

Recipient Committee Campaign Statement Cover Page

Date Stamp

CALIFORNIA FORM 460

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For Official Use Only CITY CLERK'S OFFICE OCT 22 2020 AM 11:08

Statement covers period from 09/20/2020 through 10/17/2020

Date of election if applicable: (Month, Day, Year) 11/03/2020

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee. [] State Candidate Election Committee. [] Recall. [] General Purpose Committee. [] Sponsored. [] Small Contributor Committee. [] Political Party/Central Committee. [] Primarily Formed Ballot Measure Committee. [] Controlled. [] Sponsored. [] Primarily Formed Candidate/Officeholder Committee.

- 2. Type of Statement: [X] Preelection Statement. [] Quarterly Statement. [] Semi-annual Statement. [] Special Odd-Year Report. [] Termination Statement. [] Amendment (Explain Below).

3. Committee Information I.D. NUMBER 1382790 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Spese For Elk Grove Mayor 2016 STREET ADDRESS (NO P.O. BOX) 9290 West Stockton Boulevard #100 CITY STATE ZIP CODE AREA CODE/PHONE Elk Grove, CA 95758 916-670-1082 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 9290 West Stockton Boulevard #100 CITY STATE ZIP CODE AREA CODE/PHONE Elk Grove, CA 95758 OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s) NAME OF TREASURER Kelly Lawler MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE Hilmar, CA 95324 209-656-1542 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/22/20 DATE Executed on 10/22/20 DATE Executed on DATE Executed on DATE

By [Signature] Signature of Treasurer or Assistant Treasurer By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Kevin Spease			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Mayor		Elk Grove	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
9290 West Stockton Boulevard #100	Elk Grove, CA	95758	

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<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

Campaign Disclosure Statement
Summary Page

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/20/2020
through 10/17/2020
CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Spease For Elk Grove Mayor 2016

Table with 3 columns: Description, Column A (TOTAL THIS PERIOD), Column B (CALENDAR YEAR TOTAL TO DATE). Rows include Monetary Contributions, Loans Received, SUBTOTAL CASH CONTRIBUTIONS, Nonmonetary Contributions, and TOTAL CONTRIBUTIONS RECEIVED.

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

Table with 3 columns: Description, 1/1 through 6/30, 7/1 to Date. Rows include Contributions Received and Expenditures Made.

Expenditures Made

Table with 3 columns: Description, Column A, Column B. Rows include Payments Made, Loans Made, SUBTOTAL CASH PAYMENTS, Accrued Expenses, Nonmonetary Adjustment, and TOTAL EXPENDITURES MADE.

Expenditures Limit Summary for State
Candidates

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

Table with 2 columns: Date of Election (mm/dd/yy), Total to Date. Multiple rows for cumulative reporting.

Current Cash Statement

Table with 3 columns: Description, Amount. Rows include Beginning Cash Balance, Cash Receipts, Miscellaneous Increases to Cash, Cash Payments, and ENDING CASH BALANCE.

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).

*Amounts in this section may be different from amounts reported in Column B.

Table with 3 columns: Description, Amount. Row includes LOAN GUARANTEES RECEIVED.

Cash Equivalents and Outstanding Debts

Table with 3 columns: Description, Amount. Rows include Cash Equivalents and Outstanding Debts.

NAME OF FILER Spease For Elk Grove Mayor 2016		I.D. NUMBER 1382790	
FORM	REFERENCE	NOTES	
CA 460	Cover - Section 5	COMMITTEE NAME Kevin Spease For Elk Grove City Council District 3 2020	I.D. NUMBER 1420334
		NAME OF TREASURER Kelly Lawler	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		COMMITTEE ADDRESS 9290 West Stockton Boulevard #100	STREET ADDRESS (NO P.O. BOX)
		CITY Elk Grove, CA 95758	STATE ZIP CODE AREA CODE/PHONE 916-670-1082

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Spease For Elk Grove Mayor 2016	I.D. NUMBER 1382790
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.)	\$.00
2. Amount received this period - unitemized monetary contributions of less than \$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.)	TOTAL \$.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

SUBTOTAL \$	
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**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Spease For Elk Grove Mayor 2016

I.D. NUMBER

1382790

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
Angela Spease ████████████████████ Elk Grove, CA 95758	Spease Bees Honey Company Partner	\$ 4,800.00	\$.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 4,800.00 12/31/2019 DATE DUE	0 % RATE \$.00	\$ 4,800.00 12/31/2016 DATE INCURRED	CALENDAR YEAR \$.00 PER ELECTION** 4,800.00 G-2016
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
David J. Spease ████████████████████ Elk Grove, CA 95624	Playground Safety Inspector	\$ 20,000.00	\$.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 20,000.00 12/31/2019 DATE DUE	0 % RATE \$.00	\$ 20,000.00 02/29/2016 DATE INCURRED	CALENDAR YEAR \$.00 PER ELECTION** 20,000.00 G-2016
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Kevin Spease ████████████████████ Elk Grove, CA 95758	ISSE Services President/CEO	\$ 36,800.00	\$.00	<input type="checkbox"/> PAID \$.00 <input type="checkbox"/> FORGIVEN \$.00	\$ 36,800.00 12/31/2019 DATE DUE	0 % RATE \$.00	\$ 36,800.00 02/29/2016 DATE INCURRED	CALENDAR YEAR \$.00 PER ELECTION** 36,800.00 G-2016
* <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
* <input 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	0.00 % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$.00 PER ELECTION**
SUBTOTALS \$.00	\$ 0.00	\$ 61,600.00	\$.00			

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

**Schedule B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Spouse For Elk Grove Mayor 2016	I.D. NUMBER 1382790
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF 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
* <input 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 _____	0.00 % RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$.00 PER ELECTION**

Schedule B Summary

1. Loans received this period ----- \$.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ----- \$.00
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ----- **NET \$** .00
Enter the net here and on the Summary Page, Column A, Line 2
(May be a negative number)

*** 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

SUBTOTALS \$.00	\$ 0.00	\$.00	\$.00
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*Amounts forgiven or paid by another party also must be reported on Schedule A
** If required.

(Enter (e) on
Schedule E, Line 3)
FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part 2
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	CALIFORNIA FORM 460
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NAME OF FILER Spease For Elk Grove Mayor 2016	I.D. NUMBER 1382790
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FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER <hr/> DATE <hr/>		CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$	Enter on Summary Page. Line 17 only.
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**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

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NAME OF FILER Spease For Elk Grove Mayor 2016	I.D. NUMBER 1382790
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) ----- \$.00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ----- \$.00

3. Total nonmonetary contributions received this period.
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL \$** .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

SUBTOTAL \$	
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**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures, and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

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NAME OF FILER Spease For Elk Grove Mayor 2016	I.D. NUMBER 1382790
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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 TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$.00

SUBTOTAL \$	
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**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

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NAME OF FILER

Spease For Elk Grove Mayor 2016

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u> .00</u>
2. Unitemized payments made this period of under \$100	\$ <u> .00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u> .00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u> .00</u>

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

SUBTOTAL \$

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

Amounts may be rounded
to whole dollars.

SCHEDULE F

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Spease For Elk Grove Mayor 2016

I.D. NUMBER

1382790

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF 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

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) _____ **INCURRED TOTALS \$** _____ .00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) _____ **PAID TOTALS \$** _____ .00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) _____ **NET \$** _____ .00

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

SUBTOTALS \$ \$ \$ \$

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

Amounts may be rounded to whole dollars.

SCHEDULE G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Spease For Elk Grove Mayor 2016

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. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

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

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

TOTAL * \$

** 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.

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

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

SCHEDULE H

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I.D. NUMBER

1382790

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

SUBTOTALS	\$	\$	\$	\$	
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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

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NAME OF FILER

Spease For Elk Grove Mayor 2016

I.D. NUMBER

1382790

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

Schedule I Summary

1. Itemized increases to cash this period. ----- \$.00

2. Unitemized increases to cash of under \$100 this period. ----- \$.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ----- \$.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ----- **TOTAL \$** .00

SUBTOTAL \$