

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Turner Rowena

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Monte Sereno
Division, Board, Department, District, if applicable Your Position
City Council Member

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Monte Sereno Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- Assuming Office:** Date assumed ____/____/_____
○ The period covered is January 1, 2019, through the date of leaving office.
- Candidate:** Date of Election 11/3/2020 and office sought, if different than Part 1: _____
-or-
○ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _____

- Schedules attached**
- Schedule A-1 - Investments** – schedule attached
 - Schedule A-2 - Investments** – schedule attached
 - Schedule B - Real Property** – schedule attached
 - Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule D - Income – Gifts** – schedule attached
 - Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
18041 Saratoga Los Gatos Rd Monte Sereno CA 95030-4210
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(408) 354-7635

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Rowena Turner Signature 8/6/2020
(month, day, year) (File the originally signed paper statement with your filing official.)

Candidate Intention Statement

Date Stamp RECEIVED JUL 13 2020 CITY OF MONTE SERENO	CALIFORNIA FORM 501 For Official Use Only
----------------------------------------------------------------------	-----------------------------------------------------

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <u>TURNER, ROWENA</u>	DAYTIME TELEPHONE NUMBER [REDACTED]	FAX NUMBER (optional) ()	EMAIL (optional)
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE	ZIP CODE
OFFICE SOUGHT (POSITION TITLE) <u>COUNCIL MEMBER, CITY OF MONTE SERENO</u>	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2020 (Year of Election)	PARTY PREFERENCE: (Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / <u>GENERAL</u> <input type="checkbox"/> SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/11/2020 (month, day, year) Signature Rowena Turner (Candidate)

Who Files:

A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee that do not raise or spend \$2,000 or more in a calendar year are not required to file a Form 501.

When to File:

File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered. Ensure campaign deadlines are met. Go to www.fppc.ca.gov for most campaign disclosure filing schedules or check with your local filing officer.

Where to File:

State Candidates (including Judges):

Secretary of State

Political Reform Division

1500 11th Street, Room 495

Sacramento, CA 95814

Phone (916) 653-6224

www.sos.ca.gov

Local Candidates:

Generally your county election office or city clerk.

Electronic filing may be required.

Bank Account:

A separate campaign bank account must be established including for campaigns that are self-funded by the candidate. A bank account is not required if a candidate will not receive any contributions or make personal expenditures of less than \$2,000 in a calendar year. The filing and statement of qualification fees are not included in calculating the \$2,000.

How to Complete:

All candidates: Complete Parts 1 and 3.

Candidates for elective state office: Complete Parts 1, 2, and 3.

Exception: Candidates for an election to the California Public Employees' Retirement Board, the State Teachers' Retirement Board, judges, and judicial candidates do not complete Part 2.

Part 1. Candidate Information

- Enter your name and street address.
- Enter the title of the office sought, agency name, and district number if any (e.g., City Council Member, City of Smalltown, Dist. 5).
- Enter your political party preference if seeking a partisan office. For a list of qualified political parties, go to: www.sos.ca.gov/elections/political-parties/qualified-political-parties/.
- Check the appropriate box regarding the office's jurisdiction.

Part 2. Voluntary Expenditure Ceiling

This section applies to certain candidates for elective state office, including State Senate and Assembly and statewide offices.

The voluntary expenditure ceiling applicable to your office is set forth in FPPC Regulation 18545. You must state whether you accept or reject the expenditure ceiling. Candidates who accept the voluntary expenditure limit will be designated in either the state voter information guide (statewide candidates) or the county voter information guide (Senate and Assembly candidates) and may purchase space for a 250-word statement there.

You may amend the Form 501 to change your

acceptance or rejection of the voluntary expenditure ceiling only under the following circumstances:

- Between the date of filing an initial Form 501 for an election and the deadline for filing nomination papers for that election, you may amend your statement of acceptance or rejection of the voluntary expenditure ceiling no more than two times as long as the limit has not been exceeded.
- If you reject the voluntary expenditure ceiling in the primary or special election but do not exceed the ceiling during that election, you may amend the Form 501 to accept the expenditure ceiling for the general or special runoff election and receive all of the benefits accompanying the acceptance of the expenditure ceiling. The amended Form 501 must be filed within 14 days following the primary or special election.

Personal Funds Notification:

You must disclose, if applicable, the date you contribute personal funds to your own campaign that exceed the expenditure ceiling. File an amended Form 501 within 24 hours by guaranteed overnight delivery, personal delivery, or, if applicable, by electronic means.

Part 3. Verification

The verification is signed under penalty of perjury. This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only



Statement covers period from 9/20/2020 through 10/17/2020

Date of election if applicable: 11/3/2020

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1428077

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rowena Turner For City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

A. Edward Turner

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Rowena Turner

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

408 887-9157

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 10/22/20
Executed on 10/22/2020
Executed on
Executed on

By A. Edward Turner
Signature of Treasurer or Assistant Treasurer
By Rowena Turner
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rowena Turner

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Monte Sereno City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED]

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 NA	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	

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
NA

BALLOT NO. OR LETTER NA	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 Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE NA	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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/20/20</u>	CALIFORNIA FORM 460
through <u>10/17/20</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER 1428077	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>500.00</u>	\$ <u>2100.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>140.00</u>	<u>3552.34</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>640.00</u>	\$ <u>5652.34</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>640.00</u>	\$ <u>5652.34</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>399.00</u>	\$ <u>4244.77</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>399.00</u>	\$ <u>4244.77</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>399.00</u>	\$ <u>4244.77</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..... <i>Previous Summary Page, Line 16</i>	\$ <u>1166.57</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>640.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>399.00</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1407.57</u>

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
-------------------------------------------------------------	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>3552.34</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).

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 9/20/20
through 10/17/20

**CALIFORNIA 460
FORM**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

I.D. NUMBER

1428077

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/22/20	CREPAC 515 S. Figueroa St, Ste 1110 Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	#890106	\$500.00	\$500.00	
		<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 \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 500.00
- Amount received this period – unitemized monetary 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 \$** 500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>9/20/20</u> through <u>10/17/20</u>	CALIFORNIA 460 FORM
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

I.D. NUMBER

1428077

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE			
Edward Turner/Rowena Turner [REDACTED]	Pres/VP Santa Clara Group, Inc [REDACTED]	\$ 3412.34	\$ \$140.00	<input checked="" type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 0	\$ 3552.34 DATE DUE	<u>0</u> % RATE \$ 0	\$ 5271.52 7/9-10/24 DATE INCURRED	\$ 5411.52 CALENDAR YEAR PER ELECTION** \$			
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ CALENDAR YEAR PER ELECTION** \$			
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ CALENDAR YEAR PER ELECTION** \$			
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ CALENDAR YEAR PER ELECTION** \$			
SUBTOTALS							\$ 140.00	\$ 0	\$ 3552.34	\$ 0	

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 140.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 140.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>9/20/20</u>	CALIFORNIA FORM 460
through <u>10/17/20</u>	
Page <u>6</u> of <u>6</u>	I.D. NUMBER 1428077

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

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
US Post Office Los Gatos, CA	POS	Check for EDDM	259.00
US Post Office Saratoga, CA	POS	Stamps	\$140.00

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

SUBTOTAL \$ 259.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 399.00
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 399.00

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 1
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 09 / 15 / 2020	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
SEP 17 2020

CALIFORNIA FORM 410
For Official Use Only
RECEIVED
OCT 05 2020
CITY OF MONTE SERENO

CK

1. Committee Information		I.D. Number 1428077 <small>(if applicable)</small>	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE Rowena Turner For City Council 2020		NAME OF TREASURER A. Edward Turner		
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY Rowena Turner		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	
COUNTY OF DOMICILE Santa Clara	JURISDICTION WHERE COMMITTEE IS ACTIVE Monte Sereno			
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S) NA		
		STREET ADDRESS (NO P.O. BOX) [REDACTED]		
		CITY [REDACTED]		
		STATE [REDACTED]		
		ZIP CODE [REDACTED]		
		AREA CODE/PHONE [REDACTED]		

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/15/20 By A. Edward Turner
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/15/20 By Rowena Turner
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Rowena Turner For City Council 2020	I.D. NUMBER 1428077
-------------------------------------------------------	------------------------

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 408 370-4570	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1730 Saratoga Ave	CITY San Jose	STATE CA
		ZIP CODE 95129

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Rowena Turner	Council Member, Monte Sereno	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

COMMITTEE NAME

Rowena Turner For City Council 2020

I.D. NUMBER

1428077

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp



Statement covers period
from 7/1/2020
through 9/19/20

Date of election if applicable
(Month, Day, Year)
11/3/2020

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

3. Committee Information

I.D. NUMBER
1428077

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Rowena Turner For City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

A. Edward Turner

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Rowena Turner

MAILING ADDRESS

Same
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 9/28/20
Date

Executed on 9/20/20
Date

Executed on _____
Date

Executed on _____
Date

By A. Edward Turner
Signature of Treasurer or Assistant Treasurer

By Rowena Turner
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rowena Turner

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Monte Sereno City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED]

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 NA	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

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. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
NA

BALLOT NO. OR LETTER NA	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 Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE NA	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

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7/1/20</u>	CALIFORNIA FORM 460
through <u>9/19/20</u>	
Page <u>3</u> of <u>7</u>	
I.D. NUMBER 1428077	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>1600.00</u>	\$ <u>1600.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>3412.34</u>	<u>3412.34</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>5012.34</u>	\$ <u>5012.34</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>5012.34</u>	\$ <u>5012.34</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>3845.77</u>	\$ <u>3845.77</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>3845.77</u>	\$ <u>3845.77</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>3847.77</u>	\$ <u>3845.77</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..... <i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>5012.34</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>3845.77</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1166.57</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).

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

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
-------------------------------------------------------------	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>3412.34</u>

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7/1/20</u> through <u>9/19/20</u>	CALIFORNIA FORM 460
Page <u>4</u> of <u>7</u>	I.D. NUMBER 1428077

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/20	Tracey Infantino [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Environmental Systems	\$600	\$600	
8/22/20	Catherine Smith [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Elrepco	\$500	\$500	
9/1/20	The Stanley Group 2275 Winchester Blvd Campbell, CA 95008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500	\$500	
		<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 \$				1600		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1600
- Amount received this period – unitemized monetary 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 \$** 1600

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/20</u> through <u>9/19/20</u>	CALIFORNIA 460 FORM
	Page <u>5</u> of <u>7</u>
I.D. NUMBER 1428077	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Edward Turner/Rowena Turner [REDACTED]	Pres/VP Santa Clara Group, Inc [REDACTED]	\$ 0	\$ 5271.52	<input checked="" type="checkbox"/> PAID \$ 1859.18 <input checked="" type="checkbox"/> FORGIVEN \$ 0	\$ 3412.34	0% RATE \$ 0	\$ 5271.52 7/9-9/15/20 DATE INCURRED	\$ 5271.52 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	\$ PER ELECTION** \$
SUBTOTALS								
		\$ 5271.52	\$ 1859.18	\$ 3412.34	\$ 0			

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period..... \$ 5271.52
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period..... \$ 1859.18
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 3412.34
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>7/1/20</u> through <u>9/19/20</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER 1428077

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

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
SCC Registrar of Voters		Voter Data	\$129.00
City of Monte Sereno	FIL		\$2425.00
CA Sec of State	FIL		\$50.00

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

SUBTOTAL \$ 2604.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3822.00
2. Unitemized payments made this period of under \$100.	\$ 23.77
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 \$ 3845.77

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

Amounts may be rounded
to whole dollars.

Statement covers period from <u>7/1/20</u> through <u>9/19/20</u>	CALIFORNIA FORM 460
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER 1428077

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rowena Turner For City Council 2020

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
CostCo - Citibank Card P.O. Box 78019 Phoenix AZ 85062 8019	CMP LIT		\$966.12
Vista Print - Citibank Card Same	LIT		251.88

SUBTOTAL \$ 1218.00

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

**Statement of Organization
Recipient Committee**

R43
L
1428077

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
JUL 16 2020

CALIFORNIA FORM 410
 For Official Use Only
RECEIVED
AUG 13 2020
CITY OF MONTE SERENO

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Rowena Turner For City Council 2020				NAME OF TREASURER A. Edward Turner			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Rowena Turner			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE [REDACTED]			
COUNTY OF DOMICILE Santa Clara	JURISDICTION WHERE COMMITTEE IS ACTIVE Monte Sereno CA			NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.							

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/13/20 By A. Edward Turner
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/13/20 By Rowena Turner
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Rowena Turner For City Council 2020	I.D. NUMBER
-------------------------------------------------------	-------------

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 408 370-4570	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1730 Saratoga Ave	CITY San Jose	STATE CA
		ZIP CODE 95129

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Rowena Turner	Council Member, Monte Sereno	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME

Rowena Turner For City Council 2020

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 09 / 15 / 2020

Termination - See Part 5
 Date of termination
 _____ / _____ / _____



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number	2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		1428077 <small>(if applicable)</small>	NAME OF TREASURER	
Rowena Turner For City Council 2020			A. Edward Turner	
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX)	
[REDACTED]			[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY	
[REDACTED]			Rowena Turner	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			STREET ADDRESS (NO P.O. BOX)	
[REDACTED]			[REDACTED]	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)	
Santa Clara	Monte Sereno		NA	
Attach additional information on appropriately labeled continuation sheets.			STREET ADDRESS (NO P.O. BOX)	
			[REDACTED]	
			CITY	
			STATE	
			ZIP CODE	
			AREA CODE/PHONE	

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/15/20 By A. Edward Turner
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/15/20 By Rowena Turner
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

CALIFORNIA
FORM 410

Who Files

Recipient Committees: Persons (including an officeholder or candidate), organizations, groups, or other entities that raise contributions from others totaling \$2,000 or more in a calendar year to spend on California elections. They must register with the Secretary of State and report all receipts and expenditures. "Contributions" include monetary payments, loans and non-monetary goods and services received or made for a political purpose.

Candidates: The personal funds of a candidate or officeholder used to seek or hold elective office are contributions and count toward qualifying as a recipient committee. However, personal funds used to pay a candidate filing fee or a fee for the statement of qualifications to appear in the ballot pamphlet do not count toward the \$2,000 threshold.

Multipurpose Organizations: A nonprofit organization, federal or out-of-state PAC, or other multipurpose organization that makes contributions or expenditures in California elections may also be required to register as a recipient committee with the Secretary of State. See the Fact Sheet on Multipurpose Organizations Reporting Political Spending and the Supplemental Form 410 Instructions.

When to File

File this form within 10 days of receiving \$2,000 in contributions. Include a \$50 payment made payable to the Secretary of State. Thereafter, the \$50 fee is due annually no later than January 15. In addition to the \$50 fee, a penalty of \$150 may be assessed if payment is late.

For early submissions, mark the "not yet qualified" box. The \$50 fee is requested at this time but is not legally required until the committee qualification threshold has been met.

Where to File

All Committees: Form 410 with original ink signature(s)
Secretary of State
Political Reform Division
1500 11th Street, Rm 495
Sacramento, CA 95814

County & City Committees:

Also file a copy with the local filing officer who will receive the original campaign statements.

Read instructions carefully as a Form 410 will be rejected if all applicable sections are not completed.

Committee ID Number

The committee's ID number will be posted at cal-access.sos.ca.gov. To receive an official, stamped copy of your approved Form 410, send a request, the original form, two copies of the form, and a self-addressed, stamped envelope, to the Secretary of State.

Amendments

When information contained in the committee's Statement of Organization changes, file an amendment within 10 days of the change with the Secretary of State and local filing officer (if applicable). During the period 16 days before an election, file an amendment within 24 hours as described below.

24-Hour Reporting

In addition to the 10-day rule to file an original

Form 410:

- A recipient committee that qualifies during the 16 days prior to an election in which it must file pre-election statements must file a Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original disclosure statements.
- A recipient committee that qualifies during the 90 days prior to an election or on the date of the election in which the committee makes independent expenditures of \$1,000 or more to support or oppose a candidate in that election must file the Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original disclosure statements and with the filing officer(s) for the candidate(s) supported or opposed by the independent expenditure.
- If, during the 16 days prior to an election when a committee is required to file pre-election statements, a change occurs in the name of the committee, the treasurer or other principal officers, or the controlling candidate, an amendment must be filed with the filing officer receiving the committee's original campaign statements within 24 hours of the change.

These filings must be made by fax, guaranteed overnight delivery, personal delivery or online (if online filing is available).

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Rowena Turner For City Council 2020	I.D. NUMBER 1428077
-------------------------------------------------------	------------------------

• **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 408 370-4570	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1730 Saratoga Ave	CITY San Jose	STATE CA	ZIP CODE 95129

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Rowena Turner	Council Member, Monte Sereno	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Instructions for Statement of Organization

Statement Type:

Initial

Mark the "Initial" box and enter the date the committee qualification threshold was met.

If the committee has not met the qualification threshold, mark the "Initial" and "Not Yet Qualified" boxes.

Qualification Threshold

The "date qualification threshold met" is the date the committee received contributions totaling \$2,000 or more during a calendar year.

Amendment

If any of the information reported on an initial statement of organization changes:

- Mark the amendment box;
- Include the committee's ID number and name;
- Provide the changed information; and
- Complete the verification.

Candidates: Under certain circumstances, a candidate for local office may amend the Form 410 to indicate that he or she is seeking re-election to the same office. A candidate for state office must open a separate committee for each term of office and may not amend the Form 410 to redesignate an election committee.

Termination

List the committee's name, identification number and indicate the date of termination, including completing the verification.

1. Committee Information:

Provide the full name of the committee. A committee may use only one name.

The committee's street address, email address, and telephone number must be reported. A post office box is not acceptable. The committee's mailing address must also be reported if it is different from the street address. A post office box is acceptable for the mailing address. A committee's "domicile" is its address as listed on the Form 410. Los Angeles is the county of domicile for committees located outside California.

Identify the jurisdiction where the committee is active. For example a city committee lists the name of the city.

Committee Name Requirements

The following committee name rules apply to the Form 410, the committee's campaign statements and to any other references to the committee required by law. See the instructions for Part 4 for committee definitions.

Candidate Controlled Committees: Any committee that is controlled by a state or local candidate or officeholder must include the last name of the candidate in the name of the committee. In addition, the following rules apply:

- An **election committee** controlled by one or more state or local candidates must also include the office the candidate(s) is seeking and the year of the election (e.g., Friends of Smith for Assembly 20XX, Jones for Council 20XX).
- An **officeholder committee** set up by a state officeholder must also include the office held, the year the officeholder was elected to the current term of office, and the words "Officeholder Account," as part of the committee name (e.g., Anderson Assembly 20XX Officeholder Account).
- A **legal defense fund** set up by a state or local candidate or officeholder must also include the words "Legal Defense Fund" as part of the committee name (e.g., Senator Smith Legal Defense Fund).
- A **ballot measure committee** controlled by one or more state candidates must also state that it is a ballot measure committee (e.g., Senator Lee's Ballot Measure Committee) prior to the designation of the ballot measure number. See additional requirements for primarily formed committees.

Sponsored Committees: A sponsored committee (including most political action committees) must include the full name of its sponsor in the name of the committee. If the committee has more than one sponsor and the sponsors are members of an industry or other identifiable group, include a term identifying that industry or group.

Primarily Formed Committees

Ballot Measures: The name of each committee primarily formed to support or oppose a ballot measure must include:

- A statement identifying the ballot measure(s) number or letter and whether it supports or opposes the measure(s) (e.g., Committee For Proposition/Measure ___ or Committee Against Proposition/Measure ___).

Recalls: Each committee established for a recall election must include the name of the officeholder subject to the recall. If the committee is not controlled by the officeholder, the committee must state its support or opposition (e.g., Committee Opposing the Recall of Council Member Doe).

Supporting or Opposing a Candidate: The name of each committee primarily formed to support or oppose a state or local candidate(s) being voted on in a single election, other than a recall election, must include the last name of each candidate, the office sought, the year of the election and must state whether the committee supports or opposes the candidate(s) (e.g., Committee to Support Doe for Senate 20XX).

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Rowena Turner For City Council 2020

I.D. NUMBER

1428077

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Instructions for Statement of Organization

2. Treasurer and Other Principal Officers:

A committee may have only one treasurer and one assistant treasurer. A candidate may be his or her own treasurer or assistant treasurer. A committee may not accept a contribution or make an expenditure without a treasurer.

A committee that is not controlled by a candidate or officeholder must disclose the name, street address, and telephone number of the committee's principal officer(s). The principal officer(s) of a committee are the individual(s) primarily responsible for approving the political activity of the committee, including authorizing the content of communications, authorizing contributions and other expenditures, and determining strategy. If more than three individuals qualify as principal officers of the committee, identify no fewer than three.

If no individual other than the committee treasurer qualifies as a principal officer, identify that individual as both the treasurer and the principal officer. An attachment may be necessary.

3. Verification/Original Ink Signature(s):

The Form 410 filed with the Secretary of State must contain an original signature(s). The committee treasurer or assistant treasurer must sign the Form 410. Also, each controlling officeholder, candidate or state ballot measure proponent must sign the Form 410. If more than three control the committee, one of them may sign on behalf of all controlling individuals. If a candidate will serve as his or her own treasurer, he or she must sign as the candidate and again as the treasurer.

Bank Account Information

- Qualified committees must list the name and address of the financial institution where the campaign bank account is located and the bank account number.
- Non-qualified committees are not required to list a bank account.

4. Type of Committee:

Controlled Committee

A "controlled committee" is one which is controlled directly or indirectly by an officeholder, candidate, or state measure proponent, or which acts jointly with an officeholder, candidate, state measure proponent, or another controlled committee in connection with making expenditures.

A committee is controlled if the officeholder, candidate, or proponent, his/her agent, or any other committee he/she controls, has a significant influence on the actions or decisions of the committee.

"Proponents" of state measures are persons who request the Attorney General to prepare a title and summary of a state initiative, referendum, or measure.

Candidate Election Committee: Identify the candidate's last name, office, election year and party, if applicable.

Ballot Measure Committee Controlled by State

Candidate: Identify each measure on which the committee has spent or anticipates spending \$50,000 or more in the current two-year period, beginning with January 1 of an odd-numbered year. If the ballot designation has not been assigned, describe the purpose of the anticipated measure(s). Amend the Form 410 when a ballot designation is assigned. Provide this information in the primarily formed or general purpose section or on an attachment.

Legal Defense Committee: On an attachment, describe the specific legal dispute(s) for which the legal defense fund was established. The Form 410 must be amended within 10 days when legal disputes are either resolved or new disputes are initiated.

Primarily Formed Committee

A committee is "primarily formed" when it makes or initially plans to make more than 70% of its contributions and expenditures to support or oppose a specific candidate or measure, or a group of measures or specific local candidates all being voted upon in the same election on the same date. (FPPC Regulation 18247.5)

New committees: A new committee formed within six months of a statewide regular election or within 30 days of a state special election is presumed to be primarily formed if the committee makes at least \$25,000 in independent expenditures to support or oppose a state candidate or measure. Monthly review is required for other new committees that spend at least \$1,000 a month and were formed within six months of an election in connection with which the committee makes contributions or expenditures.

Quarterly review at the end of March, June, September and December is required for other committees.

A committee controlled by a candidate for his or her own candidacy is not a primarily formed committee.

State ballot measures - qualification ID number: Certain committees must list in Section 4, Primarily Formed Committee, the Attorney General's Office assigned identification number to a proposed state ballot measure:

- A committee submitting the title and summary;
- A committee primarily formed for the measure; or
- A committee that spends \$100,000 or more on petition circulation for the measure.

Recall Committees: A committee supporting or opposing a recall must list "Recall [Officeholder's Name]," the office held by the recall target officeholder, and mark the appropriate box to indicate whether the committee supports or opposes the recall of the officeholder.

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Instructions for Statement of Organization

General Purpose Committee

A committee is a "general purpose committee" if its principal activity is supporting or opposing a variety of candidates or measures voted on in different elections. (FPPC Regulation 18227.5)

- A **state committee** makes contributions or expenditures to support or oppose candidates or measures voted on in state elections, or in more than one county; it does not make over 70% of its contributions or expenditures in a single local jurisdiction. State contributions include contributions to other state general purpose committees. *All political party committees that meet the requirements as a political party pursuant to Elections Code Section 5100 (Government Code Section 85205) (including county central committees) are state committees.*
- A **county committee** makes more than 70% of its contributions or expenditures to support or oppose candidates or measures voted on in a single county, or in more than one jurisdiction within one county. This includes contributions to other general purpose committees in the same county.
- A **city committee** makes more than 70% of its contributions or expenditures to support or oppose candidates or measures voted on in a single city, or in one consolidated city and county. This includes contributions to other city general purpose committees in the same city.

A city or county committee may make up to four contributions in a calendar year to candidates for elective state office whose districts are within the same jurisdiction and is not required to change its status to a state committee.

A committee that has made contributions or expenditures of \$5,000 or more during a quarter must review its activity at the end of March, June, September and December to determine if the committee is filing reports in the appropriate jurisdiction. During the first six months, a new committee must check its

jurisdictional status each month the committee makes expenditures of \$1,000 or more. If a change of filing locations occurs, reports must be filed in both the new and old jurisdiction through the calendar year.

After marking the appropriate state, county or city box, provide a brief description of the committee's political activities such as whether it supports candidates or measures that share a common political affiliation.

Sponsored Committee

A "sponsored committee" is a general purpose or primarily formed committee, other than an officeholder or candidate controlled committee, that has one or more sponsors.

An organization, business, or other entity is a sponsor if one or more of the following apply:

- The committee receives 80% or more of its contributions from the entity or organization or its members, officers, employees, or shareholders.
- The entity or organization collects contributions for the committee by use of payroll deductions or dues from its members, officers or employees.
- The entity or organization, alone or in combination with other entities or organizations, provides all or nearly all of the administrative services for the committee.
- The entity or organization, alone or in combination with other entities or organizations, sets the policies for contribution solicitations or payment of expenditures from committee funds.

See the instructions for Part 1 for a sponsored committee's name requirements.

Small Contributor Committee

A "small contributor committee" is one that has been in existence for more than six months;

receives contributions from 100 or more persons; makes contributions to five or more candidates; and has not received more than \$200 from one person in a calendar year.

5. Termination Requirements

Recipient committees may only terminate when:

- They have ceased to receive contributions and make expenditures; and
- They do not anticipate receiving contributions, repayments of outstanding loans made to others, or any other receipts in the future, and they do not anticipate making expenditures in the future; and
- They have eliminated or have no intention or ability to discharge all their debts, loans received, and other obligations; and
- They have no funds; and
- They have filed all required campaign statements disclosing all reportable transactions, including disposition of funds.

State Candidates: There are mandatory termination deadlines applicable to your committees.

How to Terminate

After the termination requirements above are met:

State Committees: Complete page one of the Form 410 and mark the termination box. Send the Form and last Form 450 or 460 (mark the termination box) to the Secretary of State.

Local Committees: Complete page one of the Form 410, mark the termination box and send the Form to the Secretary of State. Send a copy of the Form 410 and last Form 450 or 460 (mark the termination box) to your city or county filing officer.

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp
RECEIVED
JUL 15 2020
CITY OF MONTE SERENO

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Rowena Turner For City Council 2020				NAME OF TREASURER A. Edward Turner			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Rowena Turner			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	AREA CODE/PHONE [REDACTED]	NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMICILE Santa Clara	JURISDICTION WHERE COMMITTEE IS ACTIVE Monte Sereno CA			STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY [REDACTED]			
[REDACTED]				STATE [REDACTED]			
[REDACTED]				ZIP CODE [REDACTED]			
[REDACTED]				AREA CODE/PHONE [REDACTED]			

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/13/20 By A. Edward Turner
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/13/20 By Rowena Turner
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

CALIFORNIA
FORM **410**

Who Files

Recipient Committees: Persons (including an officeholder or candidate), organizations, groups, or other entities that raise contributions from others totaling \$2,000 or more in a calendar year to spend on California elections. They must register with the Secretary of State and report all receipts and expenditures. "Contributions" include monetary payments, loans and non-monetary goods and services received or made for a political purpose.

Candidates: The personal funds of a candidate or officeholder used to seek or hold elective office are contributions and count toward qualifying as a recipient committee. However, personal funds used to pay a candidate filing fee or a fee for the statement of qualifications to appear in the ballot pamphlet do not count toward the \$2,000 threshold.

Multipurpose Organizations: A nonprofit organization, federal or out-of-state PAC, or other multipurpose organization that makes contributions or expenditures in California elections may also be required to register as a recipient committee with the Secretary of State. See the Fact Sheet on Multipurpose Organizations Reporting Political Spending and the Supplemental Form 410 Instructions.

When to File

File this form within 10 days of receiving \$2,000 in contributions. Include a \$50 payment made payable to the Secretary of State. Thereafter, the \$50 fee is due annually no later than January 15. In addition to the \$50 fee, a penalty of \$150 may be assessed if payment is late.

For early submissions, mark the "not yet qualified" box. The \$50 fee is requested at this time but is not legally required until the committee qualification threshold has been met.

Where to File

All Committees: Form 410 with original ink signature(s)
Secretary of State
Political Reform Division
1500 11th Street, Rm 495
Sacramento, CA 95814

County & City

Committees: Also file a copy with the local filing officer who will receive the original campaign statements.

Read instructions carefully as a Form 410 will be rejected if all applicable sections are not completed.

Committee ID Number

The committee's ID number will be posted at cal-access.sos.ca.gov. To receive an official, stamped copy of your approved Form 410, send a request, the original form, two copies of the form, and a self-addressed, stamped envelope, to the Secretary of State.

Amendments

When information contained in the committee's Statement of Organization changes, file an amendment within 10 days of the change with the Secretary of State and local filing officer (if applicable). During the period 16 days before an election, file an amendment within 24 hours as described below.

24-Hour Reporting

In addition to the 10-day rule to file an original

Form 410:

- A recipient committee that qualifies during the 16 days prior to an election in which it must file pre-election statements must file a Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original disclosure statements.
- A recipient committee that qualifies during the 90 days prior to an election or on the date of the election in which the committee makes independent expenditures of \$1,000 or more to support or oppose a candidate in that election must file the Form 410 within 24 hours of qualification with the filing officer who will receive the committee's original disclosure statements and with the filing officer(s) for the candidate(s) supported or opposed by the independent expenditure.
- If, during the 16 days prior to an election when a committee is required to file pre-election statements, a change occurs in the name of the committee, the treasurer or other principal officers, or the controlling candidate, an amendment must be filed with the filing officer receiving the committee's original campaign statements within 24 hours of the change.

These filings must be made by fax, guaranteed overnight delivery, personal delivery or online (if online filing is available).

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Rowena Turner For City Council 2020	I.D. NUMBER
-------------------------------------------------------	-------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE 408 370-4570	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1730 Saratoga Ave	CITY San Jose	STATE CA	ZIP CODE 95129

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Rowena Turner	Council Member, Monte Serceno	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Instructions for Statement of Organization

Statement Type:

Initial

Mark the "Initial" box and enter the date the committee qualification threshold was met.

If the committee has not met the qualification threshold, mark the "Initial" and "Not Yet Qualified" boxes.

Qualification Threshold

The "date qualification threshold met" is the date the committee received contributions totaling \$2,000 or more during a calendar year.

Amendment

If any of the information reported on an initial statement of organization changes:

- Mark the amendment box;
- Include the committee's ID number and name;
- Provide the changed information; and
- Complete the verification.

Candidates: Under certain circumstances, a candidate for local office may amend the Form 410 to indicate that he or she is seeking re-election to the same office. A candidate for state office must open a separate committee for each term of office and may not amend the Form 410 to redesignate an election committee.

Termination

List the committee's name, identification number and indicate the date of termination, including completing the verification.

1. Committee Information:

Provide the full name of the committee. A committee may use only one name.

The committee's street address, email address, and telephone number must be reported. A post office box is not acceptable. The committee's mailing address must also be reported if it is different from the street address. A post office box is acceptable for the mailing address. A committee's "domicile" is its address as listed on the Form 410. Los Angeles is the county of domicile for committees located outside California.

Identify the jurisdiction where the committee is active. For example a city committee lists the name of the city.

Committee Name Requirements

The following committee name rules apply to the Form 410, the committee's campaign statements and to any other references to the committee required by law. See the instructions for Part 4 for committee definitions.

Candidate Controlled Committees: Any committee that is controlled by a state or local candidate or officeholder must include the last name of the candidate in the name of the committee. In addition, the following rules apply:

- An **election committee** controlled by one or more state or local candidates must also include the office the candidate(s) is seeking and the year of the election (e.g., Friends of Smith for Assembly 20XX, Jones for Council 20XX).
- An **officeholder committee** set up by a state officeholder must also include the office held, the year the officeholder was elected to the current term of office, and the words "Officeholder Account," as part of the committee name (e.g., Anderson Assembly 20XX Officeholder Account).
- A **legal defense fund** set up by a state or local candidate or officeholder must also include the words "Legal Defense Fund" as part of the committee name (e.g., Senator Smith Legal Defense Fund).
- A **ballot measure committee** controlled by one or more state candidates must also state that it is a ballot measure committee (e.g., Senator Lee's Ballot Measure Committee) prior to the designation of the ballot measure number. See additional requirements for primarily formed committees.

Sponsored Committees: A sponsored committee (including most political action committees) must include the full name of its sponsor in the name of the committee. If the committee has more than one sponsor and the sponsors are members of an industry or other identifiable group, include a term identifying that industry or group.

Primarily Formed Committees

Ballot Measures: The name of each committee primarily formed to support or oppose a ballot measure must include:

- A statement identifying the ballot measure(s) number or letter and whether it supports or opposes the measure(s) (e.g., Committee For Proposition/Measure __ or Committee Against Proposition/Measure __).

Recalls: Each committee established for a recall election must include the name of the officeholder subject to the recall. If the committee is not controlled by the officeholder, the committee must state its support or opposition (e.g., Committee Opposing the Recall of Council Member Doe).

Supporting or Opposing a Candidate: The name of each committee primarily formed to support or oppose a state or local candidate(s) being voted on in a single election, other than a recall election, must include the last name of each candidate, the office sought, the year of the election and must state whether the committee supports or opposes the candidate(s) (e.g., Committee to Support Doe for Senate 20XX).

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

Rowena Turner For City Council 2020

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Instructions for Statement of Organization

2. Treasurer and Other Principal Officers:

A committee may have only one treasurer and one assistant treasurer. A candidate may be his or her own treasurer or assistant treasurer. A committee may not accept a contribution or make an expenditure without a treasurer.

A committee that is not controlled by a candidate or officeholder must disclose the name, street address, and telephone number of the committee's principal officer(s). The principal officer(s) of a committee are the individual(s) primarily responsible for approving the political activity of the committee, including authorizing the content of communications, authorizing contributions and other expenditures, and determining strategy. If more than three individuals qualify as principal officers of the committee, identify no fewer than three.

If no individual other than the committee treasurer qualifies as a principal officer, identify that individual as both the treasurer and the principal officer. An attachment may be necessary.

3. Verification/Original Ink Signature(s):

The Form 410 filed with the Secretary of State must contain an original signature(s). The committee treasurer or assistant treasurer must sign the Form 410. Also, each controlling officeholder, candidate or state ballot measure proponent must sign the Form 410. If more than three control the committee, one of them may sign on behalf of all controlling individuals. If a candidate will serve as his or her own treasurer, he or she must sign as the candidate and again as the treasurer.

Bank Account Information

- Qualified committees must list the name and address of the financial institution where the campaign bank account is located and the bank account number.
- Non-qualified committees are not required to list a bank account.

4. Type of Committee:

Controlled Committee

A "controlled committee" is one which is controlled directly or indirectly by an officeholder, candidate, or state measure proponent, or which acts jointly with an officeholder, candidate, state measure proponent, or another controlled committee in connection with making expenditures.

A committee is controlled if the officeholder, candidate, or proponent, his/her agent, or any other committee he/she controls, has a significant influence on the actions or decisions of the committee.

"Proponents" of state measures are persons who request the Attorney General to prepare a title and summary of a state initiative, referendum, or measure.

Candidate Election Committee: Identify the candidate's last name, office, election year and party, if applicable.

Ballot Measure Committee Controlled by State

Candidate: Identify each measure on which the committee has spent or anticipates spending \$50,000 or more in the current two-year period, beginning with January 1 of an odd-numbered year. If the ballot designation has not been assigned, describe the purpose of the anticipated measure(s). Amend the Form 410 when a ballot designation is assigned. Provide this information in the primarily formed or general purpose section or on an attachment.

Legal Defense Committee: On an attachment, describe the specific legal dispute(s) for which the legal defense fund was established. The Form 410 must be amended within 10 days when legal disputes are either resolved or new disputes are initiated.

Primarily Formed Committee

A committee is "primarily formed" when it makes or initially plans to make more than 70% of its contributions and expenditures to support or oppose a specific candidate or measure, or a group of measures or specific local candidates all being voted upon in the same election on the same date. (FPPC Regulation 18247.5)

New committees: A new committee formed within six months of a statewide regular election or within 30 days of a state special election is presumed to be primarily formed if the committee makes at least \$25,000 in independent expenditures to support or oppose a state candidate or measure. Monthly review is required for other new committees that spend at least \$1,000 a month and were formed within six months of an election in connection with which the committee makes contributions or expenditures.

Quarterly review at the end of March, June, September and December is required for other committees.

A committee controlled by a candidate for his or her own candidacy is not a primarily formed committee.

State ballot measures - qualification ID number: Certain committees must list in Section 4, Primarily Formed Committee, the Attorney General's Office assigned identification number to a proposed state ballot measure:

- A committee submitting the title and summary;
- A committee primarily formed for the measure; or
- A committee that spends \$100,000 or more on petition circulation for the measure.

Recall Committees: A committee supporting or opposing a recall must list "Recall [Officeholder's Name]," the office held by the recall target officeholder, and mark the appropriate box to indicate whether the committee supports or opposes the recall of the officeholder.

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov