03/2008 DATE INCURRED	\$
LMC Management Group, LLC			-	☐ PAID				CALENDAR YEAR
				0.0	0 1,200.00	_0%%	1,200.00	
				FORGIVEN	- *	RATE	\$	PER ELECTION **
		1,200.00	0.00	0.0	0	0.00		LIVELEGIION
†□ IND □ COM ☑ OTH □ PTY □ SCC		,	`	\$	DATE DUE	\$	DATE INCURRED	\$
LMC Management Group, LLC				☐ PAID				CALENDAR YEAR
				0.00	100.00	0% %	100.00	
				FORGIVEN	- \$	RATE	\$	\$5,308.27
		100.00	0.00	0.00)	0.00	22/12/2212	PERELECTION
† IND COM ☑ OTH PTY SCC		S	\$	\$	DATE DUE	\$	02/10/2010 DATE INCURRED	\$
		SUBTOTALS \$	0.00 \$	0.0	0 \$ 13,700.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1 Loans received this period				_	0.00	,		
 Loans received this period	of less than \$100.)	••••••	•••••	\$	0.00	(tc	ontributor Codes	
2. Loans paid or forgiven this period						D – Individual DM – Recipient Coi (other than F FH – Other (e.g., I	mmittee PTY or SCC) business entity)	
3. Net change this period. (Subtract Line	2 from Line 1.)	·		NET \$	0.00	PT	Y – Political Party CC – Small Contrib	
Enter the net here and on the Summary	Page, Column A, Line 2.			(A	flay be a negative number)			
*Amounts forgiven or naid by another party also m	aust he reported on Schodule A)						

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

** If required.

Schedule B – Part 1		SCHEDULE B - PART						
Loans Received	Am		Statement cov	ers period	CALIFORN	11A 460		
		to whole dollar	•		from07/03	1/2011	FORM	700
SEE INSTRUCTIONS ON REVERSE					through12/31	1/2011	Page13	of22
NAME OF FILER							I.D. NUMBER	
Righeimer for City Council 2010							1309846	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, 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 PA OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE
LMC Management Group, LLC		FERIOD		PAID	D^ PERIOD	1 EKIOD	LOAN	
				\$O.C	\$	_0% % RATE	\$	\$5,308.2'
†□IND □ COM 図OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$0.00	02/03/2011 DATE INCURRED	\$
				☐ PAID	DATEBOL		DATE INCORRED	
				LIFAID		0.8		CALENDAR YEAR
				\$ FORGIVEN	_ \$	O%% RATE	\$	\$ PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
				□ PAID		0% _%		CALENDAR YEAR
				FORGIVEN	5	RATE	\$	\$ PER ELECTION**
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00 \$	0.0	0 \$ 16,308.27	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	of less than \$100 \	••••••	•••••	\$	0.00			
						1	ontributor Codes	
(Total Column (c) plus loans under \$100 paid or forgiven.)						D—Individual DM—Recipient Cor (other than F 'H—Other (e.g., I	PTY or SCC)	
PTY-Po						Y – Political Party C – Small Contrib		
*Amounts forgiven or paid by another party class	. ago, colami, t, Emo 2.	•		•	- ,			
AUDURIS IOIGIVED OF hald by another party also w	uet he reported on Cohedula A	1						

** If required.

Schedule E	Type or print in ink.					SCHEDULE	
Payments Made	Amounts may be rounded to whole dollars.			Statement covers period	CALIF	ORNIA 460	
			fro	m07/01/2011		KIVI -	
SEE INSTRUCTIONS ON REVERSE			thr	ough <u>12/31/2011</u>	Page	14 of 22	
NAME OF FILER					I.D. NU	MBER	
Righeimer for City Council 2010	·				130984	16	
CODES: If one of the following codes accurately describes	s the payment, vo	ou may enter the code	Otherwise (describe the navment			
CMP campaign paraphernalia/misc.	MBR member com		RAD		on coete		
CNS campaign consultants	MTG meetings an		RFD	returned contributions	on costs		
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office exper			campaign workers' salarie			
FIL candidate filing/ballot fees	PET petition circu PHO phone banks		TEL	t.v. or cable airtime and pr	roduction cost	S	
FND fundraising events		survey research	TRC TRS	candidate travel, lodging, a staff/spouse travel, lodging	and meals		
IND independent expenditure supporting/opposing others (explain)*	POS postage, del	ivery and messenger services	s TSF	transfer between committee	ees of the sa	me candidate/snonsor	
LEG legal defense LIT campaign literature and mailings	PRO professional	services (legal, accounting)	VOT	voter registration			
campaign iterature and mailings	PRT print ads		WEB	information technology co	sts (internet, e	e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	-	CODE OR	DECODIDEIO			en e	
Aristotle International Inc.		CODE OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID	
		OFC				194.93	
					1		
Lysa Ray Campaign Services Corp							
		PRO				93.75	
Lysa Ray Campaign Services Corp		PRO				168.75	
Payments that are contributions as independent of							
Payments that are contributions or independent expenditures m	iust also be summa	arized on Schedule D.		S	UBTOTAL\$	457.43	
Schedule E Summary							
. Itemized payments made this period. (Include all Schedule E	E subtotals.)				\$	851.56	
2. Unitemized payments made this period of under \$100						10.00	
3. Total interest paid this period on loans. (Enter amount from §					φ	0.00	

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b	e rounded		Statement covers period	CALIFO	
NAME OF FILER				<u> </u>	I.D. NUM	
Righeimer for City Council 2010			Alf Girls and Alf Girls		13098	46
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance uses lating s survey resear ivery and me	es	erwise, describe the paymen RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production TRC candidate travel, lodging, a staff/spouse travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration WEB information technology cost	on costs es oduction cost and meals g, and meals ees of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Lysa Ray Campaign Services Corp		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
The UPS Store		PRO				178.13
		OFC				216.00
Payments that are contributions or independent expenditures must also	o be summarized on S	Schedule D.		SI	JBTOTAL \$	394.13

Schedule F **Accrued Expenses (Unpaid Bills)**

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

Statement covers period	CALIFORNIA 460
from07/01/2011	FORM 400
through 12/31/2011	Page 16 of 22

WEB information technology costs (internet, e-mail)

I.D. NUMBER

1309846

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Righeimer for City Council 2010

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 polling and survey research POL TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Probolsky Research LLC	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
	POL	900.00	0.00	0.00	900.00
Probolsky Research LLC	POL	1,000.00	0.00	0.00	1,000.00
Chase Card	TRC Airfare for Sister City	0.00	3,920.00	0.00	3,920.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	1,900.00 \$	3,920.00\$	0.00\$	5,820.00

Schedule F Summary

1.	. Total accrue	ed expenses	incurred th	is period. (Ind	clude all Schedu	ıle F. Column (b) subtotals for				
	accrued exp	penses of \$10	00 or more	, plus total ur	itemized accrue	ed expenses und	der \$100.)	•••••	INCURRED T	TOTALS \$	10,107.00
	T , ,					•	•			- · · · · · · · · · · · · · · · · · · ·	20/20/.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA 160
from07/01/2011	FORM TOO
through 12/31/2011	Page 17 of 22
	I.D. NUMBER
	1309846

Righeimer for City Council 2010

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 РНО 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)*

IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services legal defense PRO professional services (legal, accounting) VOT voter registration VEB 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
Inland Group	TRC Sister City travel & accomodations	0.00	6,187.00	0.00	6,187.00
	SUBTOTALS \$	0.00	6,187.00	0.00\$	6,187.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

			CHEDULE G
State	ement covers period	CALIFORNIA	ACO
~	07/01/2011	FORM	460

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2011	FORM 40U
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through 12/31/2011	Page18 of22
Righeimer for City Council 2010			I.D. NUMBER 1309846
NAME OF AGENT OR INDEPENDENT CONTRACTOR Chase Card			
CODES: If one of the following codes accurately describe	a the newsest was a little and		
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc.	s the payment, you may enter the code. Oth MBR member communications	erwise, describe the payment.	

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 polling and survey research TRS staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services 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)

^{*} 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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Korean Air	TRC	Airfare for Sister City	3,920.00
ttach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 3,000,00

* Do not transfer to

TOTAL* \$

3,920.00

^{*} 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 G	
Payments Made by an Agent or Independe	nt
Contractor (on Behalf of This Committee)	

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

SCHEDULE G Statement covers period CALIFORNIA 07/01/2011 **FORM** from

through 12/31/2011

19 of_ Page _

I.D. NUMBER 1309846

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Righeimer for City Council 2010

Inland Group

NAME OF FILER

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

print ads

PET

РНО

POL

POS

PRO

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* IND

LEG legal defense LIT campaign literature and mailings MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs

phone banks TRC candidate travel, lodging, and meals polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services 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
Beijing Marriot Hotel West	TRC	Accomodations for Sister City	368.00
Beijing Marriot Hotel West	TRC	Accomodations for Sister City	368.00
Beijing Marriot Hotel West	TRC	Accomodations for Sister City	368.00
Flight Beijing to Ordos	TRC	Airfare for Sister City	656.00
China			
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 1,760.00

professional services (legal, accounting)

^{*} 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 G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

SEE INSTRUCTIONS ON REVERSE

legal defense

campaign literature and mailings

LEG

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

SCHEDULE G Statement covers period **CALIFORNIA** 07/01/2011 FORM

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

through 12/31/2011

VOT voter registration

NAME OF FILER			
Righeimer for City Council 2010		I.D. NUMBER	
Arginelmer for City Council 2010		1309846	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Inland Group			
CODES: If one of the following codes accurately described	ribes 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/spensor	

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT

print ads

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

NAME AND ADDRESS OF (IF COMMITTEE, ALSO EI	PAYEE OR CREDITOR NTER I.D. NUMBER)	CODE C	PR DESCRIPTION OF PAYMENT	AMOUNT PAID
Flight		TRC	Airfare for Sister City	656.00
Ordos to Beijing				
China				
Flight		TRC	Airfare for Sister City	995.00
Beijing to Shanghai				
China				
Flight		TRC	Airfare for Sister City	995.00
Shanghai to Beijing				
China				
Ordos Guobinguan Hotel		TRC	Accomodations for Sister City	328.00
			2007	320.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 2,974.00

^{*} 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 G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

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

		SCHEDULE G
State	ment covers period	CALIFORNIA 460
n	07/01/2011	FORM 40U

from07/01/2011	FORM 46		
through 12/31/2011	Page21 of22		
	I.D. NUMBER		
	1309846		

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Righeimer for City Council 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Inland Group

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 candidate filing/ballot fees

FND fundraising events IND

independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings

MBR member communications MTG meetings and appearances

OFC office expenses PET petition circulating РНО phone banks

polling and survey research POL postage, delivery and messenger services

POS 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 candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

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
Ordos Guobinguan Hotel	TRC	Accomodations for Sister City	328.00
Shanghai Mingyue Hotel	TRC	Accomodations for Sister City	320.00
Shanghai Mingyue Hotel	TRC	Accomodations for Sister City	320.00
Shanghai Mingyue Hotel	TRC	Accomodations for Sister City	320.00
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 1,200,00

* 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.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL* \$

1,288.00

Schedule I		Type or print in ink.		SCHEDULI	
Miscellaneous Inc	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period		
		to misia dollars.	from07/01/2011	FORM 460	
SEE INSTRUCTIONS ON REVER	SE	through_12/31/2011		Page22 of22	
NAME OF FILER	12			I.D. NUMBER	
Righeimer for City Cou	ncii 2010			1309846	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	·				
Attach additional inform	ation on appropriately labeled continuation sheets.		SUBTOTAL S		
Schedule I Summar	v			0.00	
	cash this period		c 0.00		
2. Unitemized increases	to cash of under \$100 this period		\$		
3. Total of all interest red	ceived this period on loans made to others. (Scho	edule H. Column (e).)	\$\$0.00		
4. Total miscellaneous ir	ncreases to cash this period. (Add Lines 1-2 ar	nd 3. Enter here and on the			
Summary Page, Line	14.)		TOTAL \$20.50		