

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

RECEIVE

By stamp or signature

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

JUL 10 2013

1. Statement Covers Calendar Year 20 13

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Sharon Jenkins

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

City of San Marcos

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NA - no active committee	NA	NA

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 2, 2013
DATE

By Sharon Jenkins
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FPPC Form 470/470 Supplement (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)