

**Recipient Committee Campaign Statement Cover Page**

COVER PAGE

CALIFORNIA FORM 460

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For Official Use Only

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EL CAJON CA

2018 OCT 25 P 5:06

Date Stamp  
Date of election if applicable:  
(Month, Day, Year)  
11/6/18

Statement covers period  
from 9/23/18  
through 10/20/18

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 (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**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Ben Kalasho for El Cajon City Council 2018

I.D. NUMBER 1391466

STREET ADDRESS (NO P.O. BOX)  
1620 Cliffdale Rd El Cajon CA 92020

CITY El Cajon STATE CA ZIP CODE 92020 AREA CODE/PHONE 619-244-6220

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Jessica Dedebe

MAILING ADDRESS  
1620 Cliffdale Rd El Cajon CA 92020

CITY STATE ZIP CODE AREA CODE/PHONE  
El Cajon CA 92020 619-296-5852

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/25/18 Date  
By Jessica Dedebe Signature of Treasurer or Assistant Treasurer

Executed on 10/25/18 Date  
By BKD Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
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  
Ben Kalasko  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
El Cajon City Council District 1  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1620 Cliffdale Rd El Cajon CA 92020

**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?  
 YES  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?  
 YES  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 PROponent

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 9/23/18 through 10/20/18

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I.D. NUMBER 1391466

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Ben Kalasho for El Cajon City Council 2018

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 10,259.77	\$ 22,199.77
2. Loans Received	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 10,259.77	\$ 22,199.77
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 10,259.77	\$ 22,199.77

## 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	\$ 10,259.77
21. Expenditures Made	\$ 0	\$ 6,382.57

## Expenditures Made

6. Payments Made	\$ 6,382.57	\$ 22,182.20
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	\$ 6,382.57	\$ 22,182.20
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	\$ 6,382.57	\$ 22,182.20

## 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	\$ -3,877.20
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule J, Line 4	0
15. Cash Payments	Column A, Line 8 above	6,382.57
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ -10,259.77

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2

0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents

See instructions on reverse

0

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

0

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

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FORM **460**

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Statement covers period  
from 9/23/18  
through 10/20/18

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)
	NAME OF FILER <u>Committee to Elect Ben Kavusho for El Cajon City Council 2018</u>					
	I.D. NUMBER <u>B91466</u>					
10/25/18		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	El Cajon City Councilman El Cajon City	\$10,259.77	Same	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
				<b>SUBTOTAL \$</b>		
				<u>10,259.77</u>		

\*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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Committee to Elect Ben Kalasho for El Cajon City Council 2018 I.D. NUMBER 1391466

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

CMP 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

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	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
No Name Printing & Signs 981 Broadway El Cajon CA 92021	LIT			\$6,382.57

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

**SUBTOTAL \$**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 6
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 6,382.57