

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

460

RECEIVED

JUL 30 2012

CITY OF SAN MARCOS
CITY CLERK DEPT

Page 1 of 4

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EE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/4/2008</u>
through <u>6/30/2012</u>	

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"/> Ballot Measure Committee	<input type="checkbox"/> Quarterly Statement
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Primarily Formed	<input type="checkbox"/> Semi-annual Statement
<input type="radio"/> Recall	<input type="radio"/> Controlled	<input type="checkbox"/> Special Odd-Year Report
(Also Complete Part 5)	<input type="radio"/> Sponsored	<input type="checkbox"/> Supplemental Preelection
	(Also Complete Part 6)	Statement - Attach Form 495
<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	<input type="checkbox"/> Supplemental Preelection
<input type="checkbox"/> Amendment (Explain below)	Statement - Attach Form 495

Committee Information

I.D. NUMBER
1308987

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

Committee to Elect Rebecca Jones

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

PO Box 1927

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos Ca 92078

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

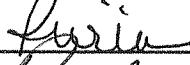
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

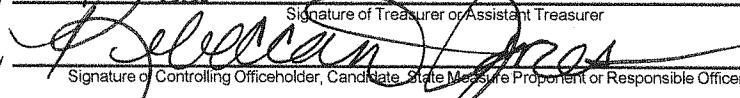
Verification

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 7/28/12 Date

By 
Signature of Treasurer or Assistant Treasurer

Executed on 7/28/12 Date

By 
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
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Jones

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

San Marcos City Council

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. 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
-----------------------	---------------------

7. Primarily Formed 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
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

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1/1/2012</u>	CALIFORNIA FORM 460
through <u>6/30/2012</u>	Page <u>3</u> of <u>4</u>
I.D. NUMBER <u>1308987</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions	Schedule A, Line 3	\$ 0	\$ 0
Loans Received	Schedule B, Line 3	\$ 0	\$ 1369.81
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 1369.81
Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0	\$ 1369.81

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

Payments Made	Schedule E, Line 4	\$ 0	\$ 0
Loans Made	Schedule H, Line 3	\$ 0	\$ 0
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 0
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
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

2. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 99
3. Cash Receipts	Column A, Line 3 above	\$ 0
4. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
5. Cash Payments	Column A, Line 8 above	\$ 0
6. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 99

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

7. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
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8. CASH EQUIVALENTS AND OUTSTANDING DEBTS	See instructions on reverse	\$ _____
9. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ _____

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule B – Part 1
Loans Received

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 1/1/2012
 through 6/30/2012
CALIFORNIA FORM 460

 Page 4 of 4

 I.D. NUMBER
1308987

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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 Employed Furniture	\$ <u>1369.01</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1369.81</u>	_____ % RATE	\$ <u>10000</u>	CALENDAR YEAR \$ _____ PER ELECTION** 8/22/2008 DATE INCURRED
<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	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION ** DATE INCURRED
<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	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** DATE INCURRED
<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	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** DATE INCURRED
SUBTOTALS \$ <u> </u> \$ <u> </u> \$ <u> </u> \$ <u> </u>								

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

Loans received this period \$ _____

(Total Column (b) plus unitemized loans less than \$100.)

Loans paid or forgiven this period \$ _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

 *Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

 Net change this period. (Subtract Line 2 from Line 1.) **NET \$**
 (May be a negative number)
 Enter the net here and on the Summary Page, Column A, Line 2.

Contributor Codes

ND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

**STATEMENT OF ORGANIZATION
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type InitialNot yet qualified or Amendment

List I.D. number:

1308987 Termination – See Part 5

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp

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of the State of California

AUG 06 2012

CALIFORNIA
FORM**410**

For Official Use Only

AM 10:08

DEBRA BOWEN, S.R.
Secretary of State

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AUG 14 2012

CITY OF SAN
CITY CLERK DEPT**Committee Information**

NAME OF COMMITTEE

COMMITTEE TO ELECT REBECCA JONES FOR COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

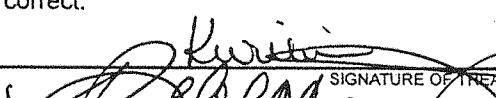
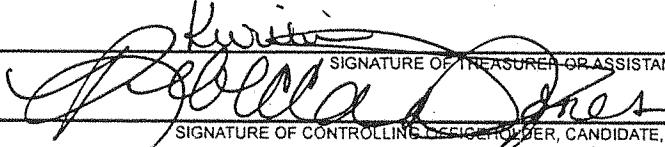
NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/28/12 DATEBy 
SIGNATURE OF TREASURER OR ASSISTANT TREASURERExecuted on 7/28/12 DATEBy 
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on _____ DATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on _____ DATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA **410**
FORM

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

COMMITTEE TO ELECT REBECCA JONES FOR COUNCIL 2012

I.D. NUMBER
1308987

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 "non-partisan."
- 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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
REBECCA D. JONES	COUNCILMEMBER	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANKACCOUNT NUMBER	
WELLS FARGO BANK,N.A.	800-869-3557		
1000 W SAN MARCOS BLVD	SAN MARCOS	CA	92078

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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA **410**
FORM

Page 3

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE TO ELECT REBECCA JONES FOR COUNCIL 2012

I.D. NUMBER
1308987

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

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.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

Date Stamp		RECEIVED	
		OCT 04 2012	
		CITY OF SAN MARCOS CITY CLERK DEPT.	
		Page 1 of 12 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 6)	
<input type="radio"/> Small Contributor Committee		
<input type="radio"/> Political Party/Central Committee		

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection 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"/> Supplemental Preelection Statement - Attach Form 495
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER
1308987

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

Committee to Re-Elect Rebecca Jones

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
760-519-2847			

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

PO Box 1927

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92079	760-519-2847

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE 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 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 10/31/12 Date

Executed on 10/4/12 Date

Executed on _____ Date

Executed on _____ Date

By Kristin Williams Signature of Treasurer or Assistant Treasurer

By Rebecca Jones Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Jones

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

San Marcos City Council

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 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	<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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2012
through 9/30/2012

CALIFORNIA FORM **460**
Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

I.D. NUMBER
1308987

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>	\$ 8930.00	\$ 8930.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 3630.99	\$ 5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 12560.99	\$ 12560.99
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 55.00	\$ 55.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 12615.99	\$ 12615.99

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 5976.89	\$ 5976.89
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 5976.89	\$ 5976.89
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 55.00	\$ 55.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 6031.89	\$ 6031.89

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 99.00
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 12560.99
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 5976.89
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 6683.10

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0.00
------------------------------------	---------------------------	---------

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>	\$ 5000.00

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**

1/1 through 6/30	7/1 to Date
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

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

460

Statement covers period
 from 7/1/2012
 through 9/30/2012

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

I.D. NUMBER
 1308987

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)
8/10/12	Warren Van Dam 1008 Hopper Ave San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ops Manager Diamond Maintenance	250.00	250.00	250.00
8/9/12	Kelly Crews 108 Chesapeake Ct San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Broker	250.00	250.00	250.00
8/27/12	Marv Wald 1175 Lamoree Rd San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	250.00
9/5/12	Bruce Solari 18832 Ridgeview Cir. Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Solari Enterprises	250.00	250.00	250.00
8/9/12	Donna Schweitzer 2367 Douglaston Gln Escondido, CA 92026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	250.00	250.00	250.00
SUBTOTAL \$				1250.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 4250.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 4680.00
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 8930.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2012</u>	CALIFORNIA FORM 460
through <u>9/30/2012</u>	Page <u>5</u> of <u>12</u>

NAME OF FILER

Rebecca Jones

I.D. NUMBER
1308987

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)
8/9/12	Michael Schweitzer 2367 Douglaston Gln Escondido, CA 92026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant SWS Engineering	250.00	250.00	250.00
9/11/12	Joel Incoryaia 3183 Brookside Ln Encinitas, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Attorney	250.00	250.00	250.00
9/4/12	Richard Allgire 3363 Wildflower Valley Dr Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Allgire Construction	250.00	250.00	250.00
9/18/12	Travis Markstein 505 S. Pacific. St San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Markstein Beverage	250.00	250.00	250.00
8/10	Tanno Gomolka 760 Poppy Rd. San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Manager Diamond Maintenance	250.00	250.00	250.00
SUBTOTAL \$				1250.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2012</u>	CALIFORNIA FORM 460
through <u>9/30/2012</u>	Page <u>6</u> of <u>12</u>

NAME OF FILER

Rebecca Jones

I.D. NUMBER
 1308987

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)
8/8/12	Tracy Santucci 947 Parkwood Ave Vista, CA 92081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer SWS Engineering	250.00	250.00	250.00
8/13/12	Paula Khoury 1055 Tesoro Ave San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Pleats, Inc.	150.00	150.00	150.00
8/9/12	Pia Harris-Ebert 1696 Curry Comb Dr. San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	150.00
9/11/12	Peter Bridge 10347 Carioca Ct. San Diego, CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Sun Country Builders	100.00	100.00	100.00
8/9/12	Chris Orlando 1562 Glencrest Dr. San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Orlando & Assoc.	100.00	100.00	100.00
SUBTOTAL \$				750.00		

*Contributor Codes

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 (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2012</u>	CALIFORNIA FORM 460
through <u>9/30/2012</u>	Page <u>7</u> of <u>12</u>
I.D. NUMBER <u>1308987</u>	

NAME OF FILER

Rebecca Jones

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)
8/9/12	Jo MacKenzie 1578 Palomar Dr. San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant The MacKenzie Group	100.00	100.00	100.00
8/10/12	Reilo Zarate 1824 Rees Rd. San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Diamond Operations	100.00	100.00	100.00
8/10/12	Michaela Zarate 1824 Rees Rd. San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	100.00
8/9/12	Paul Guilfoyle 197 Via Las Brisas San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
9/5/12	Randy Walton 570 Deadwood Dr. San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Randall Walton	100.00	100.00	100.00
SUBTOTAL \$				500.00		

*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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA
 FORM **460**

Page 8 of 12

NAME OF FILER Rebecca Jones	I.D. NUMBER 1308987
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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)
8/9/12	Steven Anderson 771 Calle De Soto San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager - Jacobs Tech. Owner - Fallbrook Cleaners	100.00	100.00	100.00
9/21/12	Dale Evans 914 La Tierra San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Counselor Teen Center	100.00	100.00	100.00
8/13/12	Asle Hayes PO Box 549 San Marcos, CA 92079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Full Life Fitness	100.00	100.00	100.00
8/15/12	Ginger Hitzke 251 Autumn Dr. #100 San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Hitzke Development	200.00	200.00	200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				500.00		

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

460

Statement covers period
from 7/1/2012

through 9/30/2012

Page 9 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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 Furniture	\$ <u>1369.01</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ <u>1369.01</u>	\$ <u>0</u>	_____ % RATE DATE DUE \$ _____	\$ <u>10000</u>	CALENDAR YEAR \$ _____ PER ELECTION** 8/22/08 DATE INCURRED
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rebecca Jones	\$ _____	\$ <u>5000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>5000.00</u>	_____ % RATE DATE DUE \$ _____	\$ <u>5000.00</u>	CALENDAR YEAR \$ _____ PER ELECTION ** 7/27/12 DATE INCURRED
† <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 \$ _____	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** DATE INCURRED
SUBTOTALS \$ <u>5000.00</u> \$ <u>1369.01</u> \$ <u>5000.00</u> \$ <u>0.00</u>								

Schedule B Summary

1. Loans received this period \$ 5000.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 1369.01
(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 \$ 3630.99**
Enter the net here and on the Summary Page, Column A, Line 2.

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

†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.

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE C

460

Statement covers period
 from 7/1/2012

through 9/30/2012

CALIFORNIA
 FORM

Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

I.D. NUMBER

1308987

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)
		<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					

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.) \$ _____
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 55.00
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 \$ 55.00**

*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 E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

460

Statement covers period from <u>7/1/2012</u>	CALIFORNIA FORM
through <u>9/30/2012</u>	<u>11</u> of <u>12</u>
	I.D. NUMBER <u>1308987</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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
City of San Marcos 1 Civic Center Dr. San Marcos, CA 92069	FIL	Ballot Statement	750.00
Aloha Printing 133 Newport Dr. San Marcos, CA 92069	CMP	Campaign Envelopes	213.86
Pizza Nova 141 N. Twin Oaks Valley Rd. San Marcos, CA 92069	FND	Kick-off - Food/Patio Rental	522.58

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

SUBTOTAL \$ 1486.44

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5535.51
2. Unitemized payments made this period of under \$100	\$ 441.38
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 \$ 5976.89

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

Statement covers period from <u>7/1/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/6/2012</u>
through <u>9/30/2012</u>	

Date Stamp	CALIFORNIA FORM 460
RECEIVED	Page <u>1</u> of _____
OCT 25 2012	For Official Use Only
CITY OF SAN MARCOS CITY CLERK DEPT	

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 (Also Complete Part 5)	<input type="radio"/> Sponsored (Also Complete Part 6)
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
<input type="radio"/> Sponsored	
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

3. Committee Information

I.D. NUMBER
1308987

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

Committee to Re-Elect Rebecca Jones

STREET ADDRESS (NO P.O. BOX)

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE 760-519-2847

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

PO Box 1927

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE 760-519-2847

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input 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"/> Supplemental Preelection Statement - Attach Form 495
<input checked="" type="checkbox"/> Amendment (Explain below)	

Amended due to forgiven loan entry for pg 3,4,8

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ 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 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 10/24/12 Date

Executed on 10/25/12 Date

Executed on _____ Date

Executed on _____ Date

By Kristin Williams
Signature of Treasurer or Assistant Treasurer

By Rebecca Jones
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

Statement covers period
from 7/1/2012

through 9/30/2012

**CALIFORNIA
FORM**

Page 3 of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

I.D. NUMBER
1308987

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>	\$ 10299.01	\$ 10299.01
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 3630.99	\$ 5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 13930.00	\$ 15299.01
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 55.00	\$ 55.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 13985.00	\$ 15354.01

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	<i>Schedule E, Line 4</i>	\$ 5976.89	\$ 5976.89
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 5976.89	\$ 5976.89
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 55.00	\$ 55.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 6031.89	\$ 6031.89

**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	<i>Previous Summary Page, Line 16</i>	\$ 99.00
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 13930.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 5976.89
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 8052.11

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>	\$ 5000.00

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).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM

460

Page 4 of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

I.D. NUMBER
1308987

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)
8/10/12	Warren Van Dam 1008 Hopper Ave San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ops Manager Diamond Maintenance	250.00	250.00	250.00
8/9/12	Kelly Crews 108 Chesapeake Ct San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Broker	250.00	250.00	250.00
8/27/12	Marv Wald 1175 Lamoree Rd San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	250.00
9/5/12	Bruce Solari 18832 Ridgeview Cir. Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Solari Enterprises	250.00	250.00	250.00
8/9/12	Donna Schweitzer 2367 Douglaston Gln Escondido, CA 92026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	250.00	250.00	250.00
SUBTOTAL \$				1250.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5619.01
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 4680.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 10299.01**

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2012</u>	CALIFORNIA FORM 460
through <u>9/30/2012</u>	Page <u>8</u> of _____

NAME OF FILER Rebecca Jones	I.D. NUMBER 1308987
------------------------------------	----------------------------

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)
8/9/12	Steven Anderson 771 Calle De Soto San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager - Jacobs Tech. Owner - Fallbrook Cleaners	100.00	100.00	100.00
9/21/12	Dale Evans 914 La Tierra San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Counselor Teen Center	100.00	100.00	100.00
8/13/12	Asle Hayes PO Box 549 San Marcos, CA 92079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Full Life Fitness	100.00	100.00	100.00
8/15/12	Ginger Hitzke 251 Autumn Dr. #100 San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Hitzke Development	200.00	200.00	200.00
7/1/12	Rebecca Jones 778 Calle de Soto San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Furniture	1369.01	1369.01	1369.01
SUBTOTAL \$				1869.01		

*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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

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Page 1 of 6

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OCT 25 2012

CITY OF SAN MARCOS
CITY CLERK DEPT

Statement covers period from <u>10/1/12</u>		Date of election if applicable: (Month, Day, Year) <u>11/6/2012</u>
through <u>10/20/12</u>		

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 checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input 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"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER
1308987

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

Committee to Re-Elect Rebecca Jones

STREET ADDRESS (NO P.O. BOX)

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE 760-519-2847

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

PO Box 1927

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE 760-519-2847

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE 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 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 10/24/12 Date 10/25/12

Executed on 10/25/12 Date 10/25/12

Executed on _____ Date _____

Executed on _____ Date _____

By Kristin Williams
Signature of Treasurer or Assistant Treasurer

By Rebecca Jones
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Rebecca Jones
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Rebecca Jones
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Jones

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

San Marcos City Council

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
----------------------	--------------	---

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	<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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 10/1/12
through 10/20/12

CALIFORNIA
FORM

Page 3 of 6

I.D. NUMBER
1308987

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 1144.00	\$ 11443.01
2. Loans Received	Schedule B, Line 3	\$ 0	\$ 5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 1144.00	\$ 16443.01
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 55.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 1144.00	\$ 16498.01

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 7845.03	\$ 13821.92
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 7845.03	\$ 13821.92
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 55.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 7845.03	\$ 13876.92

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 8052.11
13. Cash Receipts	Column A, Line 3 above	\$ 1144.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 7845.03
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1351.08

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 5000.00

**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	\$ _____	\$ _____
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
	/ /	\$ _____
	/ /	\$ _____

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.

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA
 FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
 from 10/1/12
 through 10/20/12

Page 4 of 6

I.D. NUMBER
 1308987

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)
10/9/12	Stephen Adams 521 S. Siena Ave Unit 174 Solana Beach, CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Electrical Contractors, Inc	250.00	250.00	250.00
10/9/12	Guilherme Cardoso 2710 Glasgow Dr. Carlsbad, CA 92010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Creatvie Electron	250.00	250.00	250.00
		<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 \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 500.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 644.00
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1144.00**

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA
FORM
460

Statement covers period
from 10/1/12
through 10/20/12

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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 Furniture	\$ <u>5000.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>5000.00</u> RATE DATE DUE \$ _____	5000 % RATE \$ _____	\$ <u>5000</u> 7/27/12 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 \$ _____	\$ _____ RATE \$ _____	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 \$ _____	\$ _____ RATE \$ _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____	
SUBTOTALS \$ <u>5000.00</u> \$ <u>0.00</u>								

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(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** \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

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

†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.

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 10/1/12
through 10/20/12

Page 6 of 6

I.D. NUMBER

1308987

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
Purposed Media Co. 3459 Caminito Sierra Unit 202 Carlsbad, CA 92009	LIT		Mailers	7690.00
Allies Party Co. 130 Vallecitos Dr Oro San Marcos, CA 92069	FND		Canopy/Rentals	155.03

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

SUBTOTAL \$ 7845.03

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 7845.03
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).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 7845.03

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

		Date Stamp	CALIFORNIA FORM 460
		RECEIVED	Page <u>1</u> of _____
		NOV - 5 2012	For Official Use Only
		CITY OF SAN MARCOS CITY CLERK DEPT	

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 6)
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection 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"/> Supplemental Preelection Statement - Attach Form 495
(Also file a Form 410 Termination)	
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER
1308987

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

Committee to Re-Elect Rebecca Jones

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

PO Box 1927

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

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 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 11/5/12 Date 11/5/12

By Kristin Williams
Signature of Treasurer or Assistant Treasurer

Executed on 11/5/12 Date 11/5/12

By Rebecca Jones
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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

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)

San Marcos City Council

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?
-------------------	-----------------------

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?
-------------------	-----------------------

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
----------------------	--------------	---

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
-----------------------	---------------------

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
-----------------------------------	-----------------------	---

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
-----------------------------------	-----------------------	---

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/21/12</u>	CALIFORNIA FORM 460
through <u>10/28/12</u>	Page <u>3</u> of <u>7</u>
I.D. NUMBER <u>1308987</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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>	\$ 3090.00	\$ 11893.01
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 0	\$ 5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 3090.00	\$ 16893.01
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0	\$ 55.00
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 3090.00	\$ 16948.01

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 99.00	\$ 13821.92
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 99.00	\$ 13821.92
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0	\$ 55.00
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 99.00	\$ 13876.92

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 1801.08
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 3090.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 99.00
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 4792.08

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

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0.00
------------------------------------	---------------------------	---------

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>	\$ 5000.00

**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	\$ _____
21. Expenditures Made	\$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	
/ /	\$ _____

/ /	\$ _____
-----	----------

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.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 10/21/12

through 10/28/12

CALIFORNIA
FORM

4 of **7**

I.D. NUMBER
1308987

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)
10/24/12	David Poole 8245 Thimble Ct. San Diego, CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homebuilder Brookfield Homes	250	250	250
10/24/12	Paul Guilfoyle 197 Via Las Brisas San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50	150	150
10/24/12	Pia Harris Ebert 1696 Curry Comb Dr San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100	250	250
10/24/12	Juanita Hayes PO Box 549 San Marcos, CA 92079	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Sempra Energy	100	100	100
10/24/12	Paul Malone 640 Via Del Campo San Marcos, Ca 920078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200	200	200
SUBTOTAL \$				700.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1950.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1140.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 3090.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/12</u>	CALIFORNIA FORM 460
through <u>10/28/12</u>	
Page <u>5</u> of <u>7</u>	

NAME OF FILER

Rebecca Jones

I.D. NUMBER
1308987

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)
10/26/12	Lan Lovinsky 5474 Coach Lane San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Gunderson Derrmer	250	250	250
10/26/12	Renee Lovinsky 5474 Coach Lane San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	250	250	250
10/26/12	Michael Lipets 19051 Cerro Villa Dr. Villa Park, CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Blue Band Enterprise	250	250	250
10/26/12	Jenny Lipets 19051 Cerro Villa Dr Villa Park CA 92861	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Blue Band Enterprise	250	250	250
10/26/12	Betty Evans 216 Country Garden Lane San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self GEC Inc	250	250	250
SUBTOTAL \$				1250		

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

Statement covers period
from 10/21/12
through 10/28/12

Page 6 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

I.D. NUMBER

1308987

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 Furniture	\$ <u>5000.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>5000.00</u> RATE DATE DUE \$ _____	_____ % \$ <u>5000</u> RATE DATE INCURRED \$ _____	7/27/12 \$ <u>5000</u>	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 \$ _____	_____ % \$ _____ RATE 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 \$ _____	_____ % \$ _____ RATE 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 \$ _____	_____ % \$ _____ RATE DATE INCURRED \$ _____	CALENDAR YEAR \$ _____ PER ELECTION**	
SUBTOTALS \$ <u>5000.00</u> \$ <u>0.00</u>								

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(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 \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2.

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

†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.

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 10/21/12

through 10/28/12

Page 7 of 7

I.D. NUMBER
1308987

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 \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>0</u>
2. Unitemized payments made this period of under \$100	\$ <u>99.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>99.00</u>

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

**CALIFORNIA
FORM**

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 10/1/12

through 10/20/12

Page 3 of 10

I.D. NUMBER
1308987

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>	\$ <u>1594.00</u>	\$ <u>11893.01</u>
2. Loans Received	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>5000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>1594.00</u>	\$ <u>16893.01</u>
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>55.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>1594.00</u>	\$ <u>16948.01</u>

**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 \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ <u>7845.03</u>	\$ <u>13821.92</u>
7. Loans Made	<i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>7845.03</u>	\$ <u>13821.92</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>55.00</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>7845.03</u>	\$ <u>13876.92</u>

**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	<i>Previous Summary Page, Line 16</i>	\$ <u>8052.11</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>1594.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>7845.03</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1801.08</u>

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

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

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>5000.00</u>

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.

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
 from 10/1/12

through 10/20/12

CALIFORNIA
 FORM

Page 4 of 6

I.D. NUMBER
 1308987

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)
10/9/12	Stephen Adams 521 S. Siena Ave Unit 174 Solana Beach, CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Electrical Contractors, Inc	250.00	250.00	250.00
10/9/12	Guilherme Cardoso 2710 Glasgow Dr. Carlsbad, CA 92010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Associate Creatvie Electron	250.00	250.00	250.00
10/15/12	Darius Khayat 673 Corte Raquel San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Attorney	100.00	100.00	100.00
10/15/12	Robin Khayat 673 Corte Raquel San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Darius Khayat Attorney	100.00	100.00	100.00
10/15/12	Jack Manning 1 Boston Capital Place Boston MA 02108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Boston Capital	250.00	250.00	250.00
SUBTOTAL \$				950.00	644.00	1594.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 950.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 644.00
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 1594.00**

*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

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

Termination – See Part 5

List I.D. number:

1308987

Date qualified as committee

Date qualified as committee
(If applicable)

1 3 13
Date of Termination

Date Stamp

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO RE-ELECT REBECCA JONES 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

SAN DIEGO

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

KRISTIN WILLIAMS

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

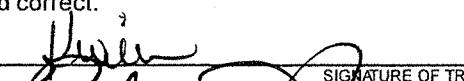
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

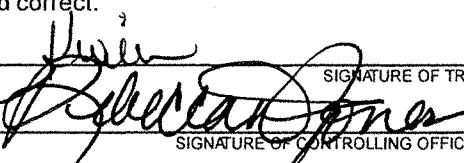
3. Verification

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 1/31/13

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/13

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

Executed on _____

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

Statement covers period
from 10/29/12
through 12/31/12

Date of election if applicable:
(Month, Day, Year)
11/6/2012

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 checked="" type="checkbox"/> Preelection 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"/> Supplemental Preelection Statement - Attach Form 495	
(Also file a Form 410 Termination)		
<input type="checkbox"/> Amendment (Explain below)		

3. Committee Information

I.D. NUMBER

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

Committee to Re-Elect Rebecca Jones 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE 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 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 1/30/13 Date

By Kristin Williams Signature of Treasurer or Assistant Treasurer

Executed on 1/31/13 Date

By Rebecca Jones 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
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Jones

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

San Marcos City Council

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
----------------------	--------------	---

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
-----------------------	---------------------

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
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

Attach continuation sheets if necessary

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 10/29/12
through 12/31/12

Page 4 of 6

I.D. NUMBER

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)
		<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				
		<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 \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 398.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 398.00**

*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

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period

from 10/29/12through 12/31/12
CALIFORNIA
FORM
460
Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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 Furniture	\$ <u>5000.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>5000.00</u> DATE DUE \$ _____	_____ % RATE \$ _____	\$ <u>5000</u> 7/27/12 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 \$ _____	\$ _____ DATE DUE \$ _____	_____ % RATE \$ _____	\$ _____ 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 \$ _____	\$ _____ DATE DUE \$ _____	_____ % RATE \$ _____	\$ _____ 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								
SUBTOTALS \$ <u>5000.00</u> \$ <u>0.00</u>								

(Enter (e) on
Schedule E, Line 3)**Schedule B Summary**

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(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 \$ 0.00**
(May be a negative number)
Enter the net here and on the Summary Page, Column A, Line 2.

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.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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
Pizza Nova 141 N. Twin Oaks Valley Rd. San Marcos, CA 92069	MTG		FOOD FOR VOLUNTEER APPRECIATION	320.56
San Marcos Chamber of Commerce 1 Civic Center Dr San Marcos, CA 92069	OFC		REFUND FOR BOOTH RENTAL STREET FAIR	-150.00

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 170.56
2. Unitemized payments made this period of under \$100 \$ 82.58
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 253.14**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Date Stamp

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

Statement covers period from <u>1/1/2013</u> through <u>1/30/13</u>	Date of election if applicable: (Month, Day, Year) <u>11/6/2012</u>
---	---

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 type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input checked="" type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

I.D. NUMBER

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

Committee to Re-Elect Rebecca Jones 2012

STREET ADDRESS (NO P.O. BOX)

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE 760-519-2847

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

PO Box 1927

CITY San Marcos STATE CA ZIP CODE 92079 AREA CODE/PHONE 760-519-2847

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE 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 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 1/30/13 Date

By Kristin Williams Signature of Treasurer or Assistant Treasurer

Executed on 1/31/13 Date

By Rebecca S. Jones 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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca Jones

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

San Marcos City Council

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
----------------------	--------------	---

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
-----------------------	---------------------

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
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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

**CALIFORNIA
FORM**

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

Statement covers period
from 1/1/2013
through 1/30/13

Page 3 of 5

I.D. NUMBER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 63.06	\$ 63.06
2. Loans Received	Schedule B, Line 3	\$ -5000.00	\$ -5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -4936.94	\$ -4936.94
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ -4936.94	\$ -4936.94

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0	\$ 0
7. Loans Made	Schedule H, Line 3	\$ 4936.94	\$ 4936.94
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 4936.94	\$ 4936.94
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 4936.94	\$ 4936.94

**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	\$ 4936.94
13. Cash Receipts	Column A, Line 3 above	\$ -4936.94
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 4936.94
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.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

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.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

REACTIONS ON REVERSE

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)
1/30/13	REBECCA JONES	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-FURNITURE	63.06	63.06	
		<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				

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 63.00
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 \$ 63.00**

***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

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 1/1/2013
 through 1/30/13
CALIFORNIA FORM 460

 Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rebecca Jones

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 Furniture	\$ 5000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 4936.94 <input checked="" type="checkbox"/> FORGIVEN \$ 63.06	\$ 0	_____ % RATE	\$ 5000	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
^t <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 \$ _____	DATE DUE	_____ % RATE	7/27/12	DATE INCURRED \$ _____
^t <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	DATE DUE	_____ % RATE	DATE INCURRED \$ _____	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
^t <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 \$ _____	DATE DUE	_____ % RATE	DATE INCURRED \$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ _____ \$ 00 \$ 00								

Schedule B Summary

1. Loans received this period \$ 0.00
 (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)

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

^tContributor 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.