

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/1/2019
through 6/30/19

Date of election if applicable:
(Month, Day, Year)
11/6/18



COVER PAGE
CALIFORNIA FORM 460
Page 1 of 7
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	<input type="radio"/> Sponsored	
(Also Complete Part 5)		
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee	
<input type="radio"/> Sponsored	(Also Complete Part 7)	
<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 checked="" 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)	

3. Committee Information

I.D. NUMBER
1400027

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

Rebecca Jones for Mayor 2018

STREET ADDRESS (NO P.O. BOX)

... San Marcos	STATE CA	ZIP CODE 92078	AREA CODE/PHONE
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY San Marcos	STATE CA	ZIP CODE 92079	AREA CODE/PHONE
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Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY Camarillo	STATE CA	ZIP CODE 93010	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 7/29/19 Date 7/29/19

By .

A
Treasurer or Assistant Treasurer

Executed on 7/29/19 Date 7/29/19

By .

nt or Responsible Officer of Sponsor

Executed on _____ Date _____

By _____

J
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 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Jones

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

Mayor, City of San Marcos, CA

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
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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
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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
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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
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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

Rebecca Jones for Mayor 2018

Statement covers period from <u>1/1/2019</u>	through <u>6/30/19</u>	CALIFORNIA FORM 460
		Page <u>3</u> of <u>7</u>
		I.D. NUMBER <u>1400027</u>

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>	\$ 599.00	\$ 599.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ -5000.00	\$ -5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ -4401.00	\$ -4401.00
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ -4401.00	\$ -4401.00

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 766.22	\$ 766.22
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 766.22	\$ 766.22
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 0
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 766.22	\$ 766.22

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 5830.90
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ -4401.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 365.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 766.22
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 1028.68

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

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**

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

460

Statement covers period from <u>1/1/2019</u>	CALIFORNIA FORM
through <u>6/30/19</u>	Page <u>4</u> of <u>7</u>
	I.D. NUMBER <u>1400027</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones for Mayor 2018

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)
4/10/19	Albert Verdugo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - Verdugo Concrete	250	250	250
4/10/19	Elvia Verdugo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - Verdugo Concrete	250	250	250
		<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		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ **500.00**
- Amount received this period – unitemized monetary contributions of less than \$100 \$ **99.00**
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 599.00**

*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

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones for Mayor 2018

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
Rebecca Jones		Self	\$ 5000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 5000 <input type="checkbox"/> FORGIVEN \$ _____	\$ 0	_____ % RATE DATE DUE \$ _____	\$ 5000.00 DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE DATE DUE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE DATE DUE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ % RATE DATE DUE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ 5000 \$ (5000)									

Schedule B Summary

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

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 5000
(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 \$ (5000)
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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.

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones for Mayor 2018

Amounts may be rounded
to whole dollars.

Statement covers period from <u>1/1/2019</u>		CALIFORNIA FORM 460
through <u>6/30/19</u>		Page <u>6</u> of <u>7</u>
		I.D. NUMBER <u>1400027</u>

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
WUFOO	WEB		Website	195.00
Kristin Williams	PRO		Accounting	300.00
US Postal Service	OFC		PO Box Renewal	236.00

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

SUBTOTAL \$ 731.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 731.00
2. Unitemized payments made this period of under \$100.....\$ 35.22
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....**TOTAL \$** 766.22

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
 to whole dollars.

SCHEDULE I

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones for Mayor 2018

Statement covers period
 from 1/1/19
 through 6/30/19

**CALIFORNIA
 FORM**

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I.D. NUMBER
 1400027

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
4/10/19	City of San Marcos	Refund of Ballot Statements	365.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 365.00

Schedule I Summary

1. Itemized increases to cash this period. \$ 365.00
2. Unitemized increases to cash of under \$100 this period. \$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 365.00**

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified

or

Date qualified as committee

12 / 27 / 2018

Amendment

Termination – See Part 5

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

OCT 07 2019

City Clerk Dept.
City of San Marcos

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

SEP 24 2019

1. Committee Information

**I.D. Number
(if applicable)**

14000027

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Rebecca Jones for Mayor 2018

NAME OF TREASURER

Kristin Williams

STREET ADDRESS (NO P.O. BOX)

CITY
San Marcos

STATE
Ca

ZIP CODE
92078

AREA CODE/PHONE

STATE

ZIP CODE

AREA CODE/PHONE

Camarillo

CA 93010

NAME OF ASSISTANT TREASURER, IF ANY

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

COUNTY OF DOMICILE
San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 information contained herein is true and correct.

Executed on 7/29/19 By _____

Executed on 7/29/19 By _____

Executed on _____ By V

Executed on _____ By _____

INSTANT TREASURER

STATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME Rebecca Jones for Mayor 2018	I.D. NUMBER 1400027
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank And Trust	AREA CODE/PHONE 800) 400-6080	BANK ACCOUNT NUMBER
ADDRESS 978 San Marcos Blvd.	CITY San Marcos	STATE CA
		ZIP CODE 92079

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE	
Rebecca Jones	San Marcos Mayor	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 7/1/2019
through 12/31/2019

CALIFORNIA
FORM

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Page 2 of 3

NAME OF COMMITTEE

Rebecca Jones for Mayor 2018

I.D. NUMBER

1400027

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>150.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>46.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>Add Lines 1 + 2</u> <u>196.00</u>
4. Nonmonetary Adjustment.....	<u>From Line 8 Below</u> <u>0.00</u>
5. Total expenditures made from previous statement	<u>Previous Summary Page, Line 6</u> <u>766.22</u>
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	<u>Add Lines 3 + 4 + 5</u> <u>962.22</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0.00</u>
8. Non-monetary contributions received this period.....	<u>0.00</u>
9. Total contributions received from previous statement	<u>Previous Summary Page, Line 10</u> <u>-4401.00</u>
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>Add Lines 7 + 8 + 9</u> <u>-4401.00</u>

Current Cash Statement

11. Beginning cash balance	<u>Previous Summary Page, Line 15</u> <u>1028.68</u>
12. Cash receipts this period.....	<u>Line 7 above</u> <u>0.00</u>
13. Miscellaneous increases to cash	<u>\$ 0.00</u>
14. Cash expenditures this period.....	<u>Line 3 above</u> <u>196.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<u>Add Lines 11 + 12 + 13, then subtract Line 14</u> <u>832.68</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 7/1/2019

through 12/31/2019

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Rebecca Jones for Mayor 2018

Page 3 of 3

I.D. NUMBER
1400027

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
8/31/2019	Kristin Williams	Accounting		150.00	Calendar Year \$ 450.00 Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
SUBTOTAL				\$ 150.00	

* Required only for payments which are contributions or independent expenditures.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

I.D. NUMBER

1400027

COMMITTEE NAME

Rebecca Jones for Mayor 2018

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

NAME OF FINANCIAL INSTITUTION California Bank And Trust	AREA CODE/PHONE 760) 471-3032	BANK ACCOUNT NUMBER	
ADDRESS 978 W San Marcos Blvd.	CITY San Marcos	STATE CA	ZIP CODE 92079

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." Stating "No party preference" is acceptable.
- 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 PROPO	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY	
			Nonpartisan	Partisan
Rebecca Jones	San Marcos Mayor	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

Statement Type Initial

Amendment

Not yet qualified

or

Date qualified as committee

12 / 19 / 2017

Date qualified as committee

RECEIVED
FEB 10 2020
City Clerk Dept.
City of San Marcos

Termination - See Part 5

RECEIVED AND FILED

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only

EB - 6 PM 4:04

JAN 21 2020 REC'D S.D. CO. ROV

1. Committee Information

**I.D. Number
(if applicable)**

1400027

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Rebecca Jones for Mayor 2018

NAME OF TREASURER

Kristin Williams

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

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

CITY	STATE	ZIP CODE
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CA 93010

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

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

STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego	

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 1/11/2020 By _____

(Signature)
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/11/2020 By _____

(Signature)
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

(Signature)
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

(Signature)
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)

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	I.D. NUMBER
Rebecca Jones for Mayor 2018	1400027

- 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 And Trust	760) 471-3032	
ADDRESS	CITY	STATE ZIP CODE
978 W San Marcos Blvd.	San Marcos	CA 92079

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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		
Rebecca Jones	San Marcos Mayor	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>