

# Recipient Committee Campaign Statement Cover Page

COVER PAGE



CALIFORNIA  
FORM  
**460**  
Page 1 of 4  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

Statement covers period  
from 07-01-2019  
through 12-31-2019

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

### 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER  
JEANNIE BRUINS 1245399

### Treasurer(s)

NAME OF TREASURER  
CHRIS MANN  
MAILING ADDRESS  
[REDACTED]

STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
CITRUS HEIGHTS CA 95610 916-532-3373

CITY STATE ZIP CODE AREA CODE/PHONE  
Roeville CA 95661 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE  
CITRUS HEIGHTS CA 95611-3355 [REDACTED]

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
Citrus Heights CA 95611-3355 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
866-770-8112

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 1/19/2020 Date  
By *Jeannie Bruins* Signature of Treasurer or Assistant Treasurer  
By *Jeannie Bruins* Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent  
Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**JEANNIE BRUNS**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CITRUS HEIGHTS CITY COUNCIL**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**[REDACTED] CITRUS HEIGHTS CA 95610**

**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                  | CONTROLLED COMMITTEE?   |
|-------------------|------------------------------|---|
| NONE              |                              | <input type="checkbox"/> YES <input type="checkbox"/> NO                          |
| NAME OF TREASURER |                              | <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?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

|  |                                  |
|--|----------------------------------|
| Statement covers period<br>07-01-2019<br>through<br>12-31-2019 | CALIFORNIA<br>FORM<br><b>460</b> |
| Page 3 of 4  | SUMMARY PAGE                     |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**JEANNIE BRUNS**

I.D. NUMBER  
1245399

## Contributions Received

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

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

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

## Expenditures Made

|   |                            |          |    |
|---|----------------------------|----------|----|
| 6. Payments Made.....                   | Schedule E, Line 4<br>50   | \$ _____ | 50 |
| 7. Loans Made.....                      | Schedule H, Line 3<br>0    | \$ _____ | 0  |
| 8. SUBTOTAL CASH PAYMENTS.....          | Add Lines 6 + 7<br>50      | \$ _____ | 50 |
| 9. Accrued Expenses (Unpaid Bills)..... | Schedule F, Line 3<br>0    | \$ _____ | 0  |
| 10. Nonmonetary Adjustment.....         | Schedule G, Line 3<br>0    | \$ _____ | 0  |
| 11. TOTAL EXPENDITURES MADE.....        | Add Lines 8 + 9 + 10<br>50 | \$ _____ | 50 |

## Expenditure Limit Summary for State Candidates

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

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

## Current Cash Statement

|  |   |          |         |
|--|---|----------|---------|
| 12. Beginning Cash Balance.....          | Previous Summary Page, Line 16                | \$ _____ | 3983.48 |
| 13. Cash Receipts.....                   | Column A, Line 3 above                        | 0        | 0       |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4                            | 0        | 0       |
| 15. Cash Payments.....                   | Column A, Line 8 above                        | 50       | 50      |
| 16. ENDING CASH BALANCE.....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ _____ | 3933.48 |

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

## Cash Equivalents and Outstanding Debts

|                                   |                                       |          |   |
|-----------------------------------|---------------------------------------|----------|---|
| 17. LOAN GUARANTEES RECEIVED..... | Schedule B, Part 2                    | \$ _____ | 0 |
| 18. Cash Equivalents.....         | See instructions on reverse           | \$ _____ | 0 |
| 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).

