

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

RECEIVED

JUL 27 2016

City Clerk Dept.
City of San Marcos

1. Committee Information

NAME OF COMMITTEE

Jenkins For Council 2016

STREET ADDRESS (NO P.O. BOX)

San Marcos, CA 92078

MAILING ADDRESS (IF DIFFERENT)

NA

DAY/TELEGRAM ADDRESS

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Marcos

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Kathy Gallagher

STREET ADDRESS (NO P.O. BOX)

CITY

San Marcos CA 92078

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

NA

STREET ADDRESS (NO P.O. BOX)

CITY

Sharon Jenkins

STATE

ZIP CODE

AREA CODE/PHONE

NAM

STREET ADDRESS (NO P.O. BOX)

San Marcos CA 92078

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/27/16 By _____

AT TREASURER

Executed on 7/27/16 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME

Jenkins For Council 2016

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

| | | | |
|-------------------------------|-----------------|---------------------|----------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| ADDRESS | CITY | STATE | ZIP CODE |
| <i>, San Marcos</i> | | | |
| <i>CA</i> | | | |
| <i>92078</i> | | | |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---|
| <i>Sharon Jenkins</i> | <i>San Marcos City Council</i> | <i>2016</i> | <input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Nonpartisan |
| | | | |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

NA

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME

Jenkins For Council 2016

I.D. NUMBER

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

City Council election

Sponsored Committee

List additional sponsors on an attachment. *NA*

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM

501

For Official Use Only

Check One: Initial Amendment (Explain) _____

| | | |
|--|----------|--|
| Date Stamp | RECEIVED | |
| JUL 18 2016 | | |
| City Clerk Dept. City of San Marcos | | |
| | | |

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Jenkins, Sharon, J.

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

(

FAX NUMBER (optional)

(+

E-MAIL (optional)

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

Councilmember

AGENCY NAME

City of San Marcos

DISTRICT NUMBER, if applicable.

NON-PARTISAN

OFFICE JURISDICTION

State (Complete Part 2.)

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

2016

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election
(Year of Election)

Special/runoff election
(Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/18/16,
(month, day, year)

Signature -

(Candidate)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)

Jenkins

(FIRST)

Sharon

Date Initial Filing Received

Official Use Only

AUG 10 2016

City Clerk Dept.

City (MIDDLE) Marcos

J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of San Marcos

Division, Board, Department, District, if applicable

City Council

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

San Marcos, California

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is _____/_____/_____, through December 31, 2015.

Leaving Office: Date Left _____/_____/
(Check one)

The period covered is January 1, 2015, through the date of leaving office.

-or-

The period covered is _____/_____/
the date of leaving office.

Assuming Office: Date assumed _____/_____/_____

Candidate: Election year 2016 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

(Business or Agency Address Recommended - Public Document)

STREET

CITY

STATE

ZIP CODE

San Marcos

CA

92069

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/10/16

(month, day, year)

Signature.

(File the originally signed statement with your filing official.)

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AUG 10 2016

City Clerk Dept.
City of San Marcos

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Sharon J. Jenkins

► 1. BUSINESS ENTITY OR TRUST

Cal Vista Properties, LLC

Name

Address (Business Address Acceptable)

Check one

 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Commercial property investment

FAIR MARKET VALUE
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 15 / / 15

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

 Partnership Sole ProprietorshipSpouse is partner
Other

YOUR BUSINESS POSITION

NA

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input checked="" type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

 INVESTMENT REAL PROPERTY

Cal Vista Properties LLC

Name of Business Entity, if Investment, or

Description of Business Activity
City or Other Precise Location of Real PropertyFAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 15 / / 15

ACQUIRED

DISPOSED

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership Leasehold OtherSpouse is partner
Yrs. remaining Check box if additional schedules reporting investments or real property are attached

Comments: _____

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 15 / / 15

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

 Partnership Sole Proprietorship Other

YOUR BUSINESS POSITION

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

 INVESTMENT REAL PROPERTYName of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real PropertyDescription of Business Activity or
City or Other Precise Location of Real PropertyFAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 15 / / 15

ACQUIRED

DISPOSED

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership Leasehold Other Check box if additional schedules reporting investments or real property are attached

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AUG 10 2016

City Clerk Dept.
City of San Marcos

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Sharon T Jenkins

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

North County Associated Brokers

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate

YOUR BUSINESS POSITION

Realtor

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
(Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____ % None

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

None Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

Real Property _____
Street address

\$500 - \$1,000

\$1,001 - \$10,000

City

\$10,001 - \$100,000

Guarantor _____

OVER \$100,000

Other _____
(Describe)

Comments: _____

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon Jenkins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Marcos City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 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? |
|-------------------|-----------------------|

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? |
|-------------------|-----------------------|

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 PROPOSER

| | |
|-----------------------|---------------------|
| 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Statement covers period
from 07/01/2016
through 09/24/2016

**CALIFORNIA
FORM 460**
Page 3 of 9

I.D. NUMBER
1388336

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|---|---|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$ 3776.00 | \$ 3776.00 |
| 2. Loans Received..... | Schedule B, Line 3 | \$ 10000.00 | \$ 10000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ 13776.00 | \$ 13776.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$.00 | \$.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ 13776.00 | \$ 13776.00 |

Expenditures Made

| | | | |
|---|----------------------|------------|------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 2466.61 | \$ 2466.61 |
| 7. Loans Made..... | Schedule H, Line 3 | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 2466.61 | \$ 2466.61 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 2466.61 | \$ 2466.61 |

Current Cash Statement

| | | |
|--|---|-------------|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 | \$ 0 |
| 13. Cash Receipts..... | Column A, Line 3 above | \$ 13776.00 |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 | \$ 0 |
| 15. Cash Payments..... | Column A, Line 8 above | \$ 2466.61 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 11309.39 |

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 | \$ 0 |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ 10000.00 |

**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 | \$ _____ | \$ _____ |

**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 |
|--------------------------------|---------------|
|--------------------------------|---------------|

| | |
|----------------|----------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Statement covers period
from 07/01/2016
through 09/24/2016

I.D. NUMBER
1388336

| 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) |
|---------------|---|---|---|-----------------------------------|---|--|
| 09/10/16 | Pat Stall | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor CSUSM | 100.00 | 100.00 | |
| 09/12/16 | Rod Jones | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Investment & Sales Pro Real Estate | 150.00 | 150.00 | |
| 09/12/16 | Diana Miller | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Housewife | 200.00 | 200.00 | |
| 09/22/16 | Marsha Singer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Financial Analyst Thermo Fisher | 250.00 | 250.00 | |
| 09/22/16 | Mike Singer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Regional Sales Manager Astron Electronics | 250.00 | 250.00 | |
| | | | | SUBTOTAL \$ | 950.00 | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 2100.00
2. Amount received this period – unitemized monetary contributions of less than \$100\$ 1676.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)**TOTAL \$** 3776.00

*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>07/01/2016</u> | CALIFORNIA FORM 460 |
| through <u>09/24/2016</u> | Page <u>5</u> of <u>9</u> |
| I.D. NUMBER <u>1388336</u> | |

NAME OF FILER

Jenkins for Council 2016

| 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) |
|---------------|---|---|---|-----------------------------------|---|--|
| 09/19/16 | Mary Whistler | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mortgage Lender First Nations Home Finance | 100.00 | 100.00 | |
| 09/19/16 | Pia Harris-Ebert | <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 | |
| 09/19/16 | Mary Borevitz | <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 | |
| 09/23/16 | Randall Walton | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Walton Law Firm | 200.00 | 200.00 | |
| 09/23/16 | Tanis Brown | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 150.00 | 150.00 | |
| | | | | SUBTOTAL \$ | 650.00 | |

*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>07/01/2016</u> | CALIFORNIA FORM 460 |
| through <u>09/24/2016</u> | |
| Page <u>6</u> of <u>9</u> | |
| I.D. NUMBER <u>1388336</u> | |

NAME OF FILER

Jenkins for Council 2016

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 09/24/16 | Warner Lusardi | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Lusardi Construction Co. | 250.00 | 250.00 | |
| 09/24/16 | John Bailey | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chairman Lusardi Construction Co. | 250.00 | 250.00 | |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 500.00 | | |

*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 B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Page 7 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Statement covers period
from 07/01/2016
through 09/24/2016

I.D. NUMBER

1388336

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|---|---|
| Sharon Jenkins | Realtor North County Associated Brokers | \$ <u>00</u> | \$ <u>10000.00</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>10000.00</u> 1/01/2017 DATE DUE | NA % \$ <u>0</u> 09/01/16 DATE INCURRED | \$ <u>10000.0</u> \$ <u>10000.00</u> PER ELECTION** \$ <u>10000.00</u> | CALENDAR YEAR \$ <u>10000.00</u> PER ELECTION** \$ <u>10000.00</u> |
| [†] <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>00</u> | \$ <u>10000.00</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>0</u> DATE DUE | \$ <u>0</u> DATE INCURRED | \$ <u>0</u> \$ <u>0</u> PER ELECTION** \$ <u>0</u> | CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>0</u> |
| [†] <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u>00</u> | \$ <u>00</u> | <input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u> | \$ <u>0</u> DATE DUE | \$ <u>0</u> DATE INCURRED | \$ <u>0</u> \$ <u>0</u> PER ELECTION** \$ <u>0</u> | CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>0</u> |
| | | | | | | | | |
| SUBTOTALS \$ <u>10000.00</u> \$ <u>0</u> \$ <u>10000.00</u> \$ <u>0</u> | | | | | | | | |

Schedule B Summary

1. Loans received this period\$ 10000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period\$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.)NET \$ 10000.00
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

[†]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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jenkins for Council 2016

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2016
through 09/24/2016

SCHEDULE E
CALIFORNIA FORM 460
Page 8 of 9
I.D. NUMBER
1388336

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) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| California Bank & Trust 978 San Marcos Blvd. San Marcos, CA 92078 | OFC | | Bank checks | 26.95 |
| Minuteman Press 277 S. Rancho Santa Fe Road, Suite H San Marcos, CA 92078 | OFC | | Letterhead, Mailing Envelopes, Thank you notecards | 453.65 |
| United States Postal Service 420 N. Twin Oaks Valley Road San Marcos | POS | | Stamps | 94.00 |

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

SUBTOTAL \$ 574.60

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 2466.61
2. Unitemized payments made this period of under \$100..... \$ 0
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.)..... **TOTAL \$ 2466.61**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jenkins for Council 2016

Amounts may be rounded
to whole dollars.

| | |
|--|--|
| Statement covers period from <u>07/01/2016</u> through <u>09/24/2016</u> | CALIFORNIA FORM 460 <i>9 9</i> |
| Page <u>9</u> of <u>9</u> | I.D. NUMBER 1388336 |

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 |
|---|------|----|---------------------------------------|-------------|
| Minuteman Press 977 S. Rancho Santa Fe Road, Suite H San Marcos, CA 92078 | OFC | | Business Cards | 74.52 |
| Perks Coffee House 803 S. Twin Oaks Valley Road, Suite 110 San Marcos, CA 92078 | FND | | Food for "meet and greet" | 102.82 |
| Desirae MacGillivray | WEB | | Website creation | 487.50 |
| Sharon Jenkins | WEB | | Reimbursement for domain registration | 27.17 |
| Sharon Jenkins | FIL | | Reimbursement for ballot fee | 1200.00 |

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

SUBTOTAL \$ 1892.01

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 09/25/16
through 10/22/16

Date of election if applicable:
(Month, Day, Year)
11/08/16

COVER PAGE

Date Stamp

Received

OCT 27 2016

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

City Clerk Department
City of San Marcos

9:15 AM

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

3. Committee Information

I.D. NUMBER
1388336

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

Jenkins for Council 2016

STREET ADDRESS (NO P.O. BOX)

| | | | |
|------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| San Marcos | CA | 92078 | |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

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 (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |

Treasurer(s)

NAME OF TREASURER

Kathy Gallagher

MAILING ADDRESS

| | | | |
|------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| San Marcos | CA | 92078 | |

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 10/27/16

Date
By _____

Executed on 10/27/16

Date
By _____
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**

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon Jenkins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Marcos City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

San Marcos, CA 92078

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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Statement covers period
from 09/25/16
through 10/22/16

**CALIFORNIA
FORM 460**
Page 3 of 8

I.D. NUMBER
1388336

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions | <i>Schedule A, Line 3</i> | \$ 2835.00 | \$ 6611.00 |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ 1000.00 | \$ 11000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ 3835.00 | \$ 17611.00 |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$.00 | \$.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ 3835.00 | \$ 17611.00 |

Expenditures Made

| | | | |
|--|-----------------------------|-------------|-------------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ 13948.33 | \$ 16414.94 |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$.00 | \$.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ 13948.33 | \$ 16414.94 |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | \$.00 | \$.00 |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$.00 | \$.00 |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ 13948.33 | \$ 16414.94 |

Current Cash Statement

| | | |
|---|--|-------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 11309.39 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 3835.00 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$.00 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ 13948.33 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 1196.06 |

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

| | | |
|------------------------------------|---------------------------|--------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$.00 |
|------------------------------------|---------------------------|--------|

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|--|--------------|
| 18. Cash Equivalents..... | <i>See instructions on reverse</i> | \$.00 |
| 19. Outstanding Debts..... | <i>Add Line 2 + Line 9 in Column B above</i> | \$ 11,000.00 |

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).

**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 | \$ _____ | \$ _____ |

**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 |
|--------------------------------|---------------|
| _____ / _____ / _____ | \$ _____ |
| _____ / _____ / _____ | \$ _____ |

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|-------------------------------|
| Statement covers period from <u>09/25/16</u> | CALIFORNIA 460 FORM |
| through <u>10/22/16</u> | Page <u>4</u> of <u>8</u> |
| I.D. NUMBER <u>1388336</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 9/28/16 | Verna Whitford San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | <i>250.00</i> |
| 10/03/16 | Nancee Revere San Marcos, CA 92078 | <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 | <i>100.00</i> |
| 10/05/16 | Lisa Cronin Vista, CA 92084 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Housewife | 250.00 | 250.00 | <i>250.00</i> |
| 10/05/16 | Dennis Cronin Vista, CA 92084 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CPA Scott & Cronin | 250.00 | 250.00 | <i>250.00</i> |
| 10/07/16 | Edward Musgrove San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Director San Diego Metropolitan Transit System | 200.00 | 200.00 | <i>200.00</i> |
| SUBTOTAL \$ | | | | 1050.00 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1300.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1535.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2835.00**

*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 09/25/16
 through 10/22/16

CALIFORNIA FORM 460

Page 5 of 8

NAME OF FILER

Jenkins for Council 2016

I.D. NUMBER

1388336

| 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) |
|---------------|---|---|---|--------------------------------|---|--|
| 10/07/16 | John Forst San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | 250.00 |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 250.00 | | |

*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 B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 09/25/16
through 10/22/16

CALIFORNIA FORM
460

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|---|---|--|--|---|--|--------------------------------------|---|
| Sharon Jenkins | | Realtor North County Associated Brokers | | | <input type="checkbox"/> PAID \$ <u> </u> .00 <input type="checkbox"/> FORGIVEN \$ <u> </u> .00 | \$ <u>11000.00</u> | <u>NA</u> % RATE | \$ <u>10000.0</u> | CALENDAR YEAR \$ <u>11000.00</u> |
| San Marcos | | | \$ <u>10000.00</u> | \$ <u>1000.00</u> | | <u>01/01/201</u> DATE DUE | \$ <u>0</u> | <u>09/01/16</u> DATE INCURRED | PER ELECTION** \$ <u>11000.00</u> |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | | | | | |
| | | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | <u> </u> RATE | \$ <u> </u> | \$ <u> </u> | CALENDAR YEAR \$ <u> </u> |
| | | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | <u> </u> RATE | \$ <u> </u> | \$ <u> </u> | PER ELECTION** \$ <u> </u> |
| | | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | <u> </u> RATE | \$ <u> </u> | \$ <u> </u> | CALENDAR YEAR \$ <u> </u> |
| | | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | <u> </u> RATE | \$ <u> </u> | \$ <u> </u> | PER ELECTION** \$ <u> </u> |
| | | | | | | | | | |
| SUBTOTALS \$ <u> </u> \$ <u> </u> \$ <u> </u> | | | | | | | | | |

Schedule B Summary

1. Loans received this period \$ 1000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 1000.00**
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------|----------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 09/25/16 | |
| through | 10/22/16 | Page <u>7</u> of <u>8</u> |
| I.D. NUMBER | | |
| 1388336 | | |

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) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| All Star Sians | CMP | | Signs | 1006.56 |
| Aloha Printing | LIT | | 1/2 of joint mailer with Rebecca Jones | 5678.74 |
| Aloha Printing 100 N. Main Street | LIT | | Mailer | 6930.30 |

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

SUBTOTAL \$ 13615.60

Schedule E Summary

| | |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 13948.33 |
| 2. Unitemized payments made this period of under \$100..... | \$.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 13948.33 |

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/16
through 10/22/16

CALIFORNIA FORM **460**
Page 8 of 8

I.D. NUMBER
1388336

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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 |
|---|------|----|-----------------------------------|-------------|
| Desirae MacGillivray San Marcos, CA 92069 | WEB | | Website updates and Facebook page | 162.50 |
| Sharon Jenkins San Marcos, CA 92078 | CMP | | Reimbursement for zip ties | 116.38 |
| Sharon Jenkins San Marcos, CA 92078 | FND | | Food for meet and greet | 53.85 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 332.73

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

| | | | |
|--|------|-------|-----|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| Sharon Jenkins | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| San Marcos City Council | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | 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? <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>10/23/16</u> | to <u>10/30/16</u> | CALIFORNIA FORM 460 |
| through <u>10/30/16</u> | | Page <u>3</u> of <u>4</u> |
| | | I.D. NUMBER <u>1388336</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|---|---|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$.00 | 6611.00 |
| 2. Loans Received..... | Schedule B, Line 3 | \$.00 | 11000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$.00 | 17611.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$.00 | .00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$.00 | 17611.00 |

Expenditures Made

| | | | |
|---|----------------------|--------|----------|
| 6. Payments Made..... | Schedule E, Line 4 | \$.00 | 16414.94 |
| 7. Loans Made..... | Schedule H, Line 3 | \$.00 | .00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$.00 | 16414.94 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | \$.00 | .00 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | \$.00 | .00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$.00 | 16414.94 |

Current Cash Statement

| | | |
|---|---|------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 1196.06 |
| 13. Cash Receipts | Column A, Line 3 above | \$.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$.00 |
| 15. Cash Payments | Column A, Line 8 above | \$.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1196.06 |

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

| | | |
|-----------------------------------|--------------------|--------|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2 | \$.00 |
|-----------------------------------|--------------------|--------|

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|---------------------------------------|--------------|
| 18. Cash Equivalents | See instructions on reverse | \$.00 |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ 11,000.00 |

**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 | \$ _____ | \$ _____ |

**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

| | |
|-----|----------|
| / / | \$ _____ |
| / / | \$ _____ |

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.

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

| | | | | | Statement covers period from <u>10/23/16</u> | | | |
|---|---|---|--|--|---|--|--------------------------------------|---|
| | | | | | through <u>10/30/16</u> | | | |
| | | | | | | | I.D. NUMBER | |
| | | | | | | | <u>1388336</u> | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Sharon Jenkins | Realtor North County Associated Brokers | <u>\$ 11000.00</u> | <u>\$.00</u> | <input type="checkbox"/> PAID <u>\$.00</u> <input type="checkbox"/> FORGIVEN <u>\$.00</u> | <u>\$ 11000.00</u> | <u>NA</u> % RATE | <u>\$ 10000.0</u> | CALENDAR YEAR <u>\$ 11000.00</u> PER ELECTION** |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | <u>01/01/17</u> DATE DUE | <u>\$.00</u> | <u>09/01/16</u> DATE INCURRED | <u>\$ 11000.00</u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$.00</u> | <u>\$.00</u> | <input type="checkbox"/> PAID <u>\$.00</u> <input type="checkbox"/> FORGIVEN <u>\$.00</u> | <u>\$.00</u> | <u>%</u> RATE | <u>\$.00</u> | CALENDAR YEAR <u>\$.00</u> PER ELECTION** |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$.00</u> | <u>\$.00</u> | <input type="checkbox"/> PAID <u>\$.00</u> <input type="checkbox"/> FORGIVEN <u>\$.00</u> | <u>\$.00</u> | <u>%</u> RATE | <u>\$.00</u> | CALENDAR YEAR <u>\$.00</u> PER ELECTION** |
| SUBTOTALS \$ <u> </u> \$ <u> </u> \$ <u> </u> \$ <u> </u> | | | | | | | | |

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

1. Loans received this period \$ 00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 00
Enter the net here and on the Summary Page, Column A, Line 2.

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 56

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon Jenkins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Marcos City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 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? <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>10/31/2016</u> | CALIFORNIA FORM | 460 |
| through <u>12/31/2016</u> | Page <u>3</u> of <u>56</u> | I.D. NUMBER <u>1388336</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|---|---|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$ 2753.00 | \$ 9364.00 |
| 2. Loans Received..... | Schedule B, Line 3 | \$ -3000.00 | \$ 8000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ -247.00 | \$ 17364.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$.00 | \$.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ -247.00 | \$ 17364.00 |

Expenditures Made

| | | | |
|---|----------------------|-----------|-------------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 542.50 | \$ 16957.44 |
| 7. Loans Made..... | Schedule H, Line 3 | \$.00 | \$.00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 542.50 | \$ 16957.44 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | \$.00 | \$.00 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | \$.00 | \$.00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 542.50 | \$ 16957.44 |

Current Cash Statement

| | | | |
|--|---|------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 1196.06 | 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). |
| 13. Cash Receipts | Column A, Line 3 above | \$ -247.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$ 542.50 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 406.56 | |
| <i>If this is a termination statement, Line 16 must be zero.</i> | | | |

| | | |
|------------------------------------|--------------------|--------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$.00 |
|------------------------------------|--------------------|--------|

| | | |
|----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents..... | See instructions on reverse | \$.00 |
| 19. Outstanding Debts..... | Add Line 2 + Line 9 in Column B above | \$ 8000.00 |

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

| | | |
|-------------------------------|----------|----------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

**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 |
| _____/_____/_____ | \$ _____ |

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/31/2016
through 12/31/2016

SCHEDULE A
CALIFORNIA FORM 460
Page 4 of 54

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

I.D. NUMBER
1388336

| 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) |
|---------------|---|---|---|-----------------------------------|---|--|
| 11/01 | Robin Khavat | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Legal Assistant Darius Khayat, APLC | 100.00 | 100.00 | 100.00 |
| 11/05 | Robert Whitford | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | 250.00 |
| | | <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 | | | | |
| | | | | SUBTOTAL \$ | 250.00 | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 350.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 2403.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2753.00**

*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 B – Part 1

Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA **460**
FORM

Statement covers period
from 10/31/2016
through 12/31/2016

Page 5 of 56

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|--|---|--|---|---|
| Sharon Jenkins 473 Silver Shadow Drive San Marcos, CA 92078 | Realtor North County Associated Brokers | \$ <u>11000.00</u> | \$ <u> .00</u> | <input checked="" type="checkbox"/> PAID \$ <u>3000.00</u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u>8000.00</u> <u>01/01/17</u> DATE DUE | <u>NA</u> % RATE | \$ <u>10000.0</u> <u>09/01/16</u> DATE INCURRED | CALENDAR YEAR \$ <u>11000.00</u> PER ELECTION** \$ <u>11000.00</u> |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE | <u> </u> % RATE | \$ <u> </u> DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE | <u> </u> % RATE | \$ <u> </u> DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE | <u> </u> % RATE | \$ <u> </u> DATE INCURRED | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| SUBTOTALS \$ <u>.00</u> | | | | | | | \$ <u>3000.00</u> | \$ <u>8000.00</u> |
| | | | | | | | \$ <u>.00</u> | |

Schedule B Summary

1. Loans received this period \$.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 3000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ -3000.00
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Statement covers period
from 10/31/2016
through 12/31/2016

Page 6 of 56

I.D. NUMBER

1388336

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) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------------|----|--------------------------|-------------|
| Old California Coffee | <i>FND</i> | | Election night gathering | 210.00 |
| Jennifer Cronin | WEB | | Facebook advertising | 100.00 |
| Desirae MacGillvray | WEB | | Website updates | 212.50 |

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

SUBTOTAL \$ 522.50

Schedule E Summary

| | |
|---|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 522.50 |
| 2. Unitemized payments made this period of under \$100..... | \$ 20.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ 542.50 |

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1388336

Termination – See Part 5

List I.D. number:

1388336

 / /
Date qualified as committee

 / /
Date qualified as committee
(If applicable)

04 / 12 / 2017
Date of Termination

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

RECEIVED

APR 14 2017

City Clerk Dept.
City of San Marcos

1. Committee Information

NAME OF COMMITTEE

Jenkins for Council 2016

STREET ADDRESS (NO P.O. BOX)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE
San Marcos

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of

Executed on 4/12/17 DATE By

 ANT TREASURER

Executed on 4/12/17 DATE By

 E, OR STATE MEASURE PROPONENT

Executed on DATE By

 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE By

 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME
Jenkins for Council 2016

I.D. NUMBER
1388336

- All committees must list the financial institution where the campaign bank account is located.

| | | | |
|--|--------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION California Bank & Trust | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| ADDRESS | CITY San Marcos | STATE CA | ZIP CODE 92078 |

... TYPE OF COMMITTEE Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOINTER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|---|---|------------------|---|
| Sharon Jenkins | San Marcos City Council | 2016 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME
Jenkins for Council 2016

I.D. NUMBER
1388336

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

City Council election

Sponsored Committee

List additional sponsors on an attachment.

| | | | |
|-----------------|--|------|----------------|
| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | |
| STREET ADDRESS | NO. AND STREET | CITY | STATE ZIP CODE |

Small Contributor Committee

____ / ____ / ____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2017
through 04/12/2017

Date of election if applicable:
(Month, Day, Year)
11/08/2016

Date Stamp
RECEIVED
APR 14 2017
City Clerk Dept.
City of San Marcos

COVER PAGE
CALIFORNIA FORM 460
Page 1 of 6
For Official Use Only

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1388336

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

Jenkins for Council 2016

Treasurer(s)

NAME OF TREASURER

Kathy Gallagher

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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:

Executed on 4/12/17 Date

By

Executed on 4/12/17 Date

By Signat

ficer of Sponsor

Executed on Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

C

Executed on Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon Jenkins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Marcos City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 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 | <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 01/01/2017
through 04/12/2017

**CALIFORNIA
FORM**

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Page 3 of 6
I.D. NUMBER
1388336

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|--------------------|---|---|
| 1. Monetary Contributions..... | Schedule A, Line 3 | \$.00 | 9364.00 |
| 2. Loans Received..... | Schedule B, Line 3 | \$ -642.56 | 7357.44 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 | \$ -642.56 | 16721.44 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 | \$.00 | .00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 | \$ -642.56 | 16721.44 |

**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

| | | | |
|---|----------------------|----------|----------|
| 6. Payments Made..... | Schedule E, Line 4 | \$ 70.00 | 17027.44 |
| 7. Loans Made..... | Schedule H, Line 3 | \$.00 | .00 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 | \$ 70.00 | 17027.44 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3 | \$.00 | .00 |
| 10. Nonmonetary Adjustment..... | Schedule C, Line 3 | \$.00 | .00 |
| 11. TOTAL EXPENDITURES MADE..... | Add Lines 8 + 9 + 10 | \$ 70.00 | 17027.44 |

**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 | \$ 406.56 |
| 13. Cash Receipts | Column A, Line 3 above | \$ -642.56 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ 306.00 |
| 15. Cash Payments | Column A, Line 8 above | \$ 70.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$.00 |

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

| | | |
|------------------------------------|--------------------|--------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$.00 |
|------------------------------------|--------------------|--------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents | See instructions on reverse | \$.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 7357.44 |

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.

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

Statement covers period
from 01/01/2017
through 04/12/2017

Page 4 of 6

I.D. NUMBER

1388336

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|---|---|--|--|---|
| Sharon Jenkins 473 Silver Shadow Drive San Marcos, CA 92078 | Realtor North County Associated Brokers | \$ <u>8000.00</u> | \$ <u>.00</u> | <input checked="" type="checkbox"/> PAID \$ <u>642.56</u> <input checked="" type="checkbox"/> FORGIVEN \$ <u>7357.44</u> | \$ <u>.00</u> <u>NA</u> DATE DUE | <u>NA</u> RATE \$ <u> </u> | \$ <u>10000.00</u> <u>09/01/16</u> DATE INCURRED | CALENDAR YEAR \$ <u>11000.00</u> PER ELECTION** \$ <u>11000.00</u> |
| † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE \$ <u> </u> | \$ <u> </u> RATE \$ <u> </u> | | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | <input type="checkbox"/> PAID \$ <u> </u> <input type="checkbox"/> FORGIVEN \$ <u> </u> | \$ <u> </u> DATE DUE \$ <u> </u> | \$ <u> </u> RATE \$ <u> </u> | | CALENDAR YEAR \$ <u> </u> PER ELECTION** \$ <u> </u> |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ <u> </u> | \$ <u> </u> | | | | | |
| SUBTOTALS \$ <u> </u> \$ <u> </u> \$ <u> </u> \$ <u> </u> | | | | | | | | |

Schedule B Summary

1. Loans received this period \$ 00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 642.56
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ -642.56
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

SCHEDULE E

CALIFORNIA **460**
FORM

Statement covers period
from 01/01/2017
through 04/12/2017

Page 5 of 6

I.D. NUMBER
1388336

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) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$.00
2. Unitemized payments made this period of under \$100 \$ 70.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 70.00**

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
 to whole dollars.

SCHEDULE I

| | |
|---|----------------------------|
| Statement covers period from <u>01/01/2017</u> | CALIFORNIA FORM 460 |
| through <u>04/12/2017</u> | Page <u>6</u> of <u>6</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenkins for Council 2016

I.D. NUMBER

1388336

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|--|----------------------------|
| 02/20/17 | City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 | Reimbursement for overpayment of ballot statement cost | 306.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.\$ 306.00
2. Unitemized increases to cash of under \$100 this period.\$.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 306.00**

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1388336

Termination – See Part 5

List I.D. number:

1388336

 / /
Date qualified as committee

 / /
Date qualified as committee
(If applicable)

04 / 12 / 2017
Date of Termination

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

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APR 14 2017

City Clerk Dept.
City of San Marcos

1. Committee Information

NAME OF COMMITTEE

Jenkins for Council 2016

STREET ADDRESS (NO P.O. BOX)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE
San Marcos

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of

Executed on 4/12/17 DATE By

 ANT TREASURER

Executed on 4/12/17 DATE By

 E, OR STATE MEASURE PROPONENT

Executed on DATE By

 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE By

 SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
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COMMITTEE NAME
Jenkins for Council 2016

I.D. NUMBER
1388336

- All committees must list the financial institution where the campaign bank account is located.

| | | | |
|--|--------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION California Bank & Trust | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| ADDRESS | CITY San Marcos | STATE CA | ZIP CODE 92078 |

... TYPE OF COMMITTEE Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOSER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|---|---|------------------|---|
| Sharon Jenkins | San Marcos City Council | 2016 | <input checked="" type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

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COMMITTEE NAME
Jenkins for Council 2016

I.D. NUMBER
1388336

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

City Council election

Sponsored Committee

List additional sponsors on an attachment.

| | | | |
|-----------------|--|------|----------------|
| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | |
| STREET ADDRESS | NO. AND STREET | CITY | STATE ZIP CODE |

Small Contributor Committee

____ / ____ / ____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.