

Recipient Committee

Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period from <u>1/1/2020</u> through <u>6/30/2020</u>	Date of election if applicable: (Month, Day, Year) <u>11/6/2018</u>
Date Stamp Received <u>JUL 30 2020</u> City Clerk Department City of San Marcos	
Page <u>1</u> of <u>2</u> For Official Use Only	

1. Type of Recipient Committee:

<input type="checkbox"/> Ballot Measure Committee	<input type="checkbox"/> General Purpose Committee
<input type="radio"/> Primarily Formed	<input type="radio"/> Sponsored
<input type="radio"/> Controlled	<input type="radio"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<input checked="" type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

2. Type of Statement:

<input type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-year Report
<input type="checkbox"/> Termination Statement	
<input type="checkbox"/> Amendment (Explain) _____ (Also check type of statement you are amending)	

3. Committee Information

I.D. NUMBER

1400027

COMMITTEE NAME

Rebecca Jones for mayor 2018

STREET ADDRESS (NO P.O. BOX)

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

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

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY CamarilloSTATE CA ZIP CODE 93010

AREA CODE/PHONE

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 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 7/24/2020 DATE 7/24/2020

By _____

K. Williams
SIGNATURE OF TREASURER OR ASSISTANT TREASURERExecuted on 7/29/2020 DATE 7/29/2020

By _____

K. Williams
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
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/2020</u>	CALIFORNIA FORM	450
through <u>6/30/2020</u>	Page <u>2</u> of <u>2</u>	
	I.D. NUMBER	<u>1400027</u>

NAME OF COMMITTEE

Rebecca Jones for Mayor 2018

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>92.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<i>Add Lines 1 + 2</i> <u>92.00</u>
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i> <u>0</u>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> <u>92.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement.....	<i>Previous Summary Page, Line 10</i> <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	

10. TOTAL CONTRIBUTIONS RECEIVED TO DATE

Add Lines 7 + 8 + 9 0

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> <u>832.68</u>
12. Cash receipts this period.....	<i>Line 7 above</i> <u>0</u>
13. Miscellaneous increases to cash	<u>0</u>
14. Cash expenditures this period.....	<i>Line 3 above</i> <u>92.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> <u>740.68</u>

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Campaign Statement – Short Form

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<input type="checkbox"/> Controlled	<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Sponsored	
<input checked="" type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

3. Committee Information

I.D. NUMBER
1400027

COMMITTEE NAME

Rebecca Jones for Mayer 2018

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 _____

San Marcos CA. 92079

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 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 1/28/21 _____

By .

ERExecuted on 1/31/21 _____By .
SIC_____
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

Date Stamp	
RECEIVED	
FEB 02 2021	
City Clerk Dept. City of San Marcos	
Page <u>1</u> of <u>2</u>	For Official Use Only

CALIFORNIA **450**Page 1 of 2

For Official Use Only

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 12/31/2020

SHORT FORM

CALIFORNIA
FORM

450

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NAME OF COMMITTEE

Rebecca Jones for Mayor 2018

I.D. NUMBER

1400027

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>42.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<u>42.00</u>
4. Nonmonetary Adjustment.....	<u>0</u>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i>
(If this is the first statement for the calendar year, enter zero.)	<u>92.00</u>
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> <u>134.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement.....	<i>Previous Summary Page, Line 10</i>
(If this is the first statement for the calendar year, enter zero.)	<u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	<i>Add Lines 7 + 8 + 9</i> <u>0</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ <u>740.68</u>
12. Cash receipts this period.....	<i>Line 7 above</i>	<u>0.00</u>
13. Miscellaneous increases to cash		<u>0.00</u>
14. Cash expenditures this period.....	<i>Line 3 above</i>	<u>42.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	<u>698.68</u>