

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

Date Stamp <b>RECEIVED</b> APR 03 2023 CITY OF SUISUN CITY	CALIFORNIA FORM <b>460</b> Page <u>1</u> of <u>2</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>09/25/2022</u> through <u>10/27/2022</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u>
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1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

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

Incorrect figures placed on column B of the form 460 for this period

3. Committee Information

I.D. NUMBER  
**1453258**

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

Charles H. Lee Jr.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Keith Brown

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Roderick McRay

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 4-3-23  
Date

Executed on 4-3-2023  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_

By \_\_\_\_\_  
Responsible Officer of Sponsor

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

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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/25/2022</u> through <u>10/27/2022</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER <b>1453258</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Charles H. Lee Jr.

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions..... Schedule A, Line 3	\$ 1,300	\$ 2,350
Loans Received..... Schedule B, Line 3	0	0
SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1,300	\$ 2,350
Nonmonetary Contributions..... Schedule C, Line 3	0	0
TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1,300	\$ 2,350

## 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

Payments Made..... Schedule E, Line 4	\$ 985.58	\$ 2,029.19
Loans Made..... Schedule H, Line 3	0	0
SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 985.58	\$ 2,029.19
Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0	0
Nonmonetary Adjustment..... Schedule C, Line 3	0	0
I. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 985.58	\$ 2,029.19

## 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

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 6.39
3. Cash Receipts..... Column A, Line 3 above	1,300
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
5. Cash Payments..... Column A, Line 8 above	985.58
3. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 320.81

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).

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

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
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## Cash Equivalents and Outstanding Debts

8. Cash Equivalents..... See instructions on reverse	\$ 0
9. 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.