Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

FPPC Form 460 (Jan/2016))

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

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM
Page 2 of 2

Officeholder or Candidate Controlled Comm	Officeholder or Candidate Controlled Committee					Primarily Formed Ballot	Measure 0	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE						NAME OF BALLOT MEASURE	_			
Jaron Brandon										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER	IF APPLIC	ABLE)			BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
District 5 Supervisor									4.0	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY	STATE	ZIP					ACC		
	Columbia	CA	95310			Identify the controlling officeh			measure pro	ponent, if any.
						NAME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		
Related Committees Not Included in this Sta	tement: Li	st any cor	nmittees				_			
not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	r are primarily	formed to	receive			OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
COMMITTEE NAME	I.D. NUMBER	3								
NAME OF TREASURER	CONTROLLE	ED COMMI	ITTEE?	7		Primarily Formed Candi officeholder(s) or candidate(s) if	date/Office	holder Co	mmittee L	List names of
	☐ YES	□ NO)			omcenoider(s) or candidate(s) i	or winch ans	committee is p	orimarily form	rea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)					NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	D SUPPORT
										OPPOSE
CITY STATE ZIP C	ODE	AREA CO	DE/PHONE			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	Р П
										☐ SUPPORT ☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER	2			,	NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE BOLL	IGHT OR HELI	
						NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	□ SUPPORT
WANG OF TREASURED	CONTROLLE	- D - CO- LIVE	TTEE0							☐ OPPOSE
NAME OF TREASURER						NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELI	D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	YES	Пис	<u> </u>							☐ OPPOSE
STREET TO STREET THE PROPERTY OF THE PROPERTY	2011									
CITY STATE ZIP C	ODE	AREA CO	DE/PHONE			Attac	h continuatio	n chaste if n	00000001	
						Attac	n conunuatio	ii sileets ii N	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM from 01/21/2024 Page 3

through 02/17/2024 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Re-Elect Jaron Brandon District 5 Supervisor 2024 1461079

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections				
\$ 13,835 \$ 13,835 \$ 13,835	\$ \frac{17,105}{\$ 17,105	20. Contributions Received \$\$ 21. Expenditures Made \$ \$				
\$ 8,658 \$ 8,658 \$ 8,658	\$ 10,698 \$ 10,698 \$ 10,698	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$				
\$	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. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)				
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 13,835 \$ 13,835 \$ 8,658 \$ 8,658 \$ 7,714 13,835 528 8,658	TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE				

Schedule A

Amounts may be rounded

SCHEDINE A

Monetary	Monetary Contributions Received		to whole dollars.		Statement covers period from 01/21/2024		CALIFORNIA 460	
	ONS ON REVERSE	·		through <u>02/17/2024</u>		Page 4 of <u>21</u>		
Re-Elect Jaro	on Brandon District 5 Supervisor 2024						I.D. NUMBER 1461079	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
02/03/2024	Kenneth Jay Sonora, CA 95370	DIND COM OTH PTY	Retired	100	100			
02/03/2024	Rosalyce Olson Sonora, CA 95370	DIND COM OTH PTY SCC	Nurse Adventist Health	100	100			
02/03/2024	David Williams Sonora, CA 95370	☑IND □COM □OTH □PTY □SCC	Retired	100	100			
02/03/2024	Dominic Torchia Columbia, CA 95310	☑IND □COM □OTH □PTY □SCC	Retired	100	100			
02/03/2024	Kathy Seaton Sonora, CA 95370	IZIND COM OTH STY	Retired	500	500			
			SUBTOTAL	\$ 900				
Amount re (Include at Amount re	A Summary seceived this period – itemized monetary contributions Il Schedule A subtotals.)				IND COM OTH PTY	other Other - Politic	ual sient Committee r than PTY or SCC) (e.g., business entity)	
3. Total mon (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line	1.)TOTAL \$	3,835		FPF	C Form 460 (Jan/2016))	

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

from 01/21/2024

NAME OF FILER			through <u>02/17/2024</u>		Page _		
	on Brandon District 5 Supervisor 2024						41079
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
02/03/2024	Frankie West Sonora, CA 95370-8077	ZIND COM OTH PTY SCC	Retired	100	100		
02/03/2024	Phyllis Ashmead Sonora, CA 95370-8077	☑IND □COM □OTH □PTY □SCC	Retired	100	100		
02/03/2024	Gil Farkas Sonora, CA 95370	DIND COM OTH PTY	Retired	100	100		
02/03/2024	Nancy Fuller Sonora, CA 95370	DIND COM OTH PTY	Retired	100	100		
02/03/2024	Lane Willey Sonora, CA 95370	ØIND □COM □OTH □PTY □SCC	Retired	100	100		
		\$ 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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA AGO

Statement covers period

				from <u>01/21/2024</u>		FO	DRM TOO
NAME OF FILER Re-Elect Jaro	on Brandon District 5 Supervisor 2024			through <u>02/17/202</u>	24	Page	MBER
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
02/03/2024	Hart Drobish Columbia, CA 95310	☑IND □COM □OTH □PTY □SCC	President, Courtney Aviation	100	100		
02/03/2024	Ellen Beck Sonora, CA 95370	☑IND □COM □OTH □PTY □SCC	Retired	200	200		
02/03/2024	Barbara Applebee Jamestown, CA 95327	☑IND □COM □OTH □PTY □SCC	Retired	100	100		400
02/03/2024	Kathleen Burby Jamestown, CA 95327	☑IND □COM □OTH □PTY □SCC	Self employed Realtor	100	100		
01/22/2024	Mendocino Railway Davis, CA 95618	□IND □COM ☑OTH □PTY		2,000	2,000		

SUBTOTAL \$ 2,500

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Re-Elect Jaron Brandon District 5 Supervisor 2024

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

•	Statement covers period from 01/21/2024	CALIFORNIA 460
	through <u>02/17/2024</u>	Page 7 of 2
		I.D. NUMBER
		1461079

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 BELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/03/2024 02/06/2024	Ron Parker Sonora, CA 95370	DIND COM OTH PTY SCC	Retired	650	650	749
02/03/2024	Gary Wilson Jamestown, CA 95327	ZIND COM OTH PTY SCC	Self employed Realtor	100	100	
02/03/2024	Malcolm Carden Sonora, CA 95370	ZIND COM OTH PTY SCC	Retired	100	100	150
02/03/2024	Theodore Michaud Sonora, CA 95370	DIND COM	Retired	100	100	
02/03/2024	Donna Schiavo Sonora, CA 95370	ZIND COM OTH PTY SCC	Retired	100	100	

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 01/21/2024

NAME OF FILER Re-Elect Jaro	n Brandon District 5 Supervisor 2024				8 of <u>2 (</u> JMBER 79		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTI ON TO DATE (IF REQUIR ED)
02/03/2024	Emily Valentine Sonora, CA 95370	IND COM	Mathleson Memorial Health Clinic, Grants Coordinator	100	100		
02/03/2024	Augusta Parrington Sonora, CA 95370	DIND COM OTH PTY SCC	Retired	100	100		
02/03/2024	Sigrid Anderson Columbia, CA 95310	DIND COM OTH PTY SCC	Retired	100	100		
02/03/2024	Dennis Spisak Tuolumne, CA 95379-0836	DIND COM OTH PTY SCC	Retired	100	100		
02/03/2024	Jeff Klay Sonora, CA 95370	DIND COM OTH PTY SCC	Retired	100	100		

SUBTOTAL \$ 500

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/21/2024	CALIFORNIA 460
through <u>02/17/2024</u>	Page 9 of 21
	I.D. NUMBER
	1461079

NAME OF FILER

Re-Elect Jaron Brandon District 5 Supervisor 2024

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)		
02/03/2024	Dena Armario-Lyons Sonora, CA 95370	ZIND COM OTH PTY SCC	Shari Lyons & Assoc. Realtor	100	100			
02/03/2024	Donald Hukari Tuolumne, CA 95379	ZIND COM OTH PTY SCC	Retired	100	100			
02/03/2024	Brian Greene Tuolumne, CA 95379	DIND COM	Columbia College Librarian	100	100			
02/03/2024	Corrine Grandstaff Soulsbyville, CA 95372-0148	ZIND COM OTH PTY SCC	Retired	100	100			
02/03/2024	Marianne Coombes Sonora, CA 95370	ØIND □COM □OTH □PTY □SCC	Retired	100	100			
SUBTOTAL \$ 500								

*Contributor Codes

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole	dollars.	Statement covers period from 01/21/2024 through 02/17/2024			Page 10 of 31	
	on Brandon District 5 Supervisor 2024					14610		
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	CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
02/03/2024	Mercedes Guerrero-Tune Twain Harte, CA 95383	IND COM OTH SCC	Mercedes Tune Consulting Consultant	100	100			
02/03/2024	Penny Ablin Sonora, CA 95370-3844	IND COM OTH PTY SCC	Retired	100	100			
02/03/2024	Claire Mills Sonora, CA 95370	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	100			
02/03/2024	Julie Johnson Sonora, CA 95370	☑IND □COM □OTH □PTY □SCC	Retired	100	100			
02/03/2024	Maureen Fleming Woods Sonora, CA 95370	IND COM OTH SCC	Retired	600	600			

SUBTOTAL \$ 1,000

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IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

•			from <u>01/21/2024</u>		FORM 400					
NAME OF FILER				through 02/17/20	24	Page				
Re-Elect Jaron	n Brandon District 5 Supervisor 2024					1461079				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIR ED)			
02/03/2024	Donna Elias Sonora, CA 95370	DIND COM OTH PTY SCC	Retired	200	200					
02/03/2024	Tristan Kaiser Sonora, CA 95370	DIND COM OTH PTY SCC	Jointly Better Product Manager	100	100					
02/03/2024	Nichole Coleman Sonora, CA 95370	DIND COM OTH PTY SCC	Columbia College Program Specialist	100	100					
02/03/2024	Carol Woods Sonora, CA 95370	DIND COM	Retired	100	100					
02/03/2024	Bess Levine Sonora, CA 95370	☑IND □COM □OTH □PTY □SCC	Student	100	100					
	SUBTOTAL \$ 600									

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

				from 01/21/2024		F	ORM TOO	
NAME OF FILER	······································			through	24	1 -	12 of 21	
Re-Elect Jaro	on Brandon District 5 Supervisor 2024					1461079		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
02/03/2024	James Brandon Sonora, CA 95370	ZIND COM OTH PTY SCC	Live Oak Music Owner	150	150		650	
02/03/2024	Giselle Bourns Sonora, CA 95370	IND COM	Judicial Branch of CA Attorney	100	100			
02/03/2024	Kimberly Hatton Sonora, CA 95370	☑IND □COM □OTH □PTY □SCC	Hetch Hetchy Lab Assistant	100	100			
02/03/2024	Carlene Maggio Sonora, CA 95370	ZIND COM OTH PTY SCC	Adventist Health Program Manager	100	100			
02/03/2024	Contessa Pelfrey Jamestown, CA 95327	☑IND □COM □OTH □PTY □SCC	Jamestown Elementary Administrator	100	100			
SUBTOTAL \$ 550								

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period

						FORM 400					
NAME OF FILER Re-Elect Jaro	on Brandon District 5 Supervisor 2024			through <u>02/17/20</u>	24	Page I.D. NU 14610					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IP COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)				
02/03/2024	Aaron Rasmussen Tuolumne, CA 95379	DIND COM OTH PTY SCC	Retired	100	100		150				
02/03/2024	Amy Nilson Baum Twain Harte, CA 95383	ZIND COM OTH PTY SCC	Administrator Columbia College	100	100						
01/27/2024	Janet Drew Jamestown, CA 95327-9708	DIND COM OTH PTY SCC	Retired	100	100						
02/03/2024	Jeanne Duffer Sonora, CA 95370	DIND COM	Retired	100	100						
01/24/2024	Marian Elaine Emmons Jamestown, CA 95327	DIND COM OTH PTY SCC	Retired	100	100						
	SUBTOTAL \$ 500										

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(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

NAME OF FILER

Amounts may be rounded

SCHEDULE A (CONT.)

nonetary Contributions Received	to whole dollars.	from 01/21/2024	FORM 460	
		through <u>02/17/2024</u>	Page of	
AME OF FILER			I.D. NUMBER	
Re-Elect Jaron Brandon District 5 Supervisor 2024			1461079	

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)
Michael Serrin P. O. Box TBD	ZIND COM OTH PTY SCC	Retired	100	100	
Nancy Kirk Columbia, CA 95310	IND COM	Nurse Sutter Health	100	100	
Pat Cervelli Tuolumne, CA 95379	ZIND COM OTH PTY SCC	Retired	50	100	
Sally Ellis Sonora, CA 95370	ZIND COM OTH PTY SCC	Retired	100	100	
Sherralyn Bradley Sonora, CA 95370	☑IND □COM □OTH □PTY □SCC	Retired	100	100	
	CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER) Michael Serrin P. O. Box TBD Nancy Kirk Columbia, CA 95310 Pat Cervelli Tuolumne, CA 95379 Sally Ellis Sonora, CA 95370 Sherralyn Bradley	CONTRIBUTOR (IF COMMITTER ALSO ENTER I.D. NUMBER) Michael Serrin P. O. Box TBD OTH PTY SCC Nancy Kirk Columbia, CA 95310 Pat Cervelli Tuolumne, CA 95379 Sally Ellis Sonora, CA 95370 Sherralyn Bradley Sonora, CA 95370 CONTRIBUTOR CONTRIBUTOR COM OTH PTY SCC ZIND COM OTH PTY SCC	CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Michael Serrin P. O. Box TBD Nancy Kirk Columbia, CA 95310 Pat Cervelli Tuolumne, CA 95379 Sally Ellis Sonora, CA 95370 Sherralyn Bradley CONTRIBUTOR CODE (IF SELF-EMPLOYED, GRYTER NAME) OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, GRYTER NAME) OF BUSINESS) Nurse Sutter Health PTY SCC Sherralyn Bradley COM OTH PTY School Retired COM OTH	CONTRIBUTOR (P COMMITTEE ALSO ENTER I.D. NUMBER) Michael Serrin P. O. Box TBD Nancy Kirk Nancy Kirk Pat Cervelli Tuolumne, CA 95379 Sally Ellis Sonora, CA 95370 CONTRIBUTOR CODE CONTRIBUTOR CODE Pat Cervelli Sonora, CA 95370 CONTRIBUTOR COCUPATION AND EMPLOYER (P SELF-EMPLOYED, ENTER NAME) PPERIOD Retired 100 100 Retired 100 Secupation and EMPLOYER (P SELF-EMPLOYED, ENTER NAME) PPERIOD Retired 100 Secupation and EMPLOYER (P SELF-EMPLOYED, ENTER NAME) PPTY Secupation and EMPLOYER (P SELF-EMPLOYED, ENTER NAME) PPTY PPTY Secupation and EMPLOYER (P SELF-EMPLOYED, ENTER NAME) PPTY PPTY Secupation and EMPLOYER PROBLEM AND PPTY PPTY Secupation and EMPLOYER PROBLEM AND PPTY PPTY Secupation and EMPLOYER PERIOD 100 Secupatio	CONTRIBUTOR OP COMMITTEE ALSO ENTER I.D. NUMBER) CODE CODE

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule A (Continuation Sheet) **Monetary Contri**

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 01/21/2024	CALIFORNIA 460
		through <u>02/17/2024</u>	Pago 15 of 21
AME OF FILER			I.D. NUMBER
Re-Elect Jaron Brandon District 5 Supervisor 2024			1461079

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 BELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/03/2024	Shirley Juniewicz Groton, MA 01450	ZIND COM OTH PTY SCC	Retired	100	100	
01/27/2024	Sierra Pacific Industries Anderson, CA 96007	□IND □COM ØOTH □PTY □SCC		999	999	
01/24/2024	Trish Rowe Soulsbyville, CA 95372	ZIND COM OTH PTY SCC	Retired	100	100	
01/27/2024	Janet Drew Jamestown, CA 95327-9708	IND COM	Retired	100	100	
02/06/2024	Robert Ragan Columbia, CA 95310	ZIND COM OTH PTY SCC	Retired	100	100	
SUBTOTAL \$ 1,399						

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IND - Individual

NAME OF FILER

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from 01/21/2024

	AME OF FILER				24	1 -	16 or 21
	on Brandon District 5 Supervisor 2024					1.D. NUMBER 1461079	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
02/06/2024	Terry Garcia Sonora, CA 95370	DIND COM OTH PTY SCC	Retired	100	100		
01/25/2024	Carolyn Bill Sonora, CA 95370	NIND COM	Retired	100	100		
02/03/2024	Miscellaneous contributions to fundraiser raffle	OTH SCC		570			
02/03/2024	Aaron Rasmussen Tuolumne, CA 95379	ZIND COM OTH PTY SCC	Retired	100	150		
02/03/2024	Amy Nilson Baum Twain Harte, CA 95383	ZIND COM OTH PTY SCC	Administrator Columbia College	100	100		

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party



Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from 01/21/2024

AME OF FILER Re-Elect Jaron	Brandon District 5 Supervisor 2024		through 02/17/2024			17 of 21 JMBER 79					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTER ALBO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)				
02/03/2024	Douglas Elliott Sonora, CA 95370	IND COM	Retired	100	100						
02/03/2024	Jeanne Duffer Columbia, CA 95310	IND GOM OTH PTY	Retired	100	100						
02/13/2024	Joan Stampfl Sonora, CA 95370-5015	IND COM OTH PTY SCC	Retired	200							
01/24/2024	Marian Emmons Sonora, CA 95370-5015	ZIND COM OTH PTY SCC	Retired	100	150						
		OTH SCC									
	SUBTOTAL \$ 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

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www.fppc.ca.gov

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			Amounts may be r to whole dolla		Statement cover of through 02/17/2024		CALIFORNIA 460 FORM Page 18 of 21		
NAME OF FILER							I.D. NUME		
Re-Elect Jaro	n Brandon District 5 Super	visor 2024					1461079)	
DATE	MEASURE NUMBER OR L	FFICE, AND DISTRICT, OR ETTER AND JURISDICTION, MMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
			Monetary						
			Contribution Nonmonetary						
			Contribution						
	☐ Support	☐ Oppose	Independent Expenditure						
			☐ Monetary						
			Contribution					l	
			☐ Nonmonetary Contribution		Ì			I	
		Π	Independent						
	Support	Oppose	Expenditure Monetary			+			
			Contribution						
			Nonmonetary Contribution						
			☐ Independent						
	☐ Support	Oppose	Expenditure						
				SUBTOTAL	L \$ 99				
1. Itemized	D Summary	·			· ·		-		
2. Unitemize	ed contributions and inde	pendent expenditures m	ade this period of und	der \$100		••••••	\$ _	00	
3. Total conf	tributions and independe	nt expenditures made th	is period. (Add Lines	1 and 2. Do not enter of	n the Summary Page	э.) T	OTAL\$_		

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may b to whole d			Statement covers period from 01/21/2024 through 02/17/2024	CALIF FO Page	9 of <u>71</u>
Re-Elect Jaron Brandon District 5 Supervisor 2024					14010	
CMS campaign consultants CNS campaign consultants CVC civic donations Fil. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)*	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks polling and si POS postage, deli-	i appearances es es eting urvey research very and mess	3	RAD radio airtime and production or returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and product candidate travel, lodging, and staff/spouse travel, lodging, and TSF transfer between committees of voter registration WEB information technology costs (in	ction costs meals id meals of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMITTEE ALSO ENTER LD. NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Clarke Broadcasting Sonora, CA 95370		RAD	Ads			1,744
Efundraising Connections Sacramento, CA 95816			Fundraising fees			245
Facebook Menlo Park, CA 94025	п		Social media			563
* Payments that are contributions or independent expenditures must also be sur	mmarized on Schei	dule D.		SUB	TOTAL \$	2,552
Schedule E Summary					0	446
1. Itemized payments made this period. (Include all Schedule E					\$,446
2. Unitemized payments made this period of under \$100						63 717
3. Total interest paid this period on loans, (Enter amount from \ensuremath{Se}	chedule B, Part	1, Column	(e).)		\$	500
4, Total payments made this period. (Add Lines 1, 2, and 3. Enter	er here and on	the Summa	ary Page, Column A	, Line 6.) TOT		
				FPPC Advice: advice		Form 460 (Jan/2016)) a.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	Amounts may b to whole do			Statement covers period from 01/21/2024	FO	ORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Re-Elect Jaron Brandon District 5 Supervisor 2024				through <u>02/17/2024</u>	1.D. NUN 14610		
CODES: If one of the following codes accurately described campaign paraphernalis/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundralising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and so	munications i appearances es lating urvey research very and mess	n Benger services	wise, describe the payment. RAD radio airtime and production of returned contributions. SAL campaign workers' salaries. TEL t.v. or cable airtime and production of the campaign workers and production. TRC candidate travel, lodging, and transfer between committees. VOT voter registration. WEB information technology costs (ction costs meals nd meals of the sam	e candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	R DESC	RIPTION OF PAYMENT		AMOUNT PAID	
Clarke Broadcasting Sonora, CA 95370		RAD	Ads			1,744	
Efundralsing Connections Sacramento, CA 95816			Fundraising fees			245	
Facebook Menlo Park, CA 94025	6		Social media			563	
* Payments that are contributions or independent expenditures must a	lso be summarized on Sche	dule D.		SUE	STOTAL S	2,552	
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100							
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

	SCHEDOLL E (COIVI.)		
Statement covers period 01/21/2024 from	CALIFORNIA 460		
through <u>02/17/2024</u>	Page of		
	I.D. NUMBER		
	1461079		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Jaron Brandon District 5 Supervisor 2024

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

PRT print ada

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*

CVC civic denotions

CVC civic donations
Fil. candidate filing/ballot fees
FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions
OFC office expenses SAL campaign workers' salaries
PET petition circulation TEL t.v. or cable sirtime and pro-

PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messanger services
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB Information technology costs (internet, e-mail)

	Titt pinit das	Trab and made to the first of t			
NAME AND ADDRESS OF PAYEE (IP COMMITTEE, ALBO ENTER I.D. NUMBER)	c	ODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
Jazzed About Printing Sonora, CA 95370	L	IT		933	
Mary Anne Schmidt Tuolumne, CA 95379		FND, LIT	Reimbursement of expenses for fundralsing event and mailing: Reimbursement for Feb. 3 fundraiser expenses:	3,349	
Staples Sonora, CA 95370		OFC		395	
T&C Signs, LLC Sonora, CA 95370	C	СМР		1,072	
The Armory Sonora, CA 95370			Volunteer meals	145	
			AUDTOTAL .	<u> </u>	

PRO professional services (legal, accounting)

SUBTOTAL \$ 5,894

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

Schedule Miscellane	Amounts may be do not not not not not not not not not no		Statement covers period from _01/21/2024	CALIFORNIA 460	
NAME OF FILER	NS ON REVERSE		through_02/17/2024	Page 21 of 21	
Re-Elect Jaron	Brandon District 5 Supervisor 2024			1461079	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALBO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
02/03/2024	Feb. 3 fundraiser bar receipts	Cash		528	
	tional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 528	
	Summary creases to cash this period		\$ 528		
	i increases to cash of under \$100 this period.		•	- -	
3. Total of all	_				
4. Total misce	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here Page, Line 14.)	and on the	TOTAL \$	FPPC Form 460 (Jan/2016)) clce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov	