

Candidate Intention Statement

Check One:

☒ Initial

☐ Amendment

(Explain) _____

Date Stamp	CALIFORNIA FORM 501
Received	For Official Use Only
OCT 23 2017	
City Clerk Department City of San Marcos	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Jones, Rebecca D

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E MAIL (optional)

STREET ADDRESS

Mayor

CITY

City of San Marcos

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

San Diego

AGENCY NAME

DISTRICT NUMBER, if applicable.

—

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City

☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2018
(Year of Election)

Primary/general election

(Year of Election)

Special/runoff 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

10/23/17
(month, day, year)

Signature

Clear Form

Print Form

1400027

Rejected: 10-26-17
Returned: 10-26-17

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

☐ Amendment

☐ Termination - See Part 5

☒ Not yet qualified
or

☐ Date qualified as committee

____/____/____
Date qualified as committee
(If amending to provide this date)

____/____/____
Date of termination

Date Stamp

**CALIFORNIA
FORM 410**

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RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

2017 NOV 21 PM 3:17

OCT 25 2017

REC'D S.D. CO. ROV

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE

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)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Marcos

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles P. Zahl

STREET ADDRESS (NO P.O. BOX)

SAN MARCOS

CITY

n/a

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

n/a

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

n/a

STREET ADDRESS (NO P.O. BOX)

n/a

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NOV 03 2017

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 California that the foregoing is true and correct.

Executed on 24 October 2017 11/2/17

Executed on 10/24/17

Executed on

Executed on

TREASURER

OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

DEC 05 2017

City Clerk Dept.
City of San Marcos

FPPC Form 410 (May/2017)

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

Rebecca Jones for Mayor 2018

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	
California Bank & Trust	(760) 471-3032		
ADDRESS	CITY	STATE	ZIP CODE
978 West San Marcos Blvd	San Marcos	CA	92078

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
Rebecca Jones	Mayor of the City of San Marcos	2018	<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	
n/a		<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

I.D. NUMBER

COMMITTEE NAME

Rebecca Jones for Mayor 2018

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

n/a

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

n/a

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.