

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

CALIFORNIA
FORM **460**

Date Stamp
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RECEIVED
SEP 27 2018
CITY CLERK

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

11/6/2018

Statement covers period

from Jan 1, 2018
through Sept. 22, 2018

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1411558

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

Kamau Martin for Lemon Grove City Council 2018

Treasurer(s)

NAME OF TREASURER

Lakisha Mczeal

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

San Diego

STATE

CA

ZIP CODE

92113

AREA CODE/PHONE

[REDACTED]

MAILING ADDRESS

[REDACTED]

CITY

San Diego

STATE

CA

ZIP CODE

92113

AREA CODE/PHONE

[REDACTED]

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

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

AREA CODE/PHONE

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

AREA CODE/PHONE

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Umzeal98@gmail.com

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

9/25/2018

Date

Executed on

9/25/2018

Date

Executed on

Date

Executed on

Date

By

By

By

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kamaal Marfin

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Lemon Grove City Council 2018

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3940 Alpha St San Diego CA 92113

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? YES 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? YES 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 Jan 1, 2018 through Sept 22, 2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lakisha McZeal

I.D. NUMBER

1411558

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>4400.00</u>	\$ <u>4400.00</u>
2. Loans Received.....	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>4400.00</u>	\$ <u>4400.00</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>4658.00</u>	\$ <u>4658.00</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>1671.00</u>
7. Loans Made.....	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>1671.00</u>	\$ <u>1671.00</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	
10. Nonmonetary Adjustment.....	Schedule C, Line 3	
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>1929.00</u>	\$ <u>1929.00</u>

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts.....	Column A, Line 3 above	\$ <u>4400.00</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ <u>16.00</u>
15. Cash Payments.....	Column A, Line 8 above	\$ <u>1671.00</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2745.00</u>

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

17. LOAN GUARANTEES RECEIVED.....

Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ _____

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ _____

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	\$ <u>0</u>	\$ <u>4658.00</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>1929.00</u>

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
____/____/____	\$ _____
____/____/____	\$ _____

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

CALIFORNIA
FORM **460**

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Statement covers period
from Jan 1, 2018
through Sept 22, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lakisha Mezeal

I.D. NUMBER

1411558

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)
7/27/18	Daniel Hernandez [REDACTED] San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Community Relation San Ysidro Health Center	\$ 250.00	\$ 250.00	
8/06 2018	Gavin Kirihara [REDACTED] Kapolei, HI 96707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant, Self-employed Paulownia measloom LLC	\$ 300.00	\$ 300.00	
8/06 2018	Ebraheem Fontaine [REDACTED] Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Science, Edmonds	\$ 500.00	\$ 500.00	
8/13 2018	James Alford [REDACTED] Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologist, Retired	\$ 200.00	\$ 200.00	
9/15 2018	Diane Moss [REDACTED] San Diego, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director, Project new village	\$ 800.00	\$ 800.00	
SUBTOTAL \$				2050		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3850.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 550.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4400.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

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Statement covers period

from Jan 1, 2018
through Sept 22, 2018

NAME OF FILER Lakisha McZeal I.D. NUMBER 1411558

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)
9/15 2018	Michael Bell [REDACTED] Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	consultant, In Partnership Consulting	\$ 200.00	200.00	
9/15 2018	Matthew Philbin [REDACTED] San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO, Anthem Real Estate Ventures Inc.	\$ 200.00	\$ 200.00	
9/15 2018	Jennifer Mendoza [REDACTED] Lemon Grove, CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Librarian, Robbin Geller	\$ 100.00	\$ 100.00	
9/15 2018	Kathryn Smith [REDACTED] San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 800.00	\$ 800.00	
9/15 2018	Anthony Prather [REDACTED] Chula Vista 91915	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plan Review, city of San Diego	\$ 300.00	\$ 300.00	

SUBTOTAL \$ 1400.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from Jan 1, 2018 through Sept 22, 2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lakisha McZeal

I.D. NUMBER

1411558

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Avg. 31, 2018	Charter Public Schools PAC. ID# 1302433 455 Capitol Mall, Suite 600 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data expenses	\$ 258.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 258.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 258.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lakisha McNeal

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

- | | | | |
|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | RAD | radio airtime and production costs |
| CNS | campaign consultants | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | SAL | campaign workers' salaries |
| CVC | civic donations | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | VOT | voter registration |
| LIT | campaign literature and mailings | 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
Lemon Grove City Hall 3232 Main St. Lemon Grove, CA 91945	FIL		Campaign Statement	850.00
Our California Latino Voters' Guide 930 Colorado Blvd. Building 2. Los Angeles, CA 90041			Appearance on the CA. Latino Voters' Guide	258.00
AA A Imaging 7931 Broadway Lemon Grove CA 91945	LIT		Remit Envelope, color copies campaign literature	\$ 344.00

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

SUBTOTAL \$ 1,452.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,549.00
- Unitemized payments made this period of under \$100 \$ 102.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,471.00**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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Statement covers period
from Jan 1, 2018
through Sept 22, 2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lakisha McZeal

I.D. NUMBER

1411558

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)

The Green Cowboy
1544 69th St
San Diego, CA 92114

AMOUNT PAID

\$117.00

DESCRIPTION OF PAYMENT

Fundraising event

CODE OR

FND

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

SUBTOTAL \$ 117.00

Statement covers period

from Jan 1, 2018

through Sept 22, 2018

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lakisha Mczeal

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
<u>8/1/18</u> <u>above</u>	<u>Mczeal Lakisha Mczeal</u>	<u>Subtotal from previous page is amount of \$14,000.00</u>	<u>141558</u>

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$**

Schedule I Summary

- Itemized increases to cash this period. \$ 0
- Unitemized increases to cash of under \$100 this period. \$ 14,000
- Total of all interest received this period on loans made to others. (Schedule H, Column (e)) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 14,000