

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp  
OCT 21 2004  
Page \_\_\_\_\_ of \_\_\_\_\_  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
NOV 2, 2004

Statement covers period  
from OCT 1, 2004  
through OCT 16, 2004

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officerholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 5)
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored (Also Complete Part 6)
  - Primarily Formed Candidate/Officerholder Committee (Also Complete Part 7)

- 2. Type of Statement:** CITY OF ESCALANTE CITY MANAGER CITY CLERK
- Pre-election Statement
  - Quarterly Statement
  - Semi-annual Statement
  - Special Odd-Year Report
  - Termination Statement
  - Supplemental Preelection Statement - Attach Form 485
  - Amendment (Explain below)

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
MARK S. FORTSONE FOR CITY CLERK

I.D. NUMBER \_\_\_\_\_

Treasurer(s)  
NAME OF TREASURER \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_  
Executed by \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer  
Executed on \_\_\_\_\_ Date \_\_\_\_\_  
Executed by \_\_\_\_\_ Signature of Controlling Officer/Officerholder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date \_\_\_\_\_  
Executed by \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
MARK S. FRESTONE

OFFICE OR RIGHT TO BE IN (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CA

RESIDE  
CA

ZIP  
94931

**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 \_\_\_\_\_

SUPPORT  
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

### 7. Primarily Formed 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 \_\_\_\_\_

MARK S. FRESTONE CITY COUNCIL

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_ OFFICE SOUGHT OR HELD \_\_\_\_\_

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_ OFFICE SOUGHT OR HELD \_\_\_\_\_

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_ OFFICE SOUGHT OR HELD \_\_\_\_\_

SUPPORT  
 OPPOSE

Attach continuation sheets if necessary

**Schedule E  
Payments Made**

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

Statement covers period  
from Oct 1, 2004  
through 07/16/2007

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

Mark D. Jefferson

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>GXP campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FIL candidate filing/ballot fees</li> <li>FND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LT campaign literature and mailings</li> </ul> | <ul style="list-style-type: none"> <li>MBR member communications</li> <li>MITG meetings and appearances</li> <li>OFC office expenses</li> <li>PET petition circulating</li> <li>PHO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul> | <ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL t.v. or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul> |
|---|---|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>COM</u> <u>ISE</u>	<u>PRT</u>		<u>PAYMENT FOR</u> <u>TWO WEEKS AFTER THE</u> <u>ANS</u>	<u>1,224.00</u>

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 1,224.00
2. Unitemized payments made this period of under \$100 ..... \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 1,224.00

**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

MAYLE D. ESTEYNE

Page \_\_\_\_\_ of \_\_\_\_\_

I.D. NUMBER

Statement covers period  
from Oct 1, 2004  
through Oct 16, 2004

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)
OCT. 7 2004	DEP STRAV	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GRATZ COMMUNICOR	\$1,224.05	\$3524.05	\$3524.05
		IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1,224.05
- Amount received this period - unitemized contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,224.05

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# 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 \_\_\_\_\_

Statement covers period  
from 05/11/2007  
through 06/16/2007

Page \_\_\_\_\_ of \_\_\_\_\_

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
2. Loans Received ..... Schedule B, Line 7
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2
4. Nonmonetary Contributions ..... Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4

\$ 3524.00  
\$ 3524.00  
\$ 3524.00  
\$ 3524.00

## Expenditures Made

\$ 3498.11  
\$ 3498.11

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

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election  
(mm/dd/yyyy)

Total to Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \$ \_\_\_\_\_

## Current Cash Statement

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

\$ 3524.00  
\$ 3498.11  
\$ 25.89

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See Instructions on reverse
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above

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