

# Recipient Committee Campaign Statement Cover Page

DATE STAMP  
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Page 1 of 1  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11/6/2018

Statement covers period  
from 10/25/2018  
through 1/30/2018

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
- Recall (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:

- Pre-election Statement
  - Semi-annual Statement
  - Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)
- spent over \$2000.00 from last disclosure

- Quarterly Statement
- Special Odd-Year Report

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Teresa Rosiakfordenon Grove City Council 2018

I.D. NUMBER 1409311

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY Lemna Grove STATE CA ZIP CODE 91945 AREA CODE/PHONE \_\_\_\_\_

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

### Treasurer(s)

NAME OF TREASURER Patricia Dolbeck

MAILING ADDRESS \_\_\_\_\_

CITY El Cajon STATE CA ZIP CODE 92021 AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER (IF ANY) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL 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.

Executed on 1/30/2018 By \_\_\_\_\_

Executed on 1/30/2018 By \_\_\_\_\_  
Signature of \_\_\_\_\_  
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**

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
TERESA ROSIAK

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
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?  
 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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TERESA ROSIAK

Statement covers period

from 10/25/2018 through 1/30/2019

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I.D. NUMBER

1409311

## Contributions Received

Column B  
CALENDAR YEAR  
TOTAL TO DATE

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions.....	Schedule A, Line 3	\$	2000.00	\$	2000.00
2. Loans Received.....	Schedule B, Line 3	\$	0	\$	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$	400.00	\$	400.00
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$	2400.00	\$	2400.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$	2400.00	\$	2400.00

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$	2000.00	\$	2000.00
7. Loans Made.....	Schedule H, Line 3	\$	0	\$	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$	2000.00	\$	2000.00
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$	0	\$	0
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$	0	\$	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$	2000.00	\$	2000.00

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$	400.00
13. Cash Receipts.....	Column A, Line 3 above	\$	2400.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$	0
15. Cash Payments.....	Column A, Line 8 above	\$	2400.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$	0

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$	0
18. Cash Equivalents.....	See instructions on reverse	\$	0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$	0

## Cash Equivalents and Outstanding Debts

## 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	\$	0
21. Expenditures Made	\$	0

## 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.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER TERESA ROSIAK

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)
10/29/2018	Patricia Dolbeck El Cajon Ca. 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	700.00	700.00	
10/29/2018	Virginia Babcock La Mesa CA 91942	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/29/2018	Cookie Ringhand 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	Real Estate	200.00	200.00	
10/29/2018	George Linzey El Cajon Ca. 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pastor	100.00	100.00	
10/29/2018	Shan Shaffer Cibola Vista Ca. 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	400.00	400.00	
<b>SUBTOTAL \$</b>				500.00		

\*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 Summary**  
 1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 2000.00  
 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 \$ 2000.00**

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

Amounts may be rounded  
to whole dollars.

NAME OF FILER FRESA ROSIAK I.D. NUMBER 1409311

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)
10/29/2018	Susan Brandt 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	Retired	100.00	100.00	
9/1/2018	John Enright LAWSA CA. 91941 Lemon Grove Ca. 91945-15k	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Berry's Sporting Goods	400.00	400.00	
		<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				
<b>SUBTOTAL \$</b>				<u>500.00</u>		

\*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

CALIFORNIA FORM **460**

Statement covers period from 10/23/2018 through 1/30/2019

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Teresa Rosiak

I.D. NUMBER

1409311

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)
9/2018	Steve Browne 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	Santa Sophia Youth Director	Signs 10x10 (10)	400.00		
		<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					
<b>SUBTOTAL \$</b>					<u>400.00</u>		

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 400.00
- 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 \$** 400.00

\*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

Amounts may be rounded to whole dollars.

**Schedule E  
Payments Made**

Statement covers period  
from 10/23/2018  
through 1/30/2019

CALIFORNIA **460**  
FORM

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I.D. NUMBER  
1409311

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Teresa Rosiak

**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                                    |
| C7B | 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
<u>Sign Depot Inc Florida FL</u>	<u>CMP</u>		<u>Campaign signs (100) Paid by Teresa Rosiak</u>	<u>350.00</u>
<u>JCA Inc. (JCA Comm Inc.) Jeff Anderson Lupena Ln 91941</u>	<u>LIT</u>		<u>Campaign flyer Paid by Campaigns</u>	<u>1395.00</u>
<u>Lemon Grove City Hall Registrar of Voters - San Diego</u>	<u>FIL</u>		<u>Candidate filing/Ballot Fees paid by Teresa Rosiak</u>	<u>pd-491.01 pd-358.99</u>
<b>SUBTOTAL \$</b>				<b>1886.01</b>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2000.00
- Unitemized payments made this period of under \$100 ..... \$ 0
- 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 \$** 2000.00

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 10/23/2018  
through 1/30/2019

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Teresa Rosiak*

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1409311

**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
<i>NONNO'S RESTAURANT 5314 Baltimore Dr. Lamarca, Ca. 91942</i>	<i>CMP</i>		<i>Volunteer Dinner</i>	<i>84.00</i>
<i>Costco Fletcher Pkwy Lamarca, Ca. 91942</i>	<i>CMP</i>		<i>Box of Xerox Paper</i>	<i>29.99</i>
			<i>Pd by Campaign funds &amp; Teresa Rosiak and Campaign reimbursed</i>	<i>total 303.00</i>
<b>SUBTOTAL \$</b>				<b>113.99</b>

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