

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|            |   |            |
|------------|---|------------|
| Date Stamp | <b>CALIFORNIA 2001/02 FORM</b>                                      | <b>460</b> |
|            | 1 / 13  |            |
|            | For Official Use Only<br>CITY CLERK'S OFFICE<br>FEB 01 2024 PM02:22 |            |

**Statement covers period**  
 from 01/01/2023  
 through 12/31/2023

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

## 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  
1462534

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Kevin Spease for Elk Grove City Council District 3 2024

STREET ADDRESS (NO P.O. BOX)  
9280 West Stockton Boulevard #222

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
9280 West Stockton Boulevard #222

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

OPTIONAL: FAX/E-MAIL ADDRESS  
kevin.spease@gmail.com

## Treasurer(s)

NAME OF TREASURER  
Kelly Lawler

MAILING ADDRESS  
9460 Tegner Road

|        |       |          |                 |
|--------|-------|----------|-----------------|
| 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

Executed on 01/13/2024 By Kelly Lawler

Executed on 01/13/2024 By Kevin Spease

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
 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

|                            |            |
|----------------------------|------------|
| <b>CALIFORNIA<br/>FORM</b> | <b>460</b> |
| 2 / 13                     |            |

**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: City Council Member  
City Elk Grove

---

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
9280 West Stockton Boulevard Elk Grove CA 95758  
Suite 222

**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                                | I.D. NUMBER   |
| NAME OF TREASURER                             | CONTROLLED COMMITTEE?<br><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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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<br>from <u>01/01/2023</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/2023</u>                         |                                |
| 3 / 13  |                                |
| I.D. NUMBER<br>1462534                            |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kevin Spease for Elk Grove City Council District 3 2024

**Contributions Received**

|                                      |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....      | Schedule A, Line 3 | \$ 21798.00  | \$ 21798.00                                |
| 2. Loans Received .....              | Schedule B, Line 7 | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS.....  | Add Lines 1 + 2    | \$ 21798.00  | \$ 21798.00                                |
| 4. Nonmonetary Contributions .....   | Schedule C, Line 3 | 0.00   | 0.00                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4    | 21798.00   | \$ 21798.00                                |

**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**

|  |                      |           |           |
|--|----------------------|-----------|-----------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ 921.19 | \$ 921.19 |
| 7. Loans Made .....                      | Schedule H, Line 7   | 0.00      | 0.00      |
| 8. SUBTOTAL CASH PAYMENTS.....           | Add Lines 6 + 7      | \$ 921.19 | \$ 921.19 |
| 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 | \$ 921.19 | \$ 921.19 |

**Expenditure Limit Summary for State  
Candidates**

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

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

**Current Cash Statement**

|   |   |             |
|---|---|-------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ 0.00     |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | 21798.00    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | 0.00        |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | 921.19      |
| 16. ENDING CASH BALANCE.....              | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 20876.81 |

If this is a termination statement, Line 16 must be zero.

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).

|                                   |                    |         |
|-----------------------------------|--------------------|---------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$ 0.00 |
|-----------------------------------|--------------------|---------|

**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 | \$ 0.00 |

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from <u>01/01/2023</u><br>through <u>12/31/2023</u> |  | <b>CALIFORNIA FORM 460</b> |
|  |  |                            |
| NAME OF FILER<br>Kevin Spease for Elk Grove City Council District 3 2024       |  | I.D. Number<br>1462534     |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED       | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/19/2023 | Sharon Anderson<br>██<br>Elk Grove CA 95624<br>ID: ██████████   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/31/2023 | Angela Spease For Cosumnes Community Services District Director 2022<br>9290 West Stockton Boulevard<br>Suite 107<br>Elk Grove CA 95758<br>ID: 1444504            | <input type="checkbox"/> IND<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC  |  | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 11/07/2023 | Associated Builders and Contractors Northern California Chapter Political Action Committee<br>4577 Las Positas Road<br>Unit C<br>Livermore CA 94551<br>ID: 901313 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | 2500.00                     | 2500.00   | 2500.00 P 24                       |
| Rcpt Dt: 10/06/2023 | Phyllis Baltz<br>██<br>El Dorado Hills CA 95762<br>ID: ██████████   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Hospital President<br><br>Dignity Health Methodist Hospital                                | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/04/2023 | Hal Bartholomew<br>██<br>Elk Grove CA 95624<br>ID: ██████████   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney Mediator<br><br>Self Employed - Hal Bartholomew                                   | 250.00                      | 250.00  | 250.00 P 24                        |
| <b>SUBTOTAL \$</b>  |   |   |  |                             |   |                                    |

**Schedule A Summary**

|   |                 |          |
|---|-----------------|----------|
| 1. Amount received this period - contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$              | 21649.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 .....  | \$              | 149.00   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | 21798.00 |

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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>01/01/2023</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2023</u>                         |                            |
| 5 / 13  |                            |
| I.D. Number<br>1462534                            |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kevin Spease for Elk Grove City Council District 3 2024

| DATE RECEIVED       | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/19/2023 | Patricia Beal<br>[REDACTED]<br>Sacramento CA 95829<br>ID:                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Executive Director<br><br>Senior Center of Elk Grove                                       | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 10/19/2023 | Warren Bell<br>[REDACTED]<br>Elk Grove CA 95758<br>ID:   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Program manager<br><br>HP  | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/19/2023 | Bobbie Singh-Allen For Mayor 2024<br>5445 Madison Avenue<br>Sacramento CA 95841<br>ID: 1456692 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 10/27/2023 | Michelle Brattmiller<br>[REDACTED]<br>Sacramento CA 95814<br>ID:                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br><br>MMS Strategies, LLC  | 249.00                      | 249.00  | 249.00 P 24                        |
| Rcpt Dt: 11/20/2023 | Jerry Braxmeyer JD<br>[REDACTED]<br>Elk Grove CA 95624<br>ID:                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Braxmeyer Settlement Solutions Inc  | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| <b>SUBTOTAL \$</b>  |  |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |            |                               |
|--|------------|-------------------------------|
| Statement covers period  |            | CALIFORNIA<br>FORM <b>460</b> |
| from   | 01/01/2023 |                               |
| through  | 12/31/2023 | 6 / 13                        |
| NAME OF FILER<br>Kevin Spease for Elk Grove City Council District 3 2024 |            | I.D. Number<br>1462534        |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED       | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/20/2023 | California Real Estate Political Action Committee (CREPAC) - California Association of Realtors<br>525 South Virgil Avenue<br>Los Angeles CA 90020<br>ID: 890106 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC | California Association of Realtors   | 2500.00                     | 2500.00   | 2500.00 P 24                       |
| Rcpt Dt: 11/07/2023 | Committee for Home Ownership, Sponsored by North State Building Industry Assoc.<br>9458 Treelake Road<br>Granite Bay CA 95746<br>ID: 782240                      | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | North State Building Industry Assoc.   | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 10/19/2023 | April Cooke<br>[REDACTED]<br>Elk Grove CA 95624<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Realtor<br><br>Self Employed- April Cooke  | 200.00                      | 200.00  | 200.00 P 24                        |
| Rcpt Dt: 10/03/2023 | Cynthia Cuellar<br>[REDACTED]<br>Elk Grove CA 95757<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br><br>Your Home Assistant   | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 10/17/2023 | John Driebe<br>[REDACTED]<br>Elk Grove CA 95757<br>ID: [REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Auto Sales Service<br><br>Nissan Elk Grove   | 500.00                      | 500.00  | 500.00 P 24                        |

**SUBTOTAL \$**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>01/01/2023</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2023</u>                         |                            |
| 7 / 13  |                            |
| I.D. Number<br>1462534                            |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kevin Spease for Elk Grove City Council District 3 2024

| DATE RECEIVED       | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/15/2023 | Jack Edwards<br>██<br>Elk Grove CA 95758<br>ID: ██████████          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/19/2023 | Nancy Gerrese<br>██<br>Elk Grove CA 95624<br>ID: ██████████         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 200.00                      | 200.00  | 200.00 P 24                        |
| Rcpt Dt: 10/23/2023 | Gil Moore Oil Company<br>██<br>Elk Grove CA 95624<br>ID: ██████████ | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 10/04/2023 | Diane Hollingshead<br>██<br>Elk Grove CA 95624<br>ID: ██████████    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 11/20/2023 | Patrick Hume<br>██<br>Elk Grove CA 95624<br>ID: ██████████          | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | County Supervisor<br><br>County of Sacramento  | 250.00                      | 250.00  | 250.00 P 24                        |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>01/01/2023</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>12/31/2023</u>                         |                            |
| 8 / 13  |                            |
| I.D. Number<br>1462534                            |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kevin Spease for Elk Grove City Council District 3 2024

| DATE RECEIVED       | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/04/2023 | Josh Jordan<br>██<br>Elk Grove CA CA 95624<br>ID: ██████████              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales & Marketing<br><br>Power Produce   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/04/2023 | Robert Lent<br>██<br>Elk Grove CA CA 95757<br>ID: ██████████              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br><br>Elk Grove Milling   | 1000.00                     | 1000.00   | 1000.00 P 24                       |
| Rcpt Dt: 10/04/2023 | Frank Lucia<br>██<br>Sacramento CA CA 95829<br>ID: ██████████             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 11/29/2023 | Judith Ludlow<br>██<br>Elk Grove CA CA 95624<br>ID: ██████████            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/19/2023 | Poole Resource Group LLC<br>██<br>Elk Grove CA CA 95624<br>ID: ██████████ | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 200.00                      | 200.00  | 200.00 P 24                        |
| <b>SUBTOTAL \$</b>  |   |   |  |                             |   |                                    |

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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



**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>01/01/2023</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/2023</u>                         |                                |
| 9 / 13  |                                |
| I.D. Number<br>1462534                            |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kevin Spease for Elk Grove City Council District 3 2024

| DATE RECEIVED          | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------------------|--|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt:<br>10/19/2023 | Publishing Concepts LLC dba Town Planner<br>██<br>Elk Grove CA 95624<br>ID: ██████████ | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt:<br>10/18/2023 | Jay Reed<br>██<br>Elk Grove CA 95624<br>ID: ██████████                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Pastor<br><br>Light of the Valley Church   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt:<br>11/20/2023 | Sacramento Area Fire Fighters Local 522 PAC<br>1121 L Street<br>Suite 200<br>Sacramento CA 95814<br>ID: 746138               | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2500.00                     | 2500.00   | 2500.00 P 24                       |
| Rcpt Dt:<br>10/19/2023 | Omar Silmi<br>██<br>Elk Grove CA 95758<br>ID: ██████████                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner<br><br>Mid City   | 500.00                      | 500.00  | 500.00 P 24                        |
| Rcpt Dt:<br>10/19/2023 | Suman Singha<br>██<br>Elk Grove CA 95757<br>ID: ██████████                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br><br>Retired   | 100.00                      | 100.00  | 100.00 P 24                        |

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2023</u><br>through <u>12/21/2023</u> | <b>CALIFORNIA FORM 460</b> |
|  | 10 / 13                    |
|  | I.D. Number<br>1462534     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kevin Spease for Elk Grove City Council District 3 2024

| DATE RECEIVED       | FULL NAME, MAILING 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------------|---|---|--|-----------------------------|---|------------------------------------|
| Rcpt Dt: 10/04/2023 | Darren Suen<br>██<br>Elk Grove CA 95758<br>ID: ██████████                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chief of Staff<br><br>CA Legislature   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 10/03/2023 | Melissa Washington<br>██<br>Lincoln CA 95648<br>ID: ██████████                        | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Speaker<br><br>Melissa Washington Inc.   | 100.00                      | 100.00  | 100.00 P 24                        |
| Rcpt Dt: 11/07/2023 | Western Electrical Contractors Assoc., Inc. Good Govt<br>455 Capitol Mall<br>Suite 600<br>Sacramento CA 95814<br>ID: 991225 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 2500.00                     | 2500.00   | 2500.00 P 24                       |

**SUBTOTAL \$ 21649.00**

## Schedule A Summary

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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

**SCHEDULE A****Notes**

| Form/Schedule | Reference No | TEXT  |
|---------------|--------------|---|
| A             | A-362        | Publishing Concepts LLC dba Town Planner-20231019-LLC Legal Responsibility Officer: Joyce Nazabal |

**Schedule E  
Payments Made**

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

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>01/01/2023</u> | CALIFORNIA<br>FORM <b>460</b> |
| through <u>12/31/2023</u>                         |                               |
| 12 / 13   |                               |
| I.D. NUMBER<br>1462534                            |                               |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kevin Spease for Elk Grove City Council District 3 2024

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                 | CODE | OR | DESCRIPTION OF PAYMENT                                    | AMOUNT PAID |
|---|------|----|---|-------------|
| Integrated Solutions: Political ID:<br>4142 Adams Avenue<br>Suite 103-550<br>San Diego CA 92116 | OFC  |    |   | 257.61      |
| Integrated Solutions: Political ID:<br>4142 Adams Avenue<br>Suite 103-550<br>San Diego CA 92116 | OFC  |    |   | 181.50      |
| Angela Spease ID:<br>9280 West Stockton Boulevard<br>Suite 222<br>Elk Grove CA 95758            | FND  |    | 10/19/23 Food, Beverage and Supplies for Campaign Kickoff | 224.11      |

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

**SUBTOTAL \$**

**Schedule E Summary**

|  |                               |
|--|-------------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)                                 | \$ <u>871.48</u>              |
| 2. Unitemized payments made this period of under \$100.  | \$ <u>49.71</u>               |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ <u>0.00</u>                |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> <u>921.19</u> |

# Schedule E Payments Made

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

|   |            |                               |
|---|------------|-------------------------------|
| Statement covers period                                 |            | CALIFORNIA<br>FORM <b>460</b> |
| from  | 01/01/2023 |                               |
| through   | 12/31/2023 | 13 / 13                       |
| NAME OF FILER   |            | I.D. NUMBER                   |
| Kevin Spease for Elk Grove City Council District 3 2024 |            | 1462534                       |

SEE INSTRUCTIONS ON REVERSE

**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, email)            |

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| The KAL Group, Inc<br>9460 Tegner Road<br>Hilmar CA 95324                       | PRO     | ID:                    | 208.26      |

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

**SUBTOTAL \$ 871.48**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100. .... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ \_\_\_\_\_**