

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Primary 2nd Pre Election 1/20/02 (DoLF) to 2/16/02

Jenkinsb

SEE INSTRUCTIONS ON REVERSE

Date Stamp: JAMES A. RHODES, KERN COUNTY CLERK-ELECTIONS, 02 FEB 21 PM 4:26

CALIFORNIA 2001/02 FORM 460, Page 1 of 6, For Official Use Only

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

- Officeholder, Candidate Controlled Committee (checked), State Candidate Election Committee, Recall, General Purpose Committee, Sponsored, Small Contributor Committee, Political Party/Central Committee, Ballot Measure Committee, Primarily Formed, Controlled, Sponsored, Primarily Formed Candidate/Officeholder Committee.

2. Type of Statement: RECEIVED

- Preelection Statement (checked), Semi-annual Statement, Termination Statement, Amendment, Quarterly Statement, Special Odd-Year Report, Supplemental Preelection Statement - Attach Form 495.

3. Committee Information

I.D. NUMBER 1234876

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Bernita Jenkins

STREET ADDRESS (NO P.O. BOX), CITY Bakersfield, STATE CA, ZIP CODE 93304, AREA CODE/PHONE 661-833-9876, MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 41192, CITY Bakersfield, STATE CA, ZIP CODE 93304, AREA CODE/PHONE 661-833-9876, OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Ann J. Cervantes, MAILING ADDRESS

CITY Bakersfield, CA, STATE CA, ZIP CODE 93304, AREA CODE/PHONE 661-833-9876, 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 2/20/02, Executed on 2/20/02, Executed on, Executed on

By [Signature], Signature of Treasurer or Assistant Treasurer, By Bernita Jenkins, 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		<b>460</b>
Page	2	of 6

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Bernita Jenkins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
2nd District Supervisor

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Bakersfield CA 93304

**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 <u>Friends of Bernita Jenkins</u>	I.D. NUMBER <u>1234876</u>
NAME OF TREASURER <u>Ann J. Cervantes</u>	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS . STREET ADDRESS (NO P.O. BOX)	

<u>Bakersfield</u>	STATE <u>CA</u>	ZIP CODE <u>93304</u>	AREA CODE/PHONE <u>661-8339876</u>
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. 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 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>1/20/02</u> through <u>2/16/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER <u>1234876</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of Bernita Jenkins

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>1325<sup>00</sup></u>	\$ <u>7669<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1325<sup>00</sup></u>	\$ <u>7669<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>469<sup>82</sup></u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1325<sup>00</sup></u>	\$ <u>7199<sup>12</sup></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	\$ <u>1550<sup>00</sup></u>	\$ _____
21. Expenditures Made	\$ <u>4062<sup>08</sup></u>	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>1644<sup>23</sup></u>	\$ <u>5968<sup>59</sup></u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1644<sup>23</sup></u>	\$ <u>5968<sup>59</sup></u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1644<sup>23</sup></u>	\$ <u>5968<sup>59</sup></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 ..... Previous Summary Page, Line 16	\$ <u>2419<sup>64</sup></u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1325<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1644<sup>23</sup></u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2100<sup>41</sup></u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</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).

\*Since January 1, 2001. 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.

Statement covers period  
from 1/20/02  
through 2/16/02

**CALIFORNIA FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends of Bernita Jenkins  
I.D. NUMBER  
1234876

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)
<u>2/9/02</u>	<u>Friends of Dean Florez for Senate.</u> <u>Shatter, CA 93263</u> <u>#1239605</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$1000.00</u>	<u>\$1000.00</u>	
		<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 \$** 1000.00

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1000.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 325.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1325.00

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

**Schedule E  
Payments Made**

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

Statement covers period from <u>1/20/02</u> through <u>2/16/02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1234876</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bernita Jenkins

**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
<u>Colby's Poster Printing 1332 W. 12<sup>th</sup> Place Los Angeles, CA 90015</u>	<u>CMP</u>		<u>\$1079<sup>79</sup></u>
<u>Ebony Counseling Center 3101 California Ave Bakersfield, CA 93304</u>	<u>PRT</u>		<u>\$100</u>
<u>Hispanic Chamber of Commerce 1401-18<sup>th</sup> Street Bakersfield, CA 933</u>	<u>PRT</u>		<u>\$300<sup>00</sup></u>

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

**SUBTOTAL \$** 1479<sup>79</sup>

**Schedule E Summary**

- |  |                 |                          |
|--|-----------------|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$              | <u>1579<sup>79</sup></u> |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | <u>64<sup>44</sup></u>   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$              | <u>0</u>                 |
| 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 \$</b> | <u>1644<sup>23</sup></u> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

Statement covers period  
from 1/20/02  
through 2/16/02

**CALIFORNIA  
FORM 460**

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Bernita Jenkins

I.D. NUMBER  
1234876

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

- |  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LT</b> campaign literature and mailings                               | <b>PRT</b> print ads                                 | <b>WEB</b> 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
<u>Bernita Jenkins</u> <u>Bakersfield, CA 93304</u>		<u>TRC</u>		<u>\$100<sup>00</sup></u>

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

**SUBTOTAL \$100<sup>00</sup>**