Candidate Intention Statement

Check One: ☑ Initial ☐ Amendment (Explain) _____

_____

Date Stamp

RECEIVED

SEP 2 2 2021

City Clerk Dept.
City of San Marcos

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)
Jay Petrek

DAYTIME TELEPHONE NUMBER
( )

FAX NUMBER (optional)
( )

EMAIL (optional)

STREET ADDRESS

CITY
San Marcos

STATE
CA

ZIP CODE
92078-6916

OFFICE SOUGHT (POSITION TITLE)
City Council

AGENCY NAME
City of San Marcos

DISTRICT NUMBER, if applicable.
District #2

☑ NON-PARTISAN OFFICE

PARTY PREFERENCE:

OFFICE JURISDICTION
☐ State (Complete Part 2.)
☑ City ☐ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

2022
(Year of Election)

(Check one box, if applicable.)
☑ PRIMARY / GENERAL
☐ SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

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

(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 ___09___ ___22___ ___2021___
(month, day, year)

Signatur _____
ndidate)

Statement of Organization
Recipient Committee

Statement Type

☑ Initial
- ◉ Not yet qualified
  or
- ○ Date qualification threshold met

____/____/____

☐ **Amendment**

Date qualification threshold met

____/____/____

☐ **Termination — See Part 5**

Date of termination

____/____/____

CALIFORNIA FORM 410

For Official Use Only

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1. Committee Information | I.D. Number _(If applicable)_

NAME OF COMMITTEE

Citizens to Elect Jay Petrek to San Marcos City Council District #2, 2022

STREET ADDRESS (NO P.O. BOX)

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

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego	San Marcos

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Pamela Lindamood

STREET ADDRESS (NO P.O. BOX)

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

NAME OF ASSISTANT TREASURER, IF ANY

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

---

3. Verification

I have used all reasonable diligence in prep___ this ___ to the best of ___ kno___ the ___formation contained herein is true and complete. I certify under penalty of perjury under the laws of the St___

Executed on **12/20/2021** By ___
DATE

Executed on **12/20/2021** By ___
DATE
___ T TREASURER

Executed on _____ By ___
DATE
___ OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By ___
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Citizens to Elect Jay Petrek to San Marcos City Council District #2, 2022	

• **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) 471-3000		

ADDRESS	CITY	STATE	ZIP CODE
978 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." 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.

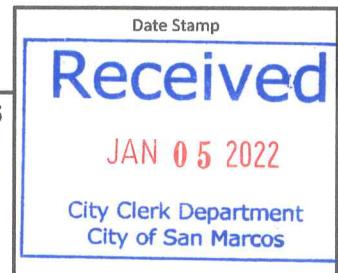| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE Nonpartisan	Partisan	(list political party below)
Jay Petrek	San Marcos City Council District #2	2022	✓		
			Nonpartisan	Partisan	(list political 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	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee

Statement Type

☐ **Initial**	
○ Not yet qualified	
or	
○ Date qualification threshold met	
_____/_____/_____	

☑ **Amendment**

Date qualification threshold met

01 / 05 / 2022

☐ **Termination – See Part 5**

Date of termination

_____/_____/_____

CALIFORNIA FORM 410

For Official Use Only

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1. Committee Information   I.D. Number 1443166
(if applicable)

NAME OF COMMITTEE

Citizens to Elect Jay Petrek to San Marcos City Council District #2, 2022

STREET ADDRESS (NO P.O. BOX)

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

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego	San Marcos

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Pamela Lindamood

STREET ADDRESS (NO P.O. BOX)

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

NAME OF ASSISTANT TREASURER, IF ANY

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

---

3. Verification

I have used all reasonable diligence in prepa[...] e information contained herein is true and complete. I certify under penalty of perjury under the laws of the Sta[...]

Executed on	01/05/2022	By	
	DATE		...STANT TREASURER
Executed on	01/05/2022	By	
	DATE		...ATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Citizens to Elect Jay Petrek to San Marcos City Council District #2, 2022	1443166

> • **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) 471-3000		

ADDRESS	CITY	STATE	ZIP CODE
978 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." 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		
Jay Petrek	San Marcos City Council District #2	2022	Nonpartisan ✓	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	OPPOSE
		SUPPORT	OPPOSE

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page

Date Stamp

Received

JAN 3 1 2022

City Clerk Department
City of San Marcos

CALIFORNIA FORM 460

Page 1 of 13

For Official Use Only

	Statement covers period	Date of election if applicable: (Month, Day, Year)
SEE INSTRUCTIONS ON REVERSE	from 07/01/2021	
	through 12/31/2021	11/08/2022

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
  (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☑ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1443166

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

Citizens to Elect Jay Petrek to San Marcos City Council District #2, 2022

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

Treasurer(s)

NAME OF TREASURER

Pamela Lindamood

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 bes[...] 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 forego[...]

Executed on 01/28/2022	By
Date	Signature of Treasurer or Assistant Treasurer
Executed on 01/28/2022	E
Date	ficeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on	E
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	By
Date	Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866)275-3772)
www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jay Petrek

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

San Marcos City Council, District #2

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	
		☐ SUPPORT
		☐ 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	
		☐ SUPPORT
		☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
		☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
		☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
		☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

Statement covers period

from 07/01/2021

through 12/31/2021

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Petrek

I.D. NUMBER

1443166

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1.	Monetary Contributions......... Schedule A, Line 3	$ 0	$ 0
2.	Loans Received......... Schedule B, Line 3		
3.	SUBTOTAL CASH CONTRIBUTIONS......... Add Lines 1 + 2	$ 0	$ 0
4.	Nonmonetary Contributions......... Schedule C, Line 3		
5.	TOTAL CONTRIBUTIONS RECEIVED......... Add Lines 3 + 4	$ 0	$ 0

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	$ 0	$ 0
21.	Expenditures Made	$ 0	$ 0

Expenditures Made

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

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	$ 0
13.	Cash Receipts .... Column A, Line 3 above	
14.	Miscellaneous Increases to Cash .... Schedule I, Line 4	
15.	Cash Payments .... Column A, Line 8 above	
16.	**ENDING CASH BALANCE** .... Add Lines 12 + 13 + 14, then subtract Line 15	$ 0

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

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.

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	$ 0

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM **460**
from 07/01/2021		
through 12/31/2021	Page 4 of 13	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jay Petrek

I.D. NUMBER
1443166

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)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .... $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 0

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 0

*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

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period	
from 07/01/2021	**CALIFORNIA FORM 460**
through 12/31/2021	Page 5 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Petrek

I.D. NUMBER

1443166

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
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$_____	$_____	☐ PAID $_____ ☐ FORGIVEN $_____	$_____ ____% RATE DATE DUE	$_____	$_____ DATE INCURRED	CALENDAR YEAR $_____ PER ELECTION** $_____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$_____	$_____	☐ PAID $_____ ☐ FORGIVEN $_____	$_____ ____% RATE DATE DUE	$_____	$_____ DATE INCURRED	CALENDAR YEAR $_____ PER ELECTION** $_____
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$_____	$_____	☐ PAID $_____ ☐ FORGIVEN $_____	$_____ ____% RATE DATE DUE	$_____	$_____ DATE INCURRED	CALENDAR YEAR $_____ PER ELECTION** $_____
	SUBTOTALS $		$	$	$			

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

Schedule B Summary

1. Loans received this period ....$ 0
(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 $ 0
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 B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Petrek

I.D. NUMBER

1443166

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)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER _____ DATE _____		CALENDAR YEAR $ _____ PER ELECTION (IF REQUIRED) $ _____	

SUBTOTAL $ 0

Enter on
Summary Page,
Line 17 only.

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period	
from	07/01/2021
through	12/31/2021

Page 7 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Petrek

I.D. NUMBER

1443166

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..$ 0

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ....$ 0

3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....................TOTAL $ 0

*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

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period	CALIFORNIA FORM 460
from 07/01/2021	
through 12/31/2021	Page 8 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jay Petrek

I.D. NUMBER

1443166

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $			

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)... $ 0

2. Unitemized contributions and independent expenditures made this period of under $100... $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.).......... TOTAL .. $ 0

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SCHEDULE E

Schedule E
Payments Made

Amounts may be rounded
to whole dollars.

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NAME OF FILER

Jay Petrek

I.D. NUMBER

1443166

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 $ 0

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ 0

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 $ 0

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Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

Statement covers period	CALIFORNIA **460**
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NAME OF FILER	I.D. NUMBER
Jay Petrek	1443166

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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

	SUBTOTALS $	$	$	$

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ....INCURRED TOTALS $ 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ....PAID TOTALS $ 0

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .... NET $ 0

May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period	
from 07/01/2021	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER	I.D. NUMBER
Jay Petrek	1443166

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

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NAME OF FILER

Jay Petrek

I.D. NUMBER

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
		$ _____	$ _____					
				☐ PAID $ _____ ☐ FORGIVEN $ _____	$ _____ DATE DUE	_____% RATE $ _____	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION** $ _____
		$ _____	$ _____					

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

SUBTOTALS $ _____ | $ _____ | $ _____ | $ _____

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

Schedule H Summary

1. Loans made this period .... $ 0
   (Total Column (b) plus unitemized loans of less than $100.)
2. Payments received on loans .... $ 0
   (Total Column (c) plus unitemized payments of less than $100.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ 0
   (Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

**If Required

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Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

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NAME OF FILER	I.D. NUMBER
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 0

Schedule I Summary

1. Itemized increases to cash this period. .... $ 0

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 $ 0

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