

**Officeholder and Candidate
Campaign Statement -
Short Form**

<p>Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;">11/06/2012</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p> <hr/> <hr/>
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<p><small>Date Stamp</small></p> <p>RECEIVED</p> <p>JUL 22 2014</p> <p>City Clerk Dept. City of San Marcos</p>	<p>CALIFORNIA FORM 470</p> <p style="font-size: small;">For Official Use Only</p>
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1. Statement Covers Calendar Year 20 14

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sharon Jenkins

STREET ADDRESS

CITY STATE ZIP CODE
San Marcos CA 92078

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION) <u>City of San Marcos</u>	DISTRICT NUMBER (IF APPLICABLE)
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4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NA - No active committee		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/18/14 By _____

DATE