

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp RECEIVED OFFICE CITY CLERK EL CAJON CA  2018 OCT 25 P 3:14	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>12</u>
	For Official Use Only

Statement covers period from <u>Sept. 23, 2018</u>  through <u>Oct. 20, 2018</u>	Date of election if applicable: (Month, Day, Year)  <u>Nov. 6, 2018</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 <small>(Also Complete Part 5)</small>	<input type="checkbox"/> Sponsored <small>(Also Complete Part 6)</small>
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <small>(Also Complete Part 7)</small>
<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 <small>(Also file a Form 410 Termination)</small>	
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information** I.D. NUMBER 1240070

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Gary Kendrick for City Council 2018

STREET ADDRESS (NO P.O. BOX)  
1202 E. Madison Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cajon</u>	<u>CA</u>	<u>92021</u>	<u>619-987-3614</u>

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  
Stephany Woods

MAILING ADDRESS  
1202 E. Madison Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cajon</u>	<u>CA</u>	<u>92021</u>	<u>619-987-3614</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Gary Kendrick

MAILING ADDRESS  
340 Dewane Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>El Cajon</u>	<u>CA</u>	<u>92020</u>	<u>619-987-3614</u>

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 <u>10-25-18</u> Date	By <u>Stephany Woods</u> Signature of Treasurer or Assistant Treasurer
Executed on <u>10-25-18</u> Date	By <u>Gary Kendrick</u> 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  
**Gary Kendrick**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**City Council Member, City of El Cajon**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**340 Dewane Dr. 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? <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
----------------------	--------------	---

**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 <u>Sept. 23, 2018</u>	<b>CALIFORNIA FORM 460</b>
through <u>Oct. 20, 2018</u>	
	Page <u>3</u> of <u>12</u>
I.D. NUMBER 1240070	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Gary Kendrick

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>23,170.00</u>	\$ <u>46,180.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>23,170.00</u>	\$ <u>46,180.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>3,431.50</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>23,170.00</u>	\$ <u>49,611.50</u>

**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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>16,722.21</u>	\$ <u>44,439.09</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>16,722.21</u>	\$ <u>44,439.09</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>16,722.21</u>	\$ <u>44,439.09</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
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>12,447.48</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>23,170.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>270.00</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>16,722.21</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>19,165.27</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).

\*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 \$ -0-

**Cash Equivalents and Outstanding Debts**

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

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	Sept. 23, 2018	
through	Oct. 20, 2018	Page <u>4</u> of <u>12</u>
NAME OF FILER Gary Kendrick		I.D. NUMBER 1240070

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Kendrick

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)
9-26-18	Kristine C. Alessio 4647 Garfield St. La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer NTC Development	500.00	500.00	
9-26-18	Jeremy Dentt 4941 Elsa Rd. San Diego, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Dentt Properties	250.00	250.00	
9-26-18	Richard C. Dentt 1184 Coco Palms Dr. El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentt Properties	1,000.00	1,000.00	
9-26-18	Ryan Dentt 3640 Elliot St. San Diego, CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real estate Rijo Enterprises	200.00	200.00	
9-26-18	Ernest J. Dronenburg, Jr. 4425 Brodea Lane Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assessor/Recorder/ County Clerk County of San Diego	750.00	750.00	
<b>SUBTOTAL \$</b>				<b>2,700.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 23,120.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 50.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 23,170.00

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>Sept. 23, 2018</u> through <u>Oct. 20, 2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>12</u>

NAME OF FILER <b>Gary Kendrick</b>	I.D. NUMBER <b>1240070</b>
---------------------------------------	-------------------------------

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)
9-26-18	Christine La Marca 1487 Vista Sierra Dr. El Cajon, CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property management Robert Kevane	100.00	100.00	
9-26-18	Jerome Turchin 1808 Altozano Dr. El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Recycler California Metals	150.00	150.00	
9-27-18	Hanken Cono Assad & Co., Inc. 5550 Baltimore Dr., 2nd Floor La Mesa, CA 91942	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
10-1-18	Citizens for a Better East County 7918 El Cajon Blvd., #N-162 La Mesa, CA 91942	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,250.00	1,250.00	
10-1-18	Jordan Marks 4591 Aragon Dr. San Diego, CA 92115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Taxpayers' rights advocate San Diego County	100.00	100.00	
<b>SUBTOTAL \$</b>				<b>2,600.00</b>		

**Contributor Codes**  
 ND – 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>Sept. 23, 2018</u> through <u>Oct. 20, 2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>12</u>

NAME OF FILER <b>Gary Kendrick</b>	I.D. NUMBER <b>1240070</b>
---------------------------------------	-------------------------------

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)
10-1-18	Heather Schlaefli 10695 Spring Creek Dr. Santee, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative assistant West Health	250.00	250.00	
10-2-18	William Howland 9307 Carlton Hills Blvd. Santee, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real estate Re/Max	100.00	100.00	
10-4-18	El Cajon Police Officer Association PAC Account 1163 Broadway, PMB 106 El Cajon, CA 92021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
10-4-18	Gregg R. Hamann 11123 Valley Lights Dr. El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor	2,140.00	2,140.00	
10-4-18	J. C. Hamann Family Trust 8242 Valley High Rd. Lakeside, CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor	1,430.00	1,430.00	
<b>SUBTOTAL \$</b>				<b>5,420.00</b>		

Contributor Codes  
 ND – 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		<b>CALIFORNIA FORM 460</b>
from	Sept. 23, 2018	
through	Oct. 20, 2018	Page <u>7</u> of <u>12</u>

NAME OF FILER <b>Gary Kendrick</b>	I.D. NUMBER <b>1240070</b>
---------------------------------------	-------------------------------

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)
10-4-18	Kevin E. Miller 1350 Chaney St. El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pastor Foothills Church	100.00	100.00	
10-13-18	Waste Management & Affiliated Entities 9081 Tujunga Ave. Sun Valley, CA 91352	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	
10-15-18	Richard R. Brown 1401 Hacienda Dr. El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	
10-15-18	Michael Rhea 9429 Alto Dr. La Mesa, CA 91941	<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	
10-15-18	San Diego Realty Group Inc. 2510 Lund St. El Cajon, CA 92020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	6,000.00	
<b>SUBTOTAL \$</b>				<b>11,400.00</b>		

Contributor Codes  
 ND – 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>Sept. 23, 2018</u> through <u>Oct. 20, 2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>12</u>

NAME OF FILER <b>Gary Kendrick</b>	I.D. NUMBER <b>1240070</b>
---------------------------------------	-------------------------------

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)
10-15-18	Harold Scott 1101 1st St., #415 Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager San Diego County	500.00	500.00	
10-17-18	Richard Snyder 3145 James St. San Diego, CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. A. Snyder Properties, Inc.	500.00	500.00	
		<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>				<b>1,000.00</b>		

**Contributor Codes**  
 ND – Individual  
 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee



**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period from <u>Sept. 23, 2018</u> through <u>Oct. 20, 2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>12</u>
I.D. NUMBER 1240070	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Kendrick

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-16-18	Wells for Mayor 2018 FPPC #1361355 7918 El Cajon Blvd., #N-162 La Mesa, CA 91942	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Shared a mail piece. This was the portion for Wells for Mayor 2018.	1,103.56	1,103.56	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				1,103.56		

**Schedule D Summary**

Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 1,103.56

Unitemized contributions and independent expenditures made this period of under \$100..... \$ -0-

Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$ 1,103.56**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM <b>460</b>
from	Sept. 23, 2018	
through	Oct. 20, 2018	Page <u>10</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Gary Kendrick		1240070

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.

- |   |   |   |
|---|---|---|
| AP campaign paraphernalia/misc.                                 | MBR member communications                     | RAD radio airtime and production costs                        |
| AS campaign consultants   | MTG meetings and appearances                  | RFD returned contributions                                    |
| B contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| C 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                      |
| ID fundraising events   | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| I independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| G legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| I 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
Stephany Woods 1202 E. Madison Ave. El Cajon, CA 92021		Accounting	200.00
Mattheau Villarreal 970 Grossmont Ave. El Cajon, CA 92020		Flyer distribution	910.00
Bill Baber 4442 Upland St. La Mesa, CA 91941		Legal fees	250.00

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

**SUBTOTAL \$ 1,360.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 16,325.11
2. Unitemized payments made this period of under \$100.....	\$ 397.10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 16,722.21</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM <b>460</b>
from	Sept. 23, 2018	
through	Oct. 20, 2018	Page <u>11</u> of <u>12</u>
NAME OF FILER		I.D. NUMBER
Gary Kendrick		1240070

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Kendrick

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

- |   |   |   |
|---|---|---|
| AP campaign paraphernalia/misc.                                 | MBR member communications                     | RAD radio airtime and production costs                        |
| AS campaign consultants   | MTG meetings and appearances                  | RFD returned contributions                                    |
| B contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| C 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                      |
| ID fundraising events   | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| I independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| G legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| L 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
Eye/Comm, Inc. 10960 Wheatlands Ave., #108 Santee, CA 92071	LIT		14,528.72
MGX Copy.com	LIT		436.39

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

**SUBTOTAL \$** 14,965.11

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>Sept. 23, 2018</u> through <u>Oct. 20, 2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gary Kendrick

I.D. NUMBER

1240070

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10-4-18	Voter Newsletter 15021 Ventura Blvd., #530 Sherman Oaks, CA 91403	Refund	270.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**270.00**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$	<u>270.00</u>
2. Unitemized increases to cash of under \$100 this period. ....	\$	<u>-0-</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$	<u>-0-</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$</b>	<u>270.00</u>