

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

| | |
|------------|--|
| Date Stamp | CALIFORNIA 2001/02 FORM 460 |
| | 1 / 4 |
| | For Official Use Only CITY CLERK'S OFFICE AUG 01 2022 PM 02:53 |

Statement covers period
from 01/01/2022
through 06/30/2022

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall (Also Complete Part 5.) | <input type="checkbox"/> Ballot Measure Committee <input type="checkbox"/> Primary Formed <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored (Also Complete Part 6.) |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/Officeholder Committee (Also Complete Part 7.) |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1382790

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Spease For Elk Grove Mayor 2016

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-------------------|-------------|-------------------|---------------------------------|
| CITY Elk Grove | STATE CA | ZIP CODE 95758 | AREA CODE/PHONE 916-670-1082 |
|-------------------|-------------|-------------------|---------------------------------|

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|-------------------|-------------|-------------------|-----------------|
| CITY Elk Grove | STATE CA | ZIP CODE 95758 | AREA CODE/PHONE |
|-------------------|-------------|-------------------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kelly Lawler

MAILING ADDRESS

| | | | |
|----------------|-------------|-------------------|---------------------------------|
| CITY Hilmar | STATE CA | ZIP CODE 95324 | AREA CODE/PHONE 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 07/23/2022 By Kelly Lawler
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/23/2022 By Kevin Spease
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

2 / 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kevin Spease

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought: Mayor
City Elk Grove

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] 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 to make expenditures on behalf of your candidacy.

| | |
|--|-------------------------|
| COMMITTEE NAME Kevin Spease For Elk Grove City Council District 3 | I.D. NUMBER 20420334 |
|--|-------------------------|

| | |
|-----------------------------------|--|
| NAME OF TREASURER Kelly Lawler | CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------------------------|--|

| | | | |
|---------------------------------|-----------------------------|-------------------|---------------------------------|
| COMMITTEE ADDRESS [REDACTED] | STREET ADDRESS (NO P.O.BOX) | | |
| CITY Elk Grove | STATE CA | ZIP CODE 95758 | AREA CODE/PHONE 916-670-1082 |

| | |
|----------------|-------------|
| 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. 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 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 |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/22</u> | CALIFORNIA FORM 460 |
| through <u>4/30/22</u> | |
| | 3 / 4 |
| | I.D. NUMBER 1382790 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Spease For Elk Grove Mayor 2016

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 0.00 | \$ 0.00 |
| 2. Loans Received | Schedule B, Line 7 | 0.00 | 61600.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 0.00 | \$ 61600.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | 0.00 | \$ 61600.00 |

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

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$ 0.00 | \$ 0.00 |
| 21. Expenditures Made | \$ 0.00 | \$ 0.00 |

Expenditures Made

| | | Column A | Column B |
|--|----------------------|----------|----------|
| 6. Payments Made | Schedule E, Line 4 | \$ 0.00 | \$ 0.00 |
| 7. Loans Made | Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 0.00 | \$ 0.00 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 0.00 | \$ 0.00 |

**Expenditure Limit Summary for State
Candidates**

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

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|-----------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 236.76 |
| 13. Cash Receipts | Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 0.00 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 236.76 |
| If this is a termination statement, Line 16 must be zero. | | |
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0.00 |

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).

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 61600.00 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule B – Part 1
Loans Received**

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

| | |
|---|----------------------------|
| Statement covers period from <u>1/1/22</u> through <u>4/30/22</u> | CALIFORNIA FORM 460 |
| | 4 / 4 |
| | I.D. NUMBER 1382790 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Spease For Elk Grove Mayor 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE | |
|--|--|--|------------------------------------|--|--|----------------------------------|--|---|------|
| Angela Spease ██████████ Elk Grove CA 95758 ID: ██████████ <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Spease Bees Honey Company Partner | \$ 4800.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 4800.00 12/31/2019 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 4800.00 12/31/2016 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** 4800.00 G 16 | |
| David Spease ██████████ Elk Grove CA 95624 ID: ██████████ <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Playground Safety Inspector | \$ 20000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 20000.00 12/31/2019 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 20000.00 02/29/2016 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** 20000.00 G 16 | |
| Kevin Spease ██████████ Elk Grove CA 95758 ID: ██████████ <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ISSE Services President/CEO | \$ 36800.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 36800.00 12/31/2019 DATE DUE | 0.00 % RATE \$ 0.00 | \$ 36800.00 02/29/2016 DATE INCURRED | CALENDAR YEAR \$ 0.00 PER ELECTION** 36800.00 G 16 | |
| SUBTOTALS | | \$ | 0.00 | \$ | 0.00 | \$ | 61600.00 | \$ | 0.00 |

Schedule B Summary

1. Loans received this period. _____ \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$ 0.00
(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 \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

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

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

** If required.

*Contributor Codes

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