Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460 FORM Page 1 of 17
	Statement covers period from $\frac{07/01/2022}{}$	Date of election if applicable: (Month, Day, Year)		Page 1 of 17 For Official Use Only CITY CLERK'S OFFICE
SEE INSTRUCTIONS ON REVERSE	through <u>09/24/2022</u>	11/08/2022		SEP 30 2022 AM10:11
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Iso Complete Part 6) rimarily Formed Candidate/ ffficeholder Committee Iso Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Statement Special Odd-Year Report
3 Committee Intermation	. NUMBER 151820	Treasurer(s)		
Michelle Kile For Elk Grove City Council 2022		NAME OF TREASURER Jeffrey Kile MAILING ADDRESS CITY Elk Grove	STATE CA	ZIP CODE AREA CODE/PHONE 95624
Elk Grove CA 9562		NAME OF ASSISTANT TREASUR	ER, IF ANY	
Elk Grove CA 95624 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
P.O. Box 2194 CITY STATE ZIP CO Elk Grove CA 95624		СІТУ	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
kileforelkgrove@yahoo.com		zip_95824@yahoo.com		
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date	California that the foregoil By —— By ——			nedules is true and complete. I
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFOR FORM	NIA 460
Page 2	of <u>17</u>

Officeholder or Candidate Controlled Comn		6.	Primarily Formed Ballo	t Measure C	Committee				
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Michelle Kile									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER I	IF APPLICA	BLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Elk Grove City Council Distric 2									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY Elk Grove	STATE CA	ZIP 95624		Identify the controlling office	holder, candid	ate, or state	measure pro	ponent, 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 can	or are primarily t	st any comr formed to re	mittees receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER	1							
NAME OF TREASURER	CONTROLLE	MERCESTANOI I MAN	TEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this	holder Co committee is	ommittee l primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	. BOX)	□ NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D □ SUPPORT □ OPPOSE
CITY STATE ZIP	CODE	AREA CODI	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D □ SUPPORT □ OPPOSE
COMMITTEE NAME	I.D. NUMBER	R			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	D COMMIT	TEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT ☐ OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.		AREA COD	E/PHONE		Atta	ch continuatio	n sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period from $\frac{07/01/2022}{}$ **FORM** through _____ Page 3 of 17 I.D. NUMBER

NAME OF FILER 1451820 Michelle Kile For Elk Grove City Council 2022 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 11050 1. Monetary Contributions...... Schedule A, Line 3 7/1 to Date 1/1 through 6/30 0 0 20. Contributions 81 81 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 21. Expenditures 11131 Made 11131 5. TOTAL CONTRIBUTIONS RECEIVED.......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ **Candidates** 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 0 0 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 4396 4396 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0 0 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 4396 4396 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 0 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding *Amounts in this section may be different from amounts 0 amounts from Column B reported in Column B. of your last report. Some 0 15. Cash Payments Column A, Line 8 above amounts in Column A may 81 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year. 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ 0 only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 4396 FPPC Form 460 (Jan/2016)) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above

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

Schedule A Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov from <u>07/01/2022</u>	ers period	SCHEDULE A CALIFORNIA 460 FORM		
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/24/20</u>	22	Page	4 of <u>17</u>	
NAME OF FILER Michelle Kile	e For Elk Grove City Council 2022					I.D. N 14518	UMBER 20	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)	
09/02/2022	Associated Builder and Contractors Id. #901313 4577 Las positas Rd Livermore CA 94551	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		4900.00	4900.00			
08/26/2022	Neva Fairrington Sacramento CA 95829	☑IND □COM □OTH □PTY □SCC	Retired	1000.00	1000.00			
09/19/2022	WECA Good Government PAC Id # 991225	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		4900.00	4900.00			
09/06/2022	Citizens For Good Government 127 Lloyd Way Auburn CA 95603	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		250.00	250.00			

SUBTOTAL \$ 11050.00

Schedule A Summa	ary	
------------------	-----	--

1. Amount received this period – itemized monetary contributions. 11050.00 (Include all Schedule A subtotals.)

□IND □сом □отн ☐ PTY □scc

2. Amount received this period – unitemized monetary contributions of less than \$100\$ 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 11131 *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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 400

Statement covers period

wonetary (Sommibutions Received			from 07/01/2022	- N	FC	ORM 460
				through <u>09/24/20</u>	22	Page _	
NAME OF FILER Michelle Kile f	for Elk Grove City Council 2022		E.			1.D. NU 145182	
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 T CALENDAR \ (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF 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			

*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

	Am	ounts may be ro	unded				SCHE	ULE B - PART
Schedule B – Part 1 Loans Received	All	to whole dollar			Statement cov from <u>07/01/2022</u>	-	CALIFORN FORM	^{IIA} 460
SEE INSTRUCTIONS ON REVERSE					through <u>09/24/2</u>	022	Page 6	of 17
NAME OF FILER							I.D. NUMBER	
Michelle Kile For Elk Grove City Council							1451820	
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	(c) AMOUNT PAIL OR FORGIVE THIS PERIOL	N BALANCE AT	(e) INTEREST PAID THIS PERIOD		CUMULATIVE CONTRIBUTION TO DATE
				☐ PAID				CALENDAR YEA
				\$. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEA
				\$	s	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS !	\$	\$	\$	\$		
Sahadula B Summani						(Enter (e) on Sc	hedule E, Line 3)	
Schedule B Summary 1. Loans received this period				\$		ā		
(Total Column (b) plus unitemized loar	ns of less than \$100.)			. 0		ſ	†Contributor Codes	
2. Loans paid or forgiven this period				\$ —		· [IND - Individual	
(Total Column (c) plus loans under \$10	oo paid or lorgiven.)						COM - Recipient C	ommittee

(May be a negative number)

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

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

Sche	dule	B –	Part	2
Loan	Gua	rant	ors	

Amounts may be rounded to whole dollars.

CALIFORNIA 1 Statement covers period from <u>07/01/2022</u> FORM . 7 09/24/2022 . 17

SEE INSTRUCTIONS ON REVERSE				through		Page	or
NAME OF FILER						I.D. NUMBER	2
Michelle Kile For Elk Grove City Council 2022						1451820	
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND □COM □OTH □PTY □SCC		LENDER DATE	-		\$PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER		>	\$	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER			CALENDAR YEAR	
	□отн □рту		DATE			PER ELECTION (IF REQUIRED)	
	scc		·			\$	

SUBTOTAL \$0

Enter on Summary Page, Line 17 only.

Schedule	9 C		to whole dollars.						SCHEDULE (
Nonmone	RUCTIONS ON REVERSE FILER e Kile For Elk Grove City Council 2022 FULL NAME, STREET ADDRESS AND	ontributions Received			Statement covers period from 07/01/2022		CALIFORNIA 460		
					thro	ough09/24/2022		Page 8	of
NAME OF FILER Michelle Kile								1.D. NUMI 1451820	
DATE RECEIVED	ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	TE R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	\$			
Amount re (Include al Amount re Total nonn	ceived this period – itemized nonmonetar	tary contributi	ons of less than \$100		\$ _)	OTH PTY	other th, Other (e., Political I	nt Committee an PTY or SCC) g., business entity)
V /		, , , , , , , , , , , , , , , , , , , ,	,						

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole do		Statement cover from $\frac{07/01/2022}{\text{through}}$		CALIFORNIA 460 FORM		
	IONS ON REVERSE			through 03/24/202		Page	of 17	
NAME OF FILER Michelle Kile	For elk Grove City Council 2022					1.D. NUME 1451820		
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 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
	— Саррон — суросо	Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
	очрром оррозо	Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$				
	D Summary					0		
1. Itemized	contributions and independent expenditures made	this period. (Include	de all Schedule D subtotals.	.)		\$ 0		
	ed contributions and independent expenditures ma							
2 Total cont	ributions and independent expanditures made this	s neriod (Add Lines	s 1 and 2. Do not enter on	the Summary Page	.) TO	TALS		

Summary Supporti	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may b to whole do		Statement covers per from 07/01/2022 through 09/24/2022			PRNIA 460 of 17 BER
Michelle Kile	For Elk Grove City Council 2022					1451820)
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 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent					
	Support Oppose	Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	_ \$ 0			

Schedule E Payments Made		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2022	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Michelle Kile For Elk Grove City Council 2022				through <u>09/24/2022</u>	Page 11 of 17 I.D. NUMBER 1451820
CODES: If one of the following codes accurately 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 the campaign literature and mailings)	MBR member com MTG meetings and OFC office expense PET petition circu PHO phone banks POL polling and s	nmunications d appearances ses lating urvey researc very and mes	s h senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, ar staff/spouse travel, lodging, TSF transfer between committee voter registration WEB information technology cost	duction costs and meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D. NUMBI		CODE C	DR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
* Payments that are contributions or independent expenditures	must also be summarized on Sche	edule D.		SI	JBTOTAL \$ 0

Schedule E Summary

FPPC Form 460 (Jan/2016))

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

Schedule E	Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE E (CONT.		
(Continuation Sheet) Payments Made	to whole dollars.	from	california 460		
SEE INSTRUCTIONS ON REVERSE		through <u>09/24/2022</u>	Page of		
NAME OF FILER			I.D. NUMBER		
Michelle Kile For Elk Grove City Council 2022			1451820		
CODES: If one of the following codes accurately of	describes the payment, you may enter the code.	. Otherwise, describe the payment	•		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs		

CODES: If one of the following codes accurately describe	s the payment, y	ou may enter the code.	Otherwise,	describe the payment.	
CMP campaign paraphernalia/misc.	MBR member.com	munications	RAD	radio airtime and production costs	
CNS campaign consultants	MTG meetings and	d appearances	RFD	returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expens	ses	SAL	campaign workers' salaries	
CVC civic donations	PET petition circul	lating	TEL	t.v. or cable airtime and production costs	
FIL candidate filing/ballot fees	PHO phone banks		TRC		
FND fundraising events	POL polling and s		TRS	staff/spouse travel, lodging, and meals	
IND independent expenditure supporting/opposing others (explain)*		very and messenger services	TSF	transfer between committees of the same	e 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		CODE OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	0	R	DESCRIPTION OF PAYMENT	AMOUNT PAID
·	<u> </u>				

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

Schedule F		
Accrued Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2022	CALIFORNIA 460
through <u>09/24/2022</u>	Page 13 of 17
	I.D. NUMBER
	1451000

Accided Expenses (Oripaid Dins)	from	
SEE INSTRUCTIONS ON REVERSE	through <u>09/24/2022</u>	Page of
NAME OF FILER		D. NUMBER
Michelle Kile For Elk Grove City Council 2022		1451820

CODES: If one of the following codes accurately describe	es the payment, you may enter the code.	Otherwise,	describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications		radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD	returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses		campaign workers' salaries
CVC civic donations	PET petition circulating		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		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
Headlamp Startegies 615 55th St Sacramento CA 95819	CMP/CNS	0	3640	0	3640
Headlamp Startegies 615 55th St Sacramento CA 95819	СМР	0	756	0	756
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 4396	5 0	\$ 4396

Schedule F Summary

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.)	4396
accided expenses of \$100 of filore, plus total uniternized doorded expenses and of \$100.7	

May be a negative number

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

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 07/01/2022	california 460		
through <u>09/24/2022</u>	Page 14 of 17		
<u> </u>	I.D. NUMBER		
	1/151890		

Michelle Kile For Elk Grove City Council 2022

NAME OF FILER

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

CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions campaign workers' salaries

CTB contribution (explain nonmonetary)

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
IND independent expenditure supporting/opposing others (explain)*

POL polling and survey research
TRS staff/spouse travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS 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 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 S	\$ 0	\$ 0	\$ 0	\$ 0

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

Amounts may be rounded to whole dollars.

	SCHEDULE G				
Statement covers period from 07/01/2022 through 09/24/2022	CALIFORNIA 460				
	Page 15 of 17				
	I.D. NUMBER				
	1451820				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Michelle Kile For Elk Grove City Council 2022

NAME OF AGENT OR INDEPENDENT CONTRACTOR

N/A

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

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

^{*} 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
	-			
	1			
	-			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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						SCHEDULE H		
Schedule H	TO WHOLE COURTS.				overs period CALIFORNIA		IA 160	
Loans Made to Others*					FORM 400			
Louis Made to Others						19		
OFF INCTRUCTIONS ON DEVERSE					through09/24/20	22	Page <u>16</u>	of <u>17</u>
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUMBER	
Michell Kile For Elk Grove City Council 2022							1451820	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	(a) OUTSTANDING	(b) AMOUNT	(c) REPAYMENT (OR OUTSTANDING	(e)	(f) ORIGINAL	(g) CUMULATIVE
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER	BALANCE BEGINNING THIS	LOANED THIS	FORGIVENES	CLOSE OF THIS	INTEREST RECEIVED	AMOUNT OF LOAN	LOANS TO DATE
(IF COMMITTEE, ALSO ENTER I.B. NOWBER)	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIOR	PERIOD		LOAN	TOBALL
				☐ PAID				CALENDAR YEAR
				\$		%	\$	\$
				☐ FORGIVEN		RATE		PER ELECTION**
				- TORONZA	1			, civilization
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN	1	RATE		PER ELECTION**
			s			,		
			\	3	DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate of	or committee must						**	A
also be summarized on Schedule D. Loans forgive	n must also be	SUBTOTALS	\$0	\$ 0	\$ 0	\$ 0		
reported on Schedule E.						(Enter (e) on		
						Schedule I, Line 3)		
						1	Ļ	
Schedule H Summary					0			
1. Loans made this period							**If Required	
(Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans								
(Total Column (a) plus unitemized payments of less than \$100.)								
3. Net change this period. (Subtract Line 2 from Line 1.)								
(Enter the net here and on the Summar	y Page, Column A, Line 7.)							

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		SCHEDUL			
				Statement covers period	CALIFORNIA 460		
				from <u>07/01/2022</u>	FORM TOO		
				through <u>09/24/2022</u>	Page <u>17</u> of <u>17</u>		
SEE INSTRUCTIONS ON REV NAME OF FILER	ERSE				I.D. NUMBER		
Michelle Kile For Elk Gro	ove City Council				1451820		
DATE	FULL NAME AND ADDRESS OF SOURCE		DES	CRIPTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				INCREASE TO CASH		
1							
Attach additional infor	mation on appropriately labeled continuation shee	ts.		SUBTOTA	L\$ 0		
Schedule I Summa	ary			ф O			
1. Itemized increases t	to cash this period			Φ	— :		
2. Unitemized increase	es to cash of under \$100 this period			\$	c		
3. Total of all interest re	eceived this period on loans made to others. ((Schedule H, Columr	ı (e).)	\$	_		
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2	2, and 3. Enter here a	ind on the	TOTAL \$			
Summary Page, Line	e 14.)				FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)		

www.fppc.ca.gov