

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp	<b>RECEIVED</b>  <b>JAN 31 2023</b>  <b>CITY CLERK</b>	<b>CALIFORNIA FORM 460</b>
		Page <u>1</u> of <u>6</u>  For Official Use Only

<p style="text-align: center;"><b>Statement covers period</b></p> <p>from <u>10/22/22</u></p> <p>through <u>12/31/2022</u></p>	<p style="text-align: center;"><b>Date of election if applicable:</b> (Month Day, Year)</p> <p><u>11/8/2022</u></p>
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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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small><br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report |
|--|--|

**3. Committee Information**

I.D. NUMBER  
1448236

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Blanca Lopez-Brown For City Council 2022

STREET ADDRESS (NO P.O. BOX)

<u>[REDACTED]</u>	STATE	Z P CODE	AREA CODE/PHONE
<u>Lemon Grove</u>	<u>CA</u>	<u>91945</u>	<u>6 [REDACTED]</u>

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

CITY	STATE	Z P CODE	AREA CODE/PHONE
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OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Jerry Jones

MAILING ADDRESS

<u>[REDACTED]</u>	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lemon Grove</u>	<u>CA</u>	<u>91945</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1/31/2023  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Treasurer

By [Signature]  
Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

Page 2 of 6

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Blanca Lopez-Brown

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Lemon Grove City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Lemon Grove CA 91945

**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  SUPPORT  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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 10/22/2022

through 12/31/2022

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1448236

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 9,677.08	\$ 14,692.08
2. Loans Received	Schedule B, Line 3 -7000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 2,677.08	\$ 14,692.08
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	1,050.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 2,667.08	\$ 15,742.08

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 4,733.73	\$ 14,692.08
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 4,733.73	\$ 14,692.08
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	1,050.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 4,733.73	\$ 15,742.08

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yyyy)	
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,056.65
13. Cash Receipts	Column A, Line 3 above 2,677.08
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 4,733.73
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0.00

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

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

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.

# Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from \_\_\_\_\_ through \_\_\_\_\_

**CALIFORNIA 460 FORM**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2022	Jim Elliot [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	
10/25/2022	Tim Shaw [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher San Diego Unified	200.00	200.00	
10/28/2022	Kathleen Olsen 3044 Rancho San Diego [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed / COO RCP Block and Brick	200.00	200.00	
10/25/2022	Chris Brown [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Haul'n Off	250.00	250.00	
12/31/2022	Blanca Brown	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate	8,445.08	9,195.08	
<b>SUBTOTAL \$</b>				<b>9,595.08</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 9,595.08
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 82.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....**TOTAL \$ 9,677.08**

\*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

Statement covers period  
 from 10/22/2022  
 through 12/31/2022

Page 5 of 6  
 I.D. NUMBER \_\_\_\_\_

Amounts may be rounded  
 to whole dollars.

**Schedule B – Part 1  
 Loans Received**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER \_\_\_\_\_

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)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Blanca Brown [REDACTED]	Candidate		7000.00	2,996.00	<input checked="" type="checkbox"/> PAID \$ 150.92 <input checked="" type="checkbox"/> FORGIVEN \$ 8,445.08	0.00	____%	\$ _____	9,996.00
<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 \$ _____		____%	\$ _____	PER ELECTION** \$ 9,996.00
<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 \$ _____		____%	\$ _____	PER ELECTION** \$ _____
<b>SUBTOTALS</b>				\$ 2,996.00	\$ 9,996.00	\$ 0.00			\$ _____

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

**Schedule B Summary**

- Loans received this period ..... \$ 2,996.00  
 (Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 9,996.00  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ -7,000  
 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  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

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

Amounts may be rounded to whole dollars.

**Schedule E  
Payments Made**

Statement covers period

from 10/22/2022

through 12/31/2022

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

**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
Neyensch Printing [REDACTED]	LIT		Mailer printing and postage and	4,409.73
Mark Robak [REDACTED]	CNS		Social Media Management	266.00

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

**SUBTOTAL \$ 4,675.73**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4,675.73
- Unitemized payments made this period of under \$100 ..... \$ 58.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 4,733.73**