

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA  
FORM

RECEIVED

460

Page      of       
For Official Use Only

OCT 22 2020

Date of election if applicable:  
(Month, Day, Year)

Statement covers period  
from 9/20/20  
through 10/22/20

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
- Recall (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**

I.D. NUMBER  
1430732

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

The Committee to Elect Jeremy J. Ball  
City Council 2020

STREET ADDRESS (NO P.O. BOX)

518 West Walnut Avenue  
CITY Lompoc STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-260-0415

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

CITY Jeremy4lompoc@gmail.com STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-260-0415

**Treasurer(s)**

NAME OF TREASURER

Camela Hudson

MAILING ADDRESS

139 S. B. St #E CA 93436 STATE CA ZIP CODE 93436 AREA CODE/PHONE 805-260-4364

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 10/22/20 Date

By Camela Hudson Signature of Treasurer or Assistant Treasurer

Executed on 10/22/20 Date

By      Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on      Date

By      Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on      Date

By      Signature of Controlling Officerholder, Candidate, State Measure Proponent



Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Jeremy J. Ball  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):  
City Council District 4  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET): 518 W. Walnut Ave. Lompoc CA 93436 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?  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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Attach contribution receipts if necessary.

CITY	STATE	ZIP CODE	KEY CODE/HOME
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
NAME OF TREASURER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CONTROLLED COMMITTEES
COMMITTEE NAME	ID NUMBER		
CITY	STATE	ZIP CODE	KEY CODE/HOME
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
NAME OF TREASURER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CONTROLLED COMMITTEES
COMMITTEE NAME	ID NUMBER		

contributions or make expenditures on behalf of your candidate not included in this statement that are controlled by you or are voluntarily turned to receive Registered Committees not included in this statement. List any committees

Letter to donors, 9401 S. 10th St. W812  
 City Council District #12  
 1100 S. 10th St.  
 OFFICE SOUNDED OR HEID (NO POST OFFICE AND DISTRICT NUMBER IF APPLICABLE)  
 NAME OF OFFICEHOLDER OR CANDIDATE

2. Officeholder or Candidate Controlled Committee

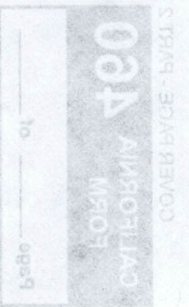
Cover Page - Part 3  
 Campaign Statement  
 Recipient Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUNDED OR HEID	<input type="checkbox"/> OFF-USE <input type="checkbox"/> SPY-ORL
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUNDED OR HEID	<input type="checkbox"/> OFF-USE <input type="checkbox"/> SPY-ORL
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUNDED OR HEID	<input type="checkbox"/> OFF-USE <input type="checkbox"/> SPY-ORL
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUNDED OR HEID	<input type="checkbox"/> OFF-USE <input type="checkbox"/> SPY-ORL

1. Party Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

OFFICE SOUNDED OR HEID	DISTRICT NO. IF VIA
NAME OF OFFICEHOLDER OR CANDIDATE	IDENTIFY THE CONTROLLING OFFICEHOLDER, CANDIDATE, or estate message by number, if any.
BYTOL NO. OF LETTER	JURISDICTION
NAME OF BYTOL MESSAGE	<input type="checkbox"/> OFF-USE <input type="checkbox"/> SPY-ORL

3. Primarily Formed Ballot Message Committee



# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/19/20 through 10/22/20

Page      of     

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

The Committee to Elect Jeremy J. Ball City Council 2020

I.D. NUMBER

1430732

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>4,390.</u>	\$ <u>8,404.</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0.</u>	\$ <u>2,905.</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>4,390.</u>	\$ <u>11,309.</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0.</u>	\$ <u>0.</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>4,390.</u>	\$ <u>11,309.</u>

1/1 through 6/30

7/1 to Date

20. Contributions Received \$     

21. Expenditures Made \$     

## Expenditures Made

## Expenditure Limit Summary for State Candidates

6. Payments Made..... Schedule E, Line 4	\$ <u>5,107.</u>	\$ <u>9,091.</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0.</u>	\$ <u>0.</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>5,107.</u>	\$ <u>9,091.</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>    </u>	\$ <u>    </u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>    </u>	\$ <u>    </u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>5,107.</u>	\$ <u>9,091.</u>

22. Cumulative Expenditures Made\*  
(# 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>2,935.</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>4,390.</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0.</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>5,107.</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,218.</u>

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

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$     

## Cash Equivalents and Outstanding Debts

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





ACC - Small Business Customers  
 BLY - Political Party  
 OTH - Other (see previous page)  
 COM - Federal Government  
 IND - Individual  
 \*Complete Codes

FORM 480  
 SCHEDULE A

to \_\_\_\_\_ page \_\_\_\_\_  
 08/28/01  
 RECEIVED BY: \_\_\_\_\_  
 RECEIVED DATE: \_\_\_\_\_

Amount may be rounded to whole dollars

Amounts may be rounded to whole dollars

080515000 YTD 1108.4 amount total of confirmed AIT

RECEIVED DATE	CONTRIBUTOR	CONTRIBUTOR CODE *	RECEIVED DATE AMOUNT	PERIOD RECEIVED DATE AMOUNT	PERIOD RECEIVED DATE AMOUNT	RECEIVED DATE
08/28/01	GENERAL AID	IND	1,000.00	1,000.00	1,000.00	08/18/01
08/28/01	GENERAL AID	IND	1,000.00	1,000.00	1,000.00	08/18/01
08/28/01	GENERAL AID	IND	1,000.00	1,000.00	1,000.00	08/18/01
08/28/01	GENERAL AID	IND	1,000.00	1,000.00	1,000.00	08/18/01
08/28/01	GENERAL AID	IND	1,000.00	1,000.00	1,000.00	08/18/01

2 JATOTBUS  
 2 JATOTBUS  
 2 JATOTBUS  
 2 JATOTBUS  
 2 JATOTBUS

amount may be rounded to whole dollars  
 amount may be rounded to whole dollars  
 amount may be rounded to whole dollars  
 amount may be rounded to whole dollars  
 amount may be rounded to whole dollars



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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 9/26/2020  
through 10/22/2020

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER

The Committee to Elect Jeremy J. Ball City Council 2020

I.D. NUMBER

1430732

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)
9/30/2020	Robert Glasgow 170 Oak Hill Dr. Lompoc, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.-	\$250.-	
10/9/2020	Colleen Newkirk	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.-	\$100.-	
9/17/2020	Dore & Dream Farms 890 La Salle Canyon Road Lompoc, CA 93436 (Fundraiser see Attached)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farm	\$1385.-	\$1385.-	
		<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>\$1735.-</u>	

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee







**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 9/20/20  
through 10/22/20

Page      of       
I.D. NUMBER  
1430732

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

The Committee to Elect Jeremy J. Ball City Council 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data, Inc. PO Box 59590 Norwalk, CA 90652	POL		PDI Canvassing Data	\$ 400.-
Facebooks 1 Hacker Way Menlo Park, CA 94025	CMP		Sponsored Posts	\$ 398.-
KTNK Radio PO Box 606 Lompoc, CA 93438	RAD		Radio Ads	\$ 400.-
<b>SUBTOTAL \$</b>				<b>1198.-</b>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4,920.-
- Unitemized payments made this period of under \$100 ..... \$ 187.-
- 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 \$** 5,107.-









See Dare 2 Dream Farms

# Fundraiser Breakdown

Contribution

Check # 2852

for \$1,385.23

Event Ticket Sales	Qty	Amount	Fees
Ticket - Check	1	\$ 75.00	\$ -
Ticket - CC Direct	3	\$ 75.00	\$ 6.78
Ticket - Paypal	2	\$ 75.00	\$ 4.65
Ticket - Eventbrite EB	5	\$ 70.00	\$ -
Ticket - Eventbrite Gen	5	\$ 75.00	\$ -
Total Ticket Sales			\$ 1,163.57

## Online Auction Sales

Farm 2 Table Dinner	1	\$ 160.00	\$ 9.98	\$ 150.02	Julie Schneringer
2-Night Farm Stay + \$45 donation	1	\$ 200.00	\$ 12.30	\$ 187.70	Darren Savella
Fall Brunch Basket + \$15 donation	1	\$ 50.00	\$ 3.60	\$ 46.40	Dian Smith
Natural Self Care Gift w/ Massage	1	\$ 60.00	\$ 4.18	\$ 55.82	Amy Hotchkiss
Skydive SB	1	\$ 40.00	\$ -	\$ 40.00	Megan Raff
Fall Wine Basket	1	\$ 30.00	\$ -	\$ 30.00	Megan Raff
Fall Foods Basket	1	\$ 30.00	\$ -	\$ 30.00	Megan Raff
1 Hour Massage	1	\$ 50.00	\$ 3.60	\$ 46.40	Marcel & Katie Baillargeon
1 Hour Massage	1	\$ 55.00	\$ 3.96	\$ 51.04	Emily Casarez
Total Auction Sales & Donations				\$ 637.38	

Funds Raised Total	1	\$ 1,800.95	\$ 1,800.95
Chef	1	\$ 300.00	\$ (300.00)
Beer	1	\$ 44.00	\$ (44.00)
Water/Ingredients	1	\$ 71.72	\$ (71.72)
Net Funds Raised			\$ 1,385.23

Net Fundraising \$2,382.93  
 Market Value of Shares \$ 11.15 \$ (11.15)  
 Fees \$ 11.00 \$ (11.00)  
 Other \$ 300.00 \$ (300.00)  
 Fundraising Total \$ 1,800.82

Total Auction Sales & Donations \$ 837.38  
 1 Hour Wine Sale \$ 21.04 Emily Cigarettes  
 1 Hour Wine Sale \$ 3.00 \$ 3.00 Market & Katie Ballgame  
 1 Hour Wine Sale \$ 3.00 \$ 3.00 Megan Ball  
 1 Hour Wine Sale \$ 30.00 \$ 30.00 Megan Ball  
 1 Hour Wine Sale \$ 30.00 \$ 30.00 Megan Ball  
 1 Hour Wine Sale \$ 40.00 \$ 40.00 Megan Ball  
 1 Hour Wine Sale \$ 60.00 \$ 60.00 Amy Hotchkiss  
 1 Hour Wine Sale \$ 20.00 \$ 20.00 Diana Smith  
 1 Hour Wine Sale \$ 15.30 \$ 15.30 Doreen Savella  
 1 Hour Wine Sale \$ 100.00 \$ 100.00 Julie Schmeidler  
 1 Hour Wine Sale \$ 100.00 \$ 100.00 Julie Schmeidler  
 Online Auction Sales

Total Ticket Sales \$ 1,182.27  
 Ticket - Event/Party Gen \$ 372.00  
 Ticket - Event/Party EB \$ 320.00  
 Ticket - Party \$ 492.32  
 Ticket - CC Direct \$ 318.33  
 Ticket - Check \$ 12.00  
 Total Amount \$ 1,182.27

FUNDRAISING BALANCE  
 \$ 1,800.82

Total \$ 1,382.93

Check # 2828  
 Contribution  
 2006 Date & Dollars  
 Amount