Desirient Committee					<b>COVER PAGE</b>
Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)			Date Stamp	CALIFO	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/19/2020 through02/15/2020	Date of election if applicable: (Month, Day, Year)	2020	For	of 6 Official Use Only
<ul> <li>State Candidate Election Committee</li> <li>○ Recall</li> <li>(Also Complete Part 5)</li> <li>○ General Purpose Committee</li> <li>○ Sponsored</li> <li>○ Small Contributor Committee</li> </ul>	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 Term Amendment (Explain below	mination)	Quarterly Statem Special Odd-Yea Supplemental Pr Statement - Attac	reelection
3. Committee Information	DDE AREA CODE/PHONE	Treasurer(s)  NAME OF TREASURER  Jen Slater  MAILING ADDRESS  CITY  NAME OF ASSISTANT TREASURE  MAILING ADDRESS		ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRE	2697x0944035-1-125	ZIP CODE	AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi  Executed on   02/18/2020  Date  Executed on  Date  Executed on  Date	g this statement and to the best of my kn a that the foregoing is true and correct.  By  By Signature of Statement and to the best of my kn at the foregoing is true and correct.		easurer ment or Responsible Officer of S		nd complete. I certify
Executed on	Ву	Signature of Controlling Officeholder Controlling Collins	- Manager Description		

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORNIA FORM	460						
Page2	of6						

Officeholder or Candidate Controlled Comm	ittee	6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE					
Lisa Bartlett							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC City Council Member: Dana Point	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER		SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP			Singholden on			
		Identify the controlling officeholder, candidate, or state measure propone					proponent, it an
			NAME OF OFFICEHOLDER, CAI	ndidate, or pr	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		·	DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						<del></del>
Bartlett for Supervisor 2018	1359658						
		_				• • •	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s)				
Jen Slater	X YES NO			s) for which an		primarny torn	eu.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOLI	GHT OR HELD	<del>-  </del>
			Will Co. Strice Independent	0,110,0,112	011102 000	OTT ON TILLED	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	OFFICE SOUGHT OR HELD	
Lisa Bartlett for Central Committee 2016	1384156						SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
Jen Slater	X YES NO			·			SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	OX)						
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuati	on sheets if r	necessary	
						-	

Recipient Committee Campaign Statement Part 5b. Related Committees Not Included in this Statement (continued) CALIFORNIA 460

Page \_\_\_\_3 \_\_ of \_\_\_6

COMMITTEE NAME/I.D. NUMBER

Bartlett for Senate 2022 ID# 1415376

NAME OF TREASURER

Jen Slater

**CONTROLLED COMMITTEE?** 

YE

**COMMITTEE ADDRESS** 

STREET ADDRESS (NO P.O. BOX)

CITY

STATE ZIP CODE

AREA CODE/PHONE

www.fnnc.ca.nov

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Column A

TOTAL THIS PERIOD

(FROM ATTACHED SCHEDULES)

0.00

0.00

0.00

Statement covers period CALIFORNIA **FORM** 01/19/2020 from \_\_ Page \_\_\_4\_\_\_ of \_\_6\_\_\_ 02/15/2020 through \_

**SUMMARY PAGE** 

SEE INSTRUCTIONS ON REVERSE

**Contributions Received** 

NAME OF FILER

Lisa Bartlett for Dana Point City Council 2010

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

I.D. NUMBER

1288779

1/1 through 6/30 7/1 to Date 20. Contributions Received 21. Expenditures Made

E	Expenditures Made									
6.	Payments Madeso	chedule E, Line 4	\$	16.00	\$	66.00				
7.	Loans Madeso	chedule H, Line 3		0.00		0.00				
8.	SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	16.00	\$	66.00				
9.	Accrued Expenses (Unpaid Bills)s	chedule F, Line 3		0.00		0.00				
10	. Nonmonetary Adjustments	chedule C, Line 3		0.00		0.00				
11.	. TOTAL EXPENDITURES MADE	l Lines 8 + 9 + 10	\$	16.00	\$	66.00				

## **Expenditure Limit Summary for State** Candidates

22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	\$

## **Current Cash Statement**

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1,939.55
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments	16.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,923.55
If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00

19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

3. SUBTOTAL CASH CONTRIBUTIONS ...... Add Lines 1 + 2 \$ \_\_\_\_\_

5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$

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 anv).

Column B

CALENDAR YEAR

TOTALTODATE

16,500.00

s \_\_\_\_\_ 16,500.00

0.00 s 16,500.00

0.00

0.00

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

FPPC Form 460 (Jan/2016)

Total to Date

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

							SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement covers period CALIFORNIA FORM			
		from	9/2020	FURIVI				
SEE INSTRUCTIONS ON REVERSE					through02/1	5/2020	Page5	of <u>6</u>
NAME OF FILER							I.D. NUMBER	
Lisa Bartlett for Dana Point City Coun	ncil 2010		·				1288779	
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 PA OR FORGIV THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lisa Bartlett	Owner/Councilwoman Blue Water Realty/City			PAID	T MINGE			CALENDAR YEAR
	of Dana Point			s	00 s 1,500.00	0.00 %	s 10,000.00	s0.00
				FORGIVEN		RATE		PER ELECTION*
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$1,500.00	s0.00	so.	DATE DUE	so.oo	08/03/2006 DATE INCURRED	s
Blue Water Realty & Investments	Lisa Bartlett			☐ PAID				CALENDAR YEAR
	Personal Funds			s0.	00 s 5,000.00	0.00 %	s_5,000.00	s0.00
				FORGIVEN	1	RATE		PER ELECTION *
†□ IND □ COM ☑ OTH □ PTY □ SCC		s5,000.00	s	s	DATE DUE	s	09/30/2006 DATE INCURRED	s
Blue Water Realty & Investments	Lisa Bartlett			PAID				CALENDAR YEAR
	Personal Funds			s0.	00   \$ 10,000.00	0.00 %	s 10,000.00	\$0.00
				FORGIVEN		RATE		PER ELECTION*
†□ IND □ COM ☑ OTH □ PTY □ SCC		\$10,000.00	s0.00	s	DATE DUE	\$0.00	10/11/2006 DATE INCURRED	s
		SUBTOTALS S	0.00	\$ 0	.00\$ 16,500.00	9\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				\$_	0.00	<u>)</u>		
(Total Column (b) plus unitemized loar				·		(to	Contributor Codes	}
2. Loans paid or forgiven this period				\$	0.00		ID – Individual	:
(Total Column (c) plus loans under \$10		••••••	***************************************	Ψ		·   '	OM – Recipient Co (other than	PTY or SCC)
(Include loans paid by a third party tha		dule A.)				0	TH – Other (e.g., TY – Political Part	business entity)
3. Net change this period. (Subtract Lin	e 2 from Line 1 \			NET \$	0.00	l e	CC - Small Contril	butor Committee
Enter the net here and on the Summar		***************************************	*******************	· · · · · · ·	(May be a negative number)	_		

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

\*\* If required.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule E Payments Made	Amounts may b			St		nt covers p		CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				thro	ugh	02/15/20	20	Page6	of6
NAME OF FILER								I.D. NUM	BER
Lisa Bartlett for Dana Point City Council 2010								128877	9
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear very and me	s	RAD RFD SAL TEL TRC TRS TSF	radio a returne campa t.v. or c candid: staff/sp transfe voter r	irtime and p ed contribution ign workers cable airtime ate travel, lo pouse travel, r between contraction	oroduction conons ons ons salaries and product odging, and m lodging, and	ition costs neals d meals of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR	DESCRIPTIO	N OF PAY	MENT			AMOUNT PAID
* Payments that are contributions or independent expenditures n	nust also be summ	arized on S	chedule D.				SUBT	TOTAL\$	0.00
	· · · · · · · · · · · · · · · · · · ·				<del></del>				
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	•								
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).)		• • • • • • • • • • • • • • • • • • • •	••••••		\$	0.00