

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alysson Snow

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

Mayor, City of Lemon Grove

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 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

STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER _____ CONTROLLED COMMITTEE?

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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
from 7/1/2026

through 12/31/2026

CALIFORNIA
FORM

460Page 3 of 8I.D. NUMBER
1466969

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Alysson Snow for Lemon Grove Mayor 2026

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	<u>729.70</u>	<u>34,446.42</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>	<u>0.00</u>	<u>4,836.10</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	<u>729.70</u>	<u>39,282.52</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	<u>0.00</u>	<u>4,756.89</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	<u>729.20</u>	<u>44,039.41</u>

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	<u>317.66</u>	<u>37,160.62</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	<u>317.66</u>	<u>37,160.62</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	<u>317.66</u>	<u>37,160.62</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	<u>1,736.84</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	<u>729.70</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	<u>317.66</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	<u>2,148.88</u>

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

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	<u>000</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	<u>0.00</u>
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	<u>00 0</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).

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

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

**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> </u>	<u>\$</u> <u> </u>

*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

460
 Statement covers period
 from 7/1/2025

 through 12/31/2025
CALIFORNIA FORMPage 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Alysson Snow for Lemon Grove Mayor2026

I.D. NUMBER
1466969

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)
7/22/2025	Paul Beigelman, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed	25.00	25.00	
11/7/2025	Rosibel Mancillas Lopez, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Department of Social Services, Adminisrative Law Judge	104.70	104.70	
11/7/2025	Shahin Rahimi, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Legal Aid Society of San Diego	100.00	100.00	
11/7/2025	Cam Tran, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist, Broadway Pharmacy	250.00	250.00	
11/7/2025	Alara Chilton, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Self-Employed	25.00	25.00	

SUBTOTAL \$ 504.70

Schedule A Summary1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 729.70

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.003. Total monetary contributions received this period.(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 729.70**

*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 <u>7/1/2025</u>	CALIFORNIA FORM 460
through <u>12/31/2025</u>	Page <u>5</u> of <u>8</u>
I.D. NUMBER <u>14669689</u>	

NAME OF FILER

Committee to Elect Alysson Snow for Lemon Grove Mayor 2026

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)
11/7/2025	Mackenzie Batten [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Landlord Solutions San Diego	25.00	25.00	
11/8/2025	Michelle Krug [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	
11/8/2025	Eric Johnson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, San Diego Unified School District	50.00	50.00	
11/8/2025	Krystle Johnson, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, San Diego Virtual School	25.00	25.00	
11/8/2025	Maria Isabel Clariana-Lopez, [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Full time mom	100.00	100.00	
SUBTOTAL \$ 225.00						

*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 B – Part 1
Loans Received

 Amounts may be rounded
 to whole dollars.

SCHEDULE B - PART 1

 Statement covers period
 from 7/1/2025
through 12/31/2025
CALIFORNIA FORM
460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Alysson Snow for Lemon Grove Mayor 2026

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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alysson Snow, XXXXXXXXXX	Professor/USD School of Law; Mayor/City of Lemon Grove	\$ <u>4,835.10</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>4,835.10</u> 12/31/26 DATE DUE	0 _____ % RATE	\$ <u>4,835.10</u> 1/26/25 DATE INCURRED	CALENDAR YEAR \$ <u>0.00</u> PER ELECTION** \$ _____
† <input checked="" 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	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ 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	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ 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	_____ % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ <u>0.00</u> \$ <u>0.00</u> \$ <u>4,835.10</u> \$ <u>0.00</u>								

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

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

†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

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**
**Amounts may be rounded
to whole dollars.**

SCHEDULE E

CALIFORNIA FORM 460
**Statement covers period
from 7/1/2025**
through 12/31/2025
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Alysson Snow for Lemon Grove Mayor 2026

I.D. NUMBER

1466969

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
Switchboard [REDACTED]	WEB			\$47.94
Google Workspace, google.com	WEB			\$59.94
US Bank [REDACTED]	OFC			\$39.00

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

SUBTOTAL \$ 146.88
Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 317.66
2. Unitemized payments made this period of under \$100.....	\$ 0.00
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 \$ 317.66

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2025</u>	CALIFORNIA 460
through <u>12/31/2025</u>	Page <u>8</u> of <u>8</u>
I.D. NUMBER <u>1466968</u>	

NAME OF FILER
Committee to Elect Alysson Snow for Lemon Grove Mayor 2024**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
SD Union Tribune	OFC			\$84.00
Wordpress, wordpress.com	WEB			\$48.00
Stripe, stripe.com	OFC			\$38.78

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

SUBTOTAL \$ 170.78

Certificate Of Completion

Envelope Id: 08CA36D4-DD88-43D2-919BEEE68AAB

Subject: Here is your signed document: 2025.12.31_Form 460 Final_Snow.pdf

Source Envelope:

Document Pages: 8

Certificate Pages: 2

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Record Tracking

Status: Original

2/2/2026 11:25:08 PM

Holder: ALYSSON SNOW

Location: DocuSign

IP Address: 2600:1700:5022:

Signer Events

ALYSSON SNOW

snow.esquire@gmail.com

Owner

Security Level: Email, Account Authentication

(None)

Using IP Address:

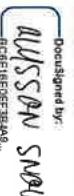
2600:1700:5022:c380:a83c:ace:f3a:a2da

Signature

Decoupled by:

ALYSSON SNOW

BECKIEBEGER-3846...



Signature Adoption: Pre-selected Style

Timestamp

Sent: 2/2/2026 11:25:43 PM

Viewed: 2/2/2026 11:25:54 PM

Signed: 2/2/2026 11:26:37 PM

Freeform Signing

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

ALYSSON SNOW

snow.esquire@gmail.com

Owner

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

COPIED

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Hashed/Encrypted

2/2/2026 11:25:43 PM

Security Checked

2/2/2026 11:25:54 PM

Security Checked

2/2/2026 11:26:37 PM

Security Checked

2/2/2026 11:26:38 PM

Status: Completed

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ALYSSON SNOW

2836 Cornelius Pl

nil

Lemon Grove, CA 91945

Payment Events

Status

Timestamps

Joel Pablo

From: Alysson Snow [REDACTED]
Sent: Monday, February 2, 2026 11:29 PM
To: Joel Pablo
Subject: Alysson Snow Form 460 for 7/1/2025 to 12/31/2025
Attachments: Summary.pdf; 2025.12.31_Form_460_Final_Snow.pdf

Hi Joel!

Please find attached my Form 460 and the DocuSign verification summary for my electronic signature. Please let me know if there are any issues.

Best!
Alysson