

Recipient Committee Campaign Statement Cover Page

CALIFORNIA
FORM

RECEIVED

Date Stamp

Page 1 of 6

Date of election if applicable:
(Month, Day, Year)
11/06/2018

CITY CLERK

Statement covers period
Sept 23, 2018
from
Oct 20, 2018
through

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:

- 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)

Kamaal Martin for Lemon Grove City Council 2018

Treasurer(s)

NAME OF TREASURER
Lakisha McZeal

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

San Diego

STATE

CA

ZIP CODE

92113

AREA CODE/PHONE

CITY

San Diego

STATE

CA

ZIP CODE

92113

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

lmczeal98@gmail.com

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 10/24/2018

Date

Executed on 10/24/2018

Date

Executed on _____

Date

Executed on _____

Date

By _____

By _____

By _____

By _____

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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**

CALIFORNIA **460**
FORM

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kamaal Martin

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
[REDACTED] San Diego, CA, 93113

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 PROPOSER

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
Sept 23, 2018

from
through

Oct 20, 2018

Page 3 of 6

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lakisha McZeal for Kamaal Martin

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 \$ 1425.00 | \$ 5825.00 |
| 2. Loans Received..... | Schedule B, Line 3 1425.00 | 5825.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 0 | 258.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 1425.00 | 6083.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | |

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 | \$ 6083.00 |
| 21. Expenditures Made | \$ 0 | \$ 3934.24 |

Expenditures Made

| | | |
|---|-------------------------------|------------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 2005.24 | \$ 3676.24 |
| 7. Loans Made..... | Schedule H, Line 3 | |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 2005.24 | \$ |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 0 | 258.00 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 2005.24 | \$ 3934.24 |

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 16 \$ 2745.00 |
| 13. Cash Receipts..... | Column A, Line 3 above 1425.00 |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 2005.24 |
| 15. Cash Payments..... | Column A, Line 8 above 2164.76 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ |

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.

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

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

Cash Equivalents and Outstanding Debts

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lakisha McZeal *km* **Kamaal MaAtin**

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/20/2018 | Lemon grove Firefighters ASSOC 7853 Central AVE, Lemon Grove, CA 91945 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 460.00 | 460.00 | |
| 10/3/2018 | James Alford [REDACTED] Saacramento, CA 95818 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Biologist | 200.00 | 400.00 | |
| 10/15/2018 | Lisa Martin [REDACTED] Sacramento, CA 95831 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief of Staff, CA State Assembly | 300.00 | 300.00 | |
| 9/26/2018 | Matthew Jawlik [REDACTED] San Diego, Ca 92104 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Managing Director, California Charter School Association | 100.00 | 100.00 | |
| 9/23/2018 | Maiaki Seku Amen [REDACTED] Sacramento, CA 95814 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Director, California Urban Partnership | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 1160.00 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ **1160.00**

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ **265.00**

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1425.00**

*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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
Lakisha McZeal km Kamal Martin

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 |
|---|------|----|------------------------|-------------|
| AAA Imaging 7931 Broadway Lemon Grove 91945 | CMP | | | 854.43 |
| YARDSIGNWHOLESALE. 1813 E Colonial Drive, Orlando, FL 32803 | CMP | | | 350.00 |
| Robert Tambuzi Cunningham 7231 Jacmar Ave San Diego, CA 92114 | CNS | | | 205.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1409.43**

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1674.60
- Unitemized payments made this period of under \$100 \$ 330.64
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 2005.24
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2005.24

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from **Sept 23, 2018**
through **Oct 20, 2018**

CALIFORNIA **460**
FORM

Page **6** of **6**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Latisha MeZeal *km* **Kamal Martin**

I.D. NUMBER
1411558

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> MPB 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 |
|---|------|----|------------------------|---------------|
| VINE RIPE 8191 Fletcher Parkway La Mesa, CA 91942 | TRS | | Food for volunteers | 115.17 |
| Nathali Gomez 3031 Massachusetts Ave, Lemon Grove, CA 91945 | WEB | | | 150.00 |
| | | | | |
| | | | | |
| SUBTOTAL \$ | | | | 265.17 |

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