

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 1/1/2020
through 6/30/2020

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

11/6/2018



SHORT FORM
CALIFORNIA FORM 450
Page 1 of 2
For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
 ☐ Primarily Formed
 ☐ Controlled
 ☐ Sponsored
☒ Primarily Formed Candidate/
 Officeholder Committee
☐ General Purpose Committee
 ☐ Sponsored
 ☐ Small Contributor Committee

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Quarterly Statement
☐ Special Odd-year Report
☐ 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 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

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Camarillo Ca. 93010

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

By _____

[Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/29/2020

DATE

By _____

[Signature]
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 1/1/2020

through 6/30/2020

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

Contributions Received

7. Monetary contributions received this period \$ 0
8. Non-monetary contributions received this period 0
9. Total contributions received from previous statement Previous Summary Page, Line 10 \$ 0
(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 Previous Summary Page, Line 15 \$ 832.68
12. Cash receipts this period Line 7 above 0
13. Miscellaneous increases to cash 0
14. Cash expenditures this period Line 3 above 92.00
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 740.68

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 7/1/2020
through 12/31/2020

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

11/8/2018

Date Stamp

RECEIVED

FEB 02 2021

City Clerk Dept.
City of San Marcos

CALIFORNIA
FORM

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For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
- ☒ Primarily Formed Candidate/
Officeholder Committee

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
- ☐ Quarterly Statement
☐ Special Odd-year Report
- ☐ Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER

1400027

COMMITTEE NAME

Rebecca Jones for Mayor 2020

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 Same

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Camarillo CA. 93010

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 1/28/21

DATE

By _____

Executed on 1/31/21

DATE

By _____

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 | 7/1/2020 |
| through | 12/31/2020 |

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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..... Add Lines 1 + 2 | \$ | <u>42.00</u> |
| 4. Nonmonetary Adjustment..... From Line 8 Below | | <u>0</u> |
| 5. Total expenditures made from previous statement..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.) | \$ | <u>92.00</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE..... Add Lines 3 + 4 + 5 | \$ | <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..... Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.) | \$ | <u>0</u> |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... Add Lines 7 + 8 + 9 | \$ | <u>0</u> |

Current Cash Statement

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