

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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JAN 22 2020

DATE OF ELECTION IF APPLICABLE: CITY CLERK

Date Stamp

CALIFORNIA 2001/02 FORM 460

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For Official Use Only

Statement covers period from 01/01/2020 Through 01/18/2020

Date of election if applicable: 03/03/2020

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. Number 1422743

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

No on S, Lemon Grove Neighbors Against the Lifetime Tax

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945

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

CITY STATE ZIP CODE AREA CODE/PHONE
La Mesa CA 91942

OPTIONAL: FAX / EMAIL ADDRESS

Mary @MaryEnglandPR.Com

Treasurer(s)

NAME OF TREASURER
Mary England

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Lemon Grove CA 91945

NAME OF ASSISTANT TREASURER, IF ANY

William Baber

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
La Mesa CA 91942

OPTIONAL: FAX / EMAIL 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 1-22-20
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent
By [Signature]
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

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

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled buy you or are primarily formed to receive contributions or make expenditures on behalf of*

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 _____

Lemon Grove 3/4 Cent Sales Tax

BALLOT NO. OR LETTER S	JURISDICTION City of Lemon Grove	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent.

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	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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.

COVER PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	01/18/2020	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	No on S, Lemon Grove Neighbors Against the Lifetime Tax	I.D. NUMBER	1422743
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A,	\$ 995.00	\$ 995.00
2. Loans Received Schedule B,	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Line 1	\$ 995.00	\$ 995.00
4. Nonmonetary Contributions Schedule C,	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3	\$ 995.00	\$ 995.00

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E,	\$ 799.75	\$ 799.75
7. Loans Made Schedule	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Line 6	\$ 799.75	\$ 799.75
9. Accrued Expenses (Unpaid Bills) Schedule F,	0.00	0.00
10. Nonmonetary Adjustment Schedule C,	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 +	\$ 799.75	\$ 799.75

**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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line	\$ 5,640.01
13. Cash Receipts Column A, Line 3	995.00
14. Miscellaneous Increases to Cash Schedule I,	0.00
15. Cash Payments Column A, Line 8	799.75
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line	\$ 5,835.26
<i>If this is a termination statement, Line 16 must be zero</i>	

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 amounts

17. LOAN GUARANTEES RECEIVED Schedule B,	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B	\$ 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

SCHEDULE A

Statement covers period from <u>01/01/2020</u> through <u>01/18/2020</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>5</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER No on S, Lemon Grove Neighbors Against the Lifetime Tax ID NUMBER 1422743

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
01/12/2020	Wood John L. [REDACTED]e 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 Retired	\$995.00	\$995.00	\$995.00 P-20

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ <u>995.00</u>
.....	\$ <u>0.00</u>
2. Amount received this period - unitemized contributions of less than \$100	
3. Total monetary contributions received this period.	TOTAL \$ <u>995.00</u>

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

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2020	
through	01/18/2020	Page <u>5</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER
No on S, Lemon Grove Neighbors Against the Lifetime Tax		1422743

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on S, Lemon Grove Neighbors Against the Lifetime Tax

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 expense	SAL campaigns 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
William Baber : [REDACTED] La Mesa, CA 91942	PRO			\$750.00

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

SUBTOTAL \$ 750.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals)	\$750.00
2. Unitemized payments made this period of under \$100	\$49.75
3. Total Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 799.75