

Date Stamp: MAR 11 11:41 AM

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For Official Use Only

Statement covers period from 10/24/2018 through 12/31/2018

Date of election if applicable: (Month, Day, Year) Nov. 6 2018

**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:**

Preelection Statement

Semi-annual Statement

Termination Statement (Also file a Form 410 Termination)

Amendment (Explain below) *Corrections made*

Quarterly Statement

Special Odd-Year Report

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) *Teresa Rosiak for Lemon Grove City Council 2018*

I.D. NUMBER *409311*

STREET ADDRESS (AUGUST 2011) \_\_\_\_\_

CITY *Lemon Grove* STATE *CA.* ZIP CODE *91945*

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX) *N/A*

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

OPTIONAL: FAX / E-MAIL ADDRESS *teresa.rosiak2018@gmail.com*

Treasurer(s)

NAME OF TREASURER *Patricia Dolbeck*

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

CITY *El Cajon* STATE *CA.* ZIP CODE *92020*

NAME OF ASSISTANT TREASURER, IF ANY *N/A*

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

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

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/2019 By \_\_\_\_\_

Executed on 1/31/2019 By \_\_\_\_\_

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

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

**CALIFORNIA 460  
FORM**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Telesza Sosick

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

RECOMMENDATION (INCLUDE STREET ADDRESS, 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

Statement covers period from 10/24/2018 through 12/31/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Teresa Rosiak

I.D. NUMBER

409311

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1800.00	\$ 1800.00
2. Loans Received..... Schedule B, Line 3	<del>0</del>	<del>0</del>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1800.00	\$ 1800.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 330.00	\$ 330.00
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 2130.00	\$ 2130.00

## Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 2708.99	\$ 2708.99
7. Loans Made..... Schedule H, Line 3	<del>0</del>	<del>0</del>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2708.99	\$ 2708.99
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<del>0</del>	<del>0</del>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<del>0</del>	<del>0</del>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2708.99	\$ 2708.99

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1800.00
13. Cash Receipts..... Column A, Line 3 above	\$ 2708.99
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<del>0</del>
15. Cash Payments..... Column A, Line 8 above	<del>0</del>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2708.99

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

## 17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ <del>0</del>
--------------------	-----------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <del>0</del>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <del>0</del>

## 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	\$ 1800.00	\$ 1800.00
21. Expenditures Made	\$ 2708.99	\$ 2708.99

## 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
	<u>11/6/2018</u>	\$ <u>2708.99</u>

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 10/24/2018  
through 12/31/2018

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Teresa Rosick

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	Joanne Shaffer Chula Vista CA. 91950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	300.00
9/11/2018	John Enright Lupine Ca. 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Barry's Sporting Goods owner	400.00	400.00	400.00
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	700.00
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	100.00
10/29/2018	Geordina Zen 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	100.00

SUBTOTAL \$

1600.00

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1800.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1800.00

\*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.)

Statement covers period from 10/21/2018 through 12/31/2018

CALIFORNIA FORM **460**

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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)
	NAME OF FILER: <u>Teresa Rosiak</u>					
10/29/2018	LAWRENCE (Cookie) Ringhand CERRA 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 Agent	200.00	200.00	200.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>	<u>200.00</u>	<u>200.00</u>

\*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.

Statement covers period  
from 10/21/2018  
through 12/31/2018

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Teresa Rosick*

I.D. NUMBER  
1409311

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)	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	CALENDAR YEAR	
									PER ELECTION**	PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <u>None</u>		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**	_____% \$ _____	_____% \$ _____
<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 \$ _____	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**	_____% \$ _____	_____% \$ _____
<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 \$ _____	\$ _____ DATE DUE _____	_____% \$ _____	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**	_____% \$ _____	_____% \$ _____
<b>SUBTOTALS</b>								\$ _____	\$ _____	\$ _____

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

**Schedule B Summary**

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(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** \$ \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2.

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

**Schedule B – Part 2  
Loan Guarantors**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period  
from 10/24/2018  
through 12/31/2018

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Teresa Rosado*

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I.D. NUMBER

1409311

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
<i>None</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED) _____	

**SUBTOTAL \$** 0

Enter on Summary Page, Line 17 only.

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018

CALIFORNIA FORM **460**

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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)
9/25/18	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	Courtesy TV Catholic Youth Director	Campaign Signs	330.00	330.00	330.00
		<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>330.00</u>	

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 330.00
- 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 \$** 330.00

\*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**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Teresa Rosiak*

Statement covers period  
from *10/24/18*  
through *12/31/18*

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I.D. NUMBER  
*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.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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>Nanno's Ristorante 5314 Baltimore Dr. La Mesa Ca. 91942</i>	<i>CMP</i>		<i>Volunteer Thankyou Dinner (pd by Campaigns)</i>	<i>84.00</i>
<i>JCA Com INC 3755 Avocado B1#164 La Mesa Ca. 91941 Jeff Anderson</i>	<i>LIT</i>		<i>Campaign Mailer (pd by Campaigns)</i>	<i>1395.00</i>
<i>Pd to Costco 8125 Fletcher Pkwy La Mesa Ca. 91942 Lemon Grove Ca 91948</i>	<i>DFC</i>		<i>Xerox paper - case (pd by Teresa Rosiak)</i>	<i>29.99</i>
<b>SUBTOTAL \$</b>				<b>1508.99</b>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ *2208.99*
2. Unitemized payments made this period of under \$100 ..... \$ *0*
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ *0*
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** *2708.99*

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period  
from 10/21/2018  
through 12/31/2018

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I.D. NUMBER  
1409311

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Teresa Rosick

**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
<u>City of Lemon Grove 325 Main St. Lemon Grove Ca. 91945</u>	<u>FIL</u>		<u>Ballot Fees (Candidate filing (pd by Teresa Rosick) Teresa Rosick Lemon Grove Ca. 91945</u>	<u>850.00</u>
<u>UCA Com Inc 3755 Avocado Bl #164 La Mesa Ca. 91941 Jeff Anderson</u>	<u>RHD</u>		<u>Robo call to Lemon Grove Residents (pd by Teresa Rosick) Lemon Grove Ca. 91945</u>	<u>250.00</u>
<b>SUBTOTAL \$</b>				<u>1200.00</u>

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

*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
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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<i>NONE</i>					
<b>SUBTOTALS \$</b>					

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** *\$*
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** *\$*
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** *\$*