FORM

Date Stamp

Recipient (Committee
Campaign	Statement
Cover Pag	e

RECEIVED Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only 6 2022 AM 10:45 SEE INSTRUCTIONS ON REVERSE through 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee
State Candidate Election Committee Preelection Statement Primarily Formed Ballot Measure Quarterly Statement X Semi-annual Statement Committee Special Odd-Year Report Termination Statement Recall Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) Treasurer(s) 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER S. Martinez Courcil 2012 ZIP CODE AREA CODE/PHONE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS 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 le-true and correct. Executed on Executed on s, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

5.	Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure (Committee	
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
	JESSICA Heredia						
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	4		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
	Lemon Grove City Cou						OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	holder, candid	date, or state measure pr	oponent, if any.
	3			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	PROPONENT	
	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
	COMMITTEE NAME	I.D. NUMBER					
	NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Cand officeholder(s) or candidate(s)	lidate/Office for which this	eholder Committee committee is primarily for	List names of med.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	SUPPORT
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	.D SUPPORT
	COMMITTEE NAME	I.D. NUMBER					OPPOSE
				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E	YES NO					OPPOSE
	DOMMITTEE ADDRESS STREET NOTES (NOT O	1940).				.1	
	CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA

FORM

Statement covers period

SEE INSTRUCTIONS ON REVERSE LD. NUMBER NAME OF FILER Heredia For Lemon grove cuta 1450 685 Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions....... Schedule C. Line 3 21. Expenditures **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some amounts in Column A may be negative figures that should be subtracted from If this is a termination statement. Line 16 must be zero. 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 **Cash Equivalents and Outstanding Debts** anv). FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7/1/2022	CALIFORNIA 460
through 9/24/2022	Page 4 of 21
11 2022	LD. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	A Heredia For Lennox	- Garage	Tita Course	11 202	1.D. N	UMBER 50685
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
7/6/2022	Jessica Heredia	COM OTH PTY SCC	Self employed Hairdresser	100	100	
8/9/2026	dessica Hereolia	COM OTH PTY SCC	Self Employed Harralvesser	1,000	1,100	
8/9/2022	Richard Gold	COM OTH PTY SCC	Retired	100	100	
8/9/22	Teresa Rosiak	COM OTH PTY SCC	Serripps Health Office employe	50	50	
8/14/2008	Megan Larson	COM OTH PTY SCC	None	100	100	
			2 IATOTALS	12Ch 00		

Schedule A Summary

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

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

3. Total monetary contributions received this period.

*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

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	Statement covers period from 7-1-2022	CALIFORNIA 460
	through <u>9-24-2022</u>	Page 5 of 21
a .	. 0	I.D. NUMBER

Jessic		on bro				0685				
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	CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)				
8/15/22	Angela Durden	OTH PTY SCC	self-employed talent agent	50. –	50,-					
8/15/22	Felina Thom	COM OTH PTY SCC	retired	300	300					
8/20/22	Angela Durden	OTH PTY SCC	Self-employed talent agent	200	250.					
8/20/22	Alexis Ryan Ourden	COM OTH PTY SCC	medical assi Option Serve	100	100.					
8/21/22	Becky Toth o.	OTH PTY SCC	Gelf-employed Health & Welhers Consultant	25.	25.—					
	SUBTOTAL \$ 675.00									

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may be rounded to whole dollars,		Statement covers period from 7// 2022		SCHEDULE A (CONTIFORNIA 460
NAME OF FILER	TO COLOR	non br		through 9/24	/3072 Page	© of 21 UMBER #50695
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)	
8/28/22	Jule Killian	COM OTH PTY SCC	Accountant Peter Anima Supplies	50	50. –	*
8/23/27	Beth Barber	OTH	retired	100	100	
8/23/22	Teresa Smith	IND COM OTH STY	retail DX Inc. homeapads	10.	10.	•
8/03/02	mary England	COM OTH PTY SCC	President CEO La Mesa Chamber of Commerce	300	300.	
8/25/22	Denise Duppel	OTH	mentessori childrens House	50	50.	

*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

510.00

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement/covers period

SUBTOTAL \$ 620.00

				through 9/20	1/2022 Page	1_ of 211-01
NAME OF FILER	+ Heredia For lemon	1 600 L	re city Con	neil 20		50695
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	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)
8/23/22	Juliet De Amicis	COM COM OTH PTY SCC	Community buildar Go Fund Me	SD	50.	*
8/8/2	Lisa Campion	COM COTH PTY SCC	Retail Managas Sprouts	50.	50.	
8/23/22	Jen Leone	COM COM COTH CPTY SCC	none	250	250.	
813/99	Joseph Monrae	IND COM OTH PTY	self emplayed Software Developer	250.	250.	
423/2	Cyntlia Hunt	□ COM □ OTH □ PTY	retired	20.	20. –	

□scc

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7 1 2022 Page of 2 1.D. NUMBER

NAME OF FILER	a Header Coc land		ove city Con	21/ 20		UMBER OF
RESSICI	4 Heredia For Ceme	VI Gr	ove city con	nay do	02 14	50685
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO DATE	
RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	RECEIVED THIS	CALENDAR YEAR	TO DATE
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DEC. 31)	(IF REQUIRED)
8/23/22	Denys Williams	☑ IND	retired			
100/22		ОТН	(6) (10)	100.	100.	,
10-		PTY				
~		Scc				
8/23/20	Diane Abella	COM	teacher Compass Charter Sell		_	
425/00		□отн	Compassinartarsal	略 25.一	25,	
180		□PTY □SCC	'	0 00,		
Đ.I	a - h Od of At	DIND				
8/03/20	Suzame Behrendt	бсом	retired		Cn -	
120		□отн	(Clues	50.	50.	
		□PTY □scc				
01 :	Kristi King	DIND	nurse practitioner			
8/29/20	PLISH THE	□сом	range processing en	90 -	-n-	
122		□ OTH □ PTY	neighborhood	50.	50.	
		Scc	health care			
91	Erica Dietrich	₩ IND	nurse			
8/30/22	VIEW MEILIN	□ COM □ OTH	UCSD	100.	100 -	
100/22		□ DOTH □ PTY	00-0		100-	
10.0		□scc	L			
			SUBTOTAL	325,00		

*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 form 7/1/2022 Page 9 of 21

NAME OF FILER	Heredia For lemon	ENOUS	city Council	2022	i.D. ħ	UMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR	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)
8/30/22	Joshua Klein	OTH PTY SGC	refired	100	100	
8/30/22	Stephanie Klein	COM OTH PTY SCC	realfor Roots Real Estate	100.	100.	
8/30/22	Sum LA Rose	OTH PTY SCC	retirad	75	75.	
8/31/22	Kelly Sedemund	OTH PTY SCC	Director operations Mitchell	100,-	100.	
8/31/22	Bachica Gould.	COM OTH PTY SCC	retired	50	50	
			SUBTOTAL	425.00		

*Contributor Codes

IND - individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from 7/1/2022 CALIFORNIA 460

FORM 460

through 9/24/2022 Page 10 of 21

NAME OF FILER	CA Heredia For Lem	M KY	ove city con	ncil 20	1	D685
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	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)
9/2/22	Carol Lose1	COM OTH PTY SCC	refired	25	25,	
9/5/20	Mary Beth Hadaway	SCC	Social worker Country of San Deep	50	50. m	
9/5/22	Yadira Altamirano	OTH PTY SCC	Business owner Zion Transport	400.	400.00	
9/6/22	Pat Dolhec	COM OTH PTY SCC	retired	40	40.00	
9/6/22	max marcus Bormerster	COM OTH PTY SCC	seltemployed glazing contactor	20.	20.00	
			SUBTOTAL \$	535.00		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2022 CALIFORNIA 460 FORM 460 through 9/24/2022 Page 11 of 21

Jessica	Heredia for Lamon Grove City Co	ouncil a	2022			1450685
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE
9/9/22	Angela Durden	OTH PTY SCC	Self-employed talent manager	100.	350. [©]	
9/10/22	Donna walton	COM OTH PTY SCC	Sr. project manager Cushmant watefeld	50.	50.00	
9/15/22	Karina Kravalis	COM OTH PTY SCC	small businessowner East Side Garden	100	106,00	
9/15/22	Laura Brim	COM OTH PTY SCC	Program Coordinater Columbia Memorical Space Center	30.—	30.00	
9/16/22	Ami Curtis	COM OTH PTY SCC	Human Resources Loan Depot	300,-	300. ^{se}	
			SUBTOTAL \$	580.00		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Statement covers period CALIFORNIA FORM

NAME OF FILER	CA Herediei For Lem	on 6v2	Ne OHU COUNC	4 2022	4	UMBER 50685
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1 D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIOUAL, 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)
9/17/22	Katie Grune	COM OTH PTY SCC	Corp Event mgr. Solar Turbmes	50.00	50. <u>00</u>	
9/19/20	Tanya Harris	COM OTH PTY SCC	Caregiver IH5S	100.00	100.00	
9/23/22	Paul Shanahan.	COM OTH PTY SCC	US Navy Scientist	50.00	50, 00	
9/23/22	Sergio D. Padílla	COM OTH PTY SCC	retired	20.00	20.00	
9/23/22	Tamara Scott	COM OTH PTY SCC	none	20.00	20.00	
	J. /		SUBTOTAL	240.00		

*Contributor Codes

IND - individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Amounts may be rounded to whole dollars.

Statement covers period from 7/1/2022 Page 13 of 21

NAME OF FILER	ca Heredia For Lemon	brown	Cefy Council	2022		50685
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL ENTER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/22	Alisha Hormiz	COM OTH PTY SCC	self employed Discount market and Highland Smikeshop	100.	1000	
1/23/22	Ruth Moncol.	COM OTH PTY SCC	retired	1,115,00	1115.99	
123/00	Joseph Monroe	COM OTH PTY SCC	self employed Software developer	865.00	1,115.00	
124/22	Andrea Agnilar		Customer serv. rep. Pepsi Co	20.00	2000	
		COM OTH PTY SCC				
			SUBTOTAL \$	21000		

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule	Ε
Payment	s Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period from 7/1/2022 CALIFORNIA 460

through 9/24/2022 Page 4 of 21

SEE INSTRUCTIONS ON REVERSE	through 1/d 1/d	Page of A
NAME OF FILER		I.D. NUMBER
Jessica Heredia for Lemon Corone City Council 2022		1450685

CODES: If one of the following codes accurately describe	es the payment, you may enter the code	Otherwise, describe the payment.
CMP campaign paraphemalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
СТВ 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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State Political Reform Division	Fil	Committee fee Check #1001	50.00
Hartland (Checks) Clarke	Ofc	check order auto debit	34.69
1 to of lamon Gave	Fil	filing fee of 25.00 with Credit card use fee 39.65	64.65

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

SUBTOTAL \$ 149.34

Schedule E	Summary
------------	---------

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	5722.10
2.	. Unitemized payments made this period of under \$100\$	9
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	-0
4.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	3722118

Schedule	E	
(Continual	ion	Sheet)
Payments	Mag	de

SEE INSTRUCTIONS ON REVERSE

legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

statement covers period from 112022 FORM 460

through 924202 Page 5 of 21

I.D. NUMBER

1400685

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

NAME OF FILER			I.D. NUMBER
Jessica Heredia For	emon Grove Hy Con	ncy 2022	1460685
CODES: If one of the following codes accurately desc	cribes the payment, you may enter the code.	Otherwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	coats
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 proc	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, ar	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hartland Clarka Charks	ofc 1	Check order auto debit (re-order) correction	34. 81
Pace Print Designs	WEB	website set-up-fees	92.94
Pam Print Designs	emp	fliers, business cards, signs	747.51
USPS	Pos	Postage 5	26.95
Pace Print Design	cmp	signs	432.30

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

SUBTOTAL\$ [334.5]

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

statement covers period from 1112022 CALIFORNIA 460 FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jessica Heredia for Lemon Grove City Council 2022

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

CMP campaign paraphemalia/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 O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Annette Durden	CmP	tee shirts	390.00
Pace Print Designs	ofc	credit card fees 8/20/00-	9.30
Pace Print Designs	otc	Credit card fees 8/21/08 (donations from website)	1.03
Hartland Clarke Checks	ofc	check order auto debit Creorder)	34.81
Pace Print Designs	o E	Creat eard tees 8/23/20 (donations from website)	27.21

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

SUBTOTAL \$ 462.35

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

LIT

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphernalla/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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense LEG

PRO professional services (legal, accounting) voter registration VOT 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	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pace Print Designs	otc	Credit card fees 8/24 (donations from website)	1.75
Kim Enriquez	prt	photos	175.00
Pace Print Designs	web	web hosting recurring monthly fee	20.00
Amazon	otc	printer in K	63.52
Fed EX	cmp	fliers	15.28

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

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Lemon ovove city CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalla/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 campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals FND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor IND TSF LEG legal defense PRO professional services (legal, accounting) VQT voter registration 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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fed Ex.	ofc	laminating	55,10
AAA Imaging	cmP	fliers	107.75
ARA Imaging	CmP	fliers, banners	1,206.80
Annette Owden	CMP	tee shrts	70.00
Pace Point Designs	ofc	Credit eard fees 8/30/20 (donations from website	12.08

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

SUBTOTAL \$ [45]

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

candidate filing/ballot fees

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

FND fundraising events

legal defense

IND

LEG

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7/1/2022	california 460
through 9/24/2022	Page of 21 W
0 2000	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1450695

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

CMP campaign paraphernalla/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations

petition circulating PHO phone banks

POL polling and survey research

professional services (legal, accounting) PRT print ads

postage, delivery and messenger services TSF

RAD radio airtime and production costs returned contributions

t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAMÉ AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pace Print Designs	ofe	Credit card fees 3/3/122 (donations from website)	4.95
Pace Print Destans	ofc	Credit card fees 9/2/22 (donations from website)	1.03
Pace Print Besigns	ofe	(donations from website)	13.65
Pace Print Designs	ofc	credit card fees 9/9/22 (donations from website)	4.70
Pace Print Designs	ofc	Credit card tees 9/10/22 (donations from website	3,25

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

Schedule	E	
(Continuat	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE	through 9/24/2020	Page 20 of 21	
Jessica Heredia For Lemon Bros	re Cery Council 2022 1	.D. NUMBER 1450685	
CODES: If one of the following codes accurately describes the payment,			
CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal defense CMBR member communications MER member communications RAD radio airtime and production costs campaign workers' salaries t.v. or cable airtime and production costs true campaign workers' salaries t.v. or cable airtime and production costs true campaign workers' salaries t.v. or cable airtime and production costs true campaign workers' salaries t.v. or cable airtime and production costs true campaign workers' salaries true campaign workers' sala			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Pace Print Designs	credit card fees 9/15/22		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Pace Print Cesigns	ofc	(donations from website)	7.37
Pace Print Designs	ofc	(donations from website)	10.50
Pace Print Designs	ofc	credit card fees 9/17/22 (donations from website)	3.25
			. 7

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

Schedule I			
Miscellaneous	Increases	to	Cash

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from 7/1/2022	FORM 400
from / / / / /	سيبر سيسس
through 19/24/2020	Page 21 of 21
	I.D. NUMBER
12022	1450685
	AMOUNT OF
SCRIPTION OF RECEIPT	INCREASE TO CASH
se return	
The state of the s	
red on 8/19/2022	22,50
001 311 11969	0.0700
SUBTOTAL \$	22.50
20 =-	
s 22.50)
· A	
. 0	

IAME OF FILER				I.D. NOMBER
Jessie	ca Heredia for Lemon Grove City	Council 20	022	1450685
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION	N OF RECEIPT	AMOUNT OF INCREASE TO CASH
22/2022	Pace print Design	purchase	return	
W WIL		purchase	on 8/19/2022	22,50
Attach additi	ional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 22.50
Schedule I			s 22.50	<u> </u>
	reases to cash this period.		0	2
	increases to cash of under \$100 this period		\sim	
3. Total of all in	nterest received this period on loans made to others. (Schedule H, Column	ı (e).)	\$	(
. Total miscel Summary P	laneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here a age, Line 14.)	nd on the TOTA		FPPC Form 460 (Jan/2016)):e@fppc.ca.gov (865/275-3772)