

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp	CALIFORNIA FORM 460
City of Grover Beach	
SEP 24 2020	Page <u>1</u> of <u>7</u>
RECEIVED	For Official Use Only

Statement covers period	Date of election if applicable:
from <u>7/1/2020</u>	(Month, Day, Year)
through <u>9/19/2020</u>	<u>11/3/2020</u>

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored | |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1393232

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

Jeff Lee for Grover Beach Mayor 2020
Jeff Lee for Grover Beach Mayor 2018 (previous name)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Grover Beach	CA	93433	[REDACTED]

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

PO Box 257			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Grover Beach	CA	93483	[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Marlene Jeung

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Grover Beach	CA	93433	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Clint Weirick

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Grover Beach	CA	93433	[REDACTED]

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 [REDACTED]

Executed on 9/23/2020 Date

Executed on 9/23/2020 Date

Executed on _____ Date

Executed on _____ Date

By [REDACTED] 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 of Controlling Officeholder, Candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jeff Lee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor, City of Grover Beach

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Grover Beach, CA 93433

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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		CALIFORNIA FORM 460
from	7/1/2020	
through		Page <u>3</u> of <u>7</u>
		I.D. NUMBER 1393232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeff Lee for Grover Beach Mayor 2020

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>	\$ 3,915.21	\$ 11,370.28
2. Loans Received..... <i>Schedule B, Line 3</i>	-	-
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ 3,915.21	\$ 11,370.28
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	-	-
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ 3,915.21	\$ 11,370.28

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

6. Payments Made..... <i>Schedule E, Line 4</i>	\$ 2390.47	\$ -
7. Loans Made..... <i>Schedule H, Line 3</i>	-	-
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ 2390.47	\$ -
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	-	-
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	-	-
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ -	\$ -

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..... <i>Previous Summary Page, Line 16</i>	\$ 7,455.07
13. Cash Receipts..... <i>Column A, Line 3 above</i>	3,915.21
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	0
15. Cash Payments..... <i>Column A, Line 8 above</i>	2,390.47
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 8,979.81

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ 0
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Cash Equivalents and Outstanding Debts

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

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 <u>7/1/2020</u> through <u>9/19/2020</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>		
NAME OF FILER Jeff Lee for Grover Beach Mayor 2020		I.D. NUMBER 1393232

SEE INSTRUCTIONS ON REVERSE

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)
7/15/2020	Nancy Allison ██████████ Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor	150.00	150.00	
7/24/2020	Barbara Nicolls ██████████ Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, Council Member FPPC #1413877	150.00	150.00	
7/24/2020	IBEW PAC Educational Fund ██████████ Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAC	950.00	950.00	
7/24/2020	Sempra Energy ██████████ San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business	250.00	250.00	
8/11/2020	Southwestern Regional Council of Carpenter's ██████████ Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC #870169	950.00	950.00	

SUBTOTAL \$ 2,450.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 3,750.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ 165.21
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ 3,915.21

*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		CALIFORNIA FORM 460
from	7/1/2020	
through	9/19/2020	Page <u>5</u> of <u>7</u>

NAME OF FILER Jeff Lee for Grover Beach Mayor 2020	I.D. NUMBER 1393232
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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)
8/17/2020	JIM + LINDA LEE [REDACTED] DAVENPORT, FL 33837	<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	
9/1/2020	ASAD + MARIAM SHAH [REDACTED] GROVER BEACH, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTOR + COUNCIL MEMBER	\$100 ⁰⁰	\$100 ⁰⁰	
9/10/2020	SUSAN HUGHES [REDACTED] GROVER BEACH, CA 93433	<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	
9/11/2020	SHEET METAL LOCAL #104 [REDACTED] SAN RAMON, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	PAC ID #850361	\$1000 ⁰⁰	\$1000 ⁰⁰	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1,300⁰⁰

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	7/1/2020	
through	9/19/2020	Page <u>6</u> of <u>7</u>
I.D. NUMBER		1393232

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jeff Lee for Grover Beach Mayor 2020

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
GOPADDY [REDACTED] SCOTTSDALE, AZ 85260	WEB	TECHNOLOGY, WEBSITE	\$103 ¹⁸
BOOSTER CREEK TOWN [REDACTED] ARROYO GRANDE, CA 93420	MTG	FOOD FOR CAMPAIGN MEETING	\$111 ⁵⁹
CITY OF GROVER BEACH [REDACTED] GROVER BEACH, CA 93433	FIL	CITY FILING FEES	\$445 ⁰⁰

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

SUBTOTAL \$ \$659⁷⁷

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>2093⁴²</u>
2. Unitemized payments made this period of under \$100	\$ <u>297⁰⁰</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>2,390⁴²</u>

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2020</u> through <u>9/19/2020</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER 1393232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeff Lee for Grover Beach Mayor 2020

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
CA SECRETARY OF STATE [REDACTED] SACRAMENTO, CA 95834	OFC	STATE CAMPAIGN COMMITTEE RENEWAL FEE	\$200 ⁰⁰
KJB SCREEN PRINTING & EMBROIDERY [REDACTED] GROVER BEACH, CA 93433	CMP	FACE COVERINGS & HATS	\$772 ⁰⁰
OZ MARKETING [REDACTED] HOUSTON, TX 77092	LIT	DOOR HANGERS & WALKING PIECE	\$211 ⁶⁵
ISABELLE PEDEGO [REDACTED] ARROYO GRANDE, CA 93420	CNS	GRAPHIC ARTIST	\$250 ⁰⁰

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

SUBTOTAL \$ 1,433.65