COVER PAGE

# Recipient Committee Campaign Statement Cover Page

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TOWN OF LOOMIS

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

**Statement covers period**
from 01/01/2024
through 09/21/2024

**Date of election if applicable:** (Month, Day, Year)
11/05/2024

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

- [x] 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:

- [x] 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: 1474866

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Jenny Knisley For Loomis Town Council 2024

STREET ADDRESS (NO P.O. BOX)
3550 Taylor Road

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Loomis | CA | 95650 | [redacted] |

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS
jenny4loomis@gmail.com

## Treasurer(s)

NAME OF TREASURER
Jennifer Black

MAILING ADDRESS
3942 Rawhide Road

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Rocklin | CA | 95677 | 916-505-5452 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS
jenniferhendricksblack@gmail.com

## 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 9/23/2024 (Date) — By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on 9/23/2024 (Date) — By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jennifer "Jenny" Knisley

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Loomis Town Council

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| 4135 Hunters Drive | Loomis | CA | 95650 |

**Related Committees Not Included in this Statement:** ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | |
| CITY STATE ZIP CODE AREA CODE/PHONE | |

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|

## 7. Primarily Formed Candidate/Officeholder Committee

***List names of officeholder(s) or candidate(s) for which this committee is primarily formed.***

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

***Attach continuation sheets if necessary***

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2024 through 09/21/2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenny Knisley For Loomis Town Council 2024

I.D. NUMBER

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $ 3649 | $ 3649 |
| 2. Loans Received | *Schedule B, Line 3* | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | $ 3649 | $ 3649 |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | 500 | 500 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | $ 4149 | $ 4140 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | $ 3134 | $ 3134 |
| 7. Loans Made | *Schedule H, Line 3* | | |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | $ 3134 | $ 3134 |
| 9. Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | | |
| 10. Nonmonetary Adjustment | *Schedule C, Line 3* | | |
| 11. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | $ 3134 | $ 3134 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | $ 0 |
| 13. Cash Receipts | *Column A, Line 3 above* | 3649 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 0 |
| 15. Cash Payments | *Column A, Line 8 above* | 3134 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | $ 515 |

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

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $ _____

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $ _____

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $ _____

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).

## 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 | $ _____ | $ _____ |

## 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 |
|---|---|
| ___/___/___ | $ _____ |
| ___/___/___ | $ _____ |

*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 01/01/2024
through 09/21/2024

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jenny Knisley For Loomis Town Council 2024

I.D. NUMBER
1474866

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 09/06/2024<br>09/17/2024 | Jennifer Knisley<br>[redacted] | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Director, Senior Life Center | 2500 | 2500 | 2500 |
| 09/06/2024 | Sheila Lee<br>[redacted] | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 250 | 250 | 250 |
| 09/06/2024 | Ed Lee<br>[redacted] | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 250 | 250 | 250 |
| 09/17/2024 | Scott Paris<br>[redacted] | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Self-Employed<br>Scott Paris Enterprises | 250 | 250 | 250 |
| 09/21/2024 | Rae Corrbett<br>[redacted] | ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired Teacher | 100 | 100 | 100 |
| | | | **SUBTOTAL $** 3350.00 | | | |

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3350
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 299
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 3649

*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 C
## Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period
from 01/01/2024
through 09/21/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jenny Knisley For Loomis 2024

I.D. NUMBER
1474866

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|---|
| 09/18/2024 | Toni Smith Zachery<br>[redacted]<br>Loomis, CA 95650 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self-Employed<br>Smithtonian Graphics | Graphic Design | 500 | 500 | 500 |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | | |

*Attach additional information on appropriately labeled continuation sheets.* SUBTOTAL $ 500

## Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 500
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ 0
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 500

*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 E

# Schedule E
# Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01.2024
through 09/21/2024

CALIFORNIA FORM 460



SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jenny Knisley For Loomis Town Council 2024

I.D. NUMBER
1474866

**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 |
|---|---|---|---|
| Marketera LLC<br>P.O. box 1607<br>Loomis, CA 95650 | CMP | Door hangers Booth banners, yard signs, chip clips, large sign | 2102.11 |
| K&K Insurance Group, Inc<br>1712 Magnavox Way<br>Fort Wayne, IN 46804 | PRO | Booth insurance | 181 |
| Collab Co. Social<br>Lincoln, CA 95648<br>www.collabcosocial.com | WEB | Website, social media marketing | 675 |

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

**SUBTOTAL $** 2958.11

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 3083.10
2. Unitemized payments made this period of under $100 ..... $ 50.90
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 $** 3134

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

SCHEDULE E (CONT.)

**Amounts may be rounded to whole dollars.**

Statement covers period
from 01/01/2024
through 09/21/2024

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jenny Knisley For Loomis Town Council 2024

I.D. NUMBER
1474866

**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 |
|---|---|---|---|
| Loomis Basin Chamber of Commerce<br>6090 Horseshoe Bar Road<br>Loomis, CA 95650 | MTG | Festival Booth | 125 |
| | | | |
| | | | |
| | | | |
| | | | |

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

**SUBTOTAL $** 125

# Schedule G
## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

SCHEDULE G

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 09/21/2024

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jenny Knisley For Loomis Town Council 2024

I.D. NUMBER
1464866

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Jennifer Knisley

**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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| Placer County Elections Office<br>3715 Atherton Road<br>Rocklin, CA 95765 | FIL | Candidate Filing Fee | 180 |
| | | | |
| | | | |
| | | | |

*Attach additional information on appropriately labeled continuation sheets.*

**TOTAL* $ 180**

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*