

**Committee Elect Ken Jones**  
**22495 Cabrillo Highway**  
**Half Moon Bay, CA 94019**  
**650-726-0600**  
**650-726-3424 (Fax)**  
**kej@globewireless.com**

October 24, 2000

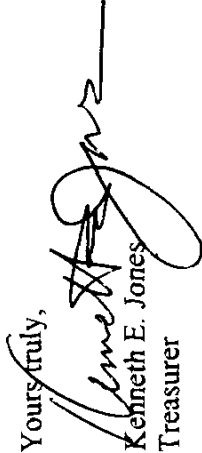
**TO:** Ms. Linda Tulett  
San Mateo County Elections  
40 Tower Road  
San Mateo, CA 94402

**FROM:** Ken Jones  
Treasurer

**SUBJECT:** California Form 460

Please find enclosed my second pre-election statement for the Committee to Elect Ken Jones.

Yours truly,

  
Kenneth E. Jones  
Treasurer

**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

<b>FILED</b> IN THE OFFICE COUNTY CLERK SAN MATEO COUNTY, CALIF.	Date Stamp <b>OCT 26 2000</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>1</u> For Official Use Only	
By <u>Warren Slocum</u> County Clerk <small>DEPUTY CLERK</small>		

Statement covers period from <u>10/5/00</u> through <u>10/21/00</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2000</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee  
(Also Complete Part 4.)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 6.)
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
(Also Complete Part 5.)
- General Purpose Committee
  - Sponsored
  - Broad Based

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

ID. NUMBER  
NOT RECEIVED

COMMITTEE NAME

COMMITTEE TO ELECT KEN JONES

STREET ADDRESS (NO P.O. BOX)

22495 CABRILLO HWY

CITY

STATE ZIP CODE AREA CODE/PHONE

HALF MOON BAY CA 94019 650-726-0600

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

SAME AS ABOVE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Kenneth E. Jones

MAILING ADDRESS

22495 CABRILLO HWY

CITY STATE ZIP CODE AREA CODE/PHONE

HALF MOON BAY CA 94019 650 726-0600

NAME OF ASSISTANT TREASURER, IF ANY

NONE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Type or print in ink.

Recipient Committee Campaign Statement Cover Page -- Part 2

CALIFORNIA FORM	<b>460</b>
Page <u>1</u> of <u>1</u>	

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Ken Jones

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Cabrillo Union School District Governing Board

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
22995 CABRILLO Hwy, HALF MOON BAY, CA 94019

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. 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

6. 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

Attach continuation sheets if necessary

7. 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 October 24, 2000  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
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

Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	Page _____ of _____
	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ 6694.30	\$ 3000.00	\$ _____
2. Loans Received ..... Schedule B, Line 7	\$ -0-	\$ -0-	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 6694.30	\$ 3000.00	\$ _____
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ 1,000.00	\$ -0-	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 7694.30	\$ 3,000.00	\$ _____

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 6804.00	\$ 2890.30	\$ _____
7. Loans Made ..... Schedule H, Line 7	\$ -0-	\$ -0-	\$ _____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 6804.00	\$ 2890.30	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ -0-	\$ -0-	\$ _____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 1,000.00	\$ -0-	\$ _____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 7804.00	\$ 2890.30	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 109.70
13. Cash Receipts ..... Column A, Line 3 above	\$ 6694.30
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ -
15. Cash Payments ..... Column A, Line 8 above	\$ 6804.00
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.*

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b) \$ -0-

## Cash Equivalents and Outstanding Debts

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

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	\$ _____
21. Expenditures Made .....	\$ _____	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/5/00</u> through <u>10/21/00</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>1</u>
I.D. NUMBER <u>NUT Received.</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Ken Jones.

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>10/8/2000</u> <u>10/14/2000</u>	<u>Kenneth E. Jones</u> <u>22495 Cabrillo Hwy</u> <u>Half Moon Bay, CA 94019</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>CHIEF EXECUTIVE OFFICER,</u> <u>Globe Wireless</u>	<u>6694.30</u>	<u>9694.30</u>	<u>N/A</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

**SUBTOTAL \$** 6694.30

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 6694.30
- Amount received this period – unitemized contributions of less than \$100 ..... \$ - 0 -
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 6694.30

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period  
from 10/5/00  
through 10/21/00

**CALIFORNIA FORM 460**

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Ken Jones

I.D. NUMBER

NOT RECEIVED

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>10/8/00</u>	<u>JOLANDA Schreurs P.O. Box 370593 MONTANA, CA 94037</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	<u>Schreurs Graphics P.O. Box 370593 MONTANA, CA 94037</u>	<u>Graphic Designs &amp; Layouts</u>	<u>\$1,000</u>	<u>\$1,000</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,000<sup>00</sup>

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 1,000<sup>00</sup>
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ -0-
- 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 \$ 1,000<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	10/5/00	Page	1 of 1
through	10/21/00	I.D. NUMBER	NOT RECEIVED

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Ken 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.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HALF MOON BAY RIVINOW 714 Kelly ST HALF MOON BAY, CA 94019	PRT		\$ 6804.00

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

SUBTOTAL \$ 6804.00

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 6804.00
2. Unitemized payments made this period of under \$100	\$ -0-
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 6804.00</b>