

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

11/06/2012

Amendment (Explain Below)

Date Stamp  
RECEIVED

JUL 22 2014

City Clerk Dept.  
City of San Marcos

CALIFORNIA  
FORM 470

For Official Use Only

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)

City of San Marcos

DISTRICT NUMBER  
(IF APPLICABLE)

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.

2/18/14

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

DATE

By \_\_\_\_\_

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