Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp RECEIVED	C	ALIFORNIA 2001/02 FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from02/18/2024	Date of election if applicable: (Month, Day, Year)	AUG 0 2 2024		1 / 13 For Official Use Only
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee	unough	2. Type of Stateme Pre-election State Semi-annual State Termination State Amendment (Expl	ment ement ment	Spec	terly Statement ial Odd-Year Report lemental Preelection ment - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Greg Jones for Supervisor 2024 STREET ADDRESS (NO P.O. BOX) CITY Los Molinos MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	ODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Kelly Lawler MAILING ADDRESS CITY Hilmar NAME OF ASSISTANT TREASU	STATE CA IRER, IF ANY	ZIP CODE 95324	AREA CODE/PHONE
Los Molinos CA 960 OPTIONAL: FAX/E-MAIL ADDRESS	thekalgroup.com	MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDRE	ESS	ZIP CODE	AREA CODE/PHONE
DATE Executed on 07/29/2024 By		R, CANDIDATE, STATE MEASURE PROPONEI	rmation contained he orrect. ER OF SPONSOR	rein and in	the attached schedules FPPC Form 460 (JAN/05) ree Helpline: 866/ASK-FPPC

State of California

CALIFORNIA 460

2/13

Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Contro	olled Committee	(6. Ballot Measure Cor	nmittee			
NAME OF OFFICEHOLDER OR CANDIDATE Greg Jones			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND Sought: County Supervisor County Teh:		BLE) 05	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE	ZIP	Identify the controlling office	eholder, candi	date, or state	measure propo	nent, if any.
	Los Molinos CA	96055	NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PF	ROPONENT		
Related Committees Not Included in thi not included in this statement that are controlled by yo contributions or to make expenditures on behalf of you	ou or are primarily formed to reco		OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	I.D.NUMBER	7	7. Primarily Formed C	ommittee	List names	of officeholder(s) or candidate(s) for
NAME OF TREASURER	CONTROLLED COMMI		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O.BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CO	DDE/PHONE					☐ OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMI		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O.BOX)						

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA 2 18 2024 **FORM** 3/13

FPPC Toll-Free Helpline: 866/ASK-FPPC

SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Greg Jones for Supervisor 2024 1465232 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 2550.00 20539.00 Monetary Contributions Schedule A. Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 Loans Received Schedule B. Line 7 20. Contribution SUBTOTAL CASH CONTRIBUTIONS..... 2550.00 20539.00 Add Lines 1 + 2 Received 0.00 \$ 0.00 0.00 1000.00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 2550.00 \$ 21539.00 0.00 \$ 0.00 5. TOTAL CONTRIBUTIONS RECEIVED...... Add Lines 3 + 4 Made **Expenditures Made Expenditure Limit Summary for State Candidates** 21000.31 14501.09 \$ 6. Payments Made Schedule E, Line 4 0.00 0.00 7. Loans Made Schedule H, Line 7 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 14501.09 \$ 21000.31 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 0.00 Accrued Expenses (Unpaid Bills) 0.00 Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 1000.00 10. Nonmonetary Adjustment Schedule C, Line 3 14501.09 22000.31 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** 16090.96 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the 13. Cash Receipts 2550.00 Column A. Line 3 above corresponding amounts from Column B of your last 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00 report. Some amounts in 14501.09 15. Cash Payments Column A, Line 8 above Column A may be negative figures that should be 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 4139.87 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 0.00 carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts *Since January 1, 2001. Amounts in this section may be any). different from amounts reported in Column B. 18. Cash Equivalents See instructions on reverse 0.00 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 JAN/05

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 2 18 2024	CALIFORNIA 460
through 4 30 2024	4 / 13
•	I.D. Number
	1465232

Greg Jones for	Supervisor 2024			_			5232
DATE RECEIVED	FULL NAME, MAILING 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 YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 03/04/2024	Chico Electric Inc Chico CA 95973 ID:	IND COM OTH PTY SCC		1000.00	100	0.00	1000.00 P 24
Rcpt Dt: 02/28/2024	Marysville CA 95901 ID: 1398311	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1500.00	150	0.00	1500.00 P 24

	SUBTOTAL \$	2500.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$	2500.00	*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$	50.00	(other than PTY or SCC) OTH- Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$	2550.00	PTY - Political Party SCC - Small Contributor Committee

Schedule D **Summary of Expenditures**

Type or print in ink. Amounts may be rounded

SCHEDULE D Statement covers period CALIFORNIA ACO

	dates, Measures and Committees to whole dollars.		FC	ORM 400			
SEE INSTRUCTION	ONS ON REVERSE			through 42	0/2024		5 / 13
NAME OF FILER						I.D. NI	JMBER
Greg Jones fo	or Supervisor 2024			2'	v. ————	1465	5232
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE CALENDAR Y JAN.1 - DEC. 3	EAR	PER ELECTION TO DATE (IF REQUIRED)
03/13/2024	James Gallagher State Assembly Person Assembly District	Monetary Contribution Non-Monetary Contribution		316.87		316.87	316.87 P 24
**	District No: 3	Independent Expenditure					

SUBTOTAL \$ 316.87

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)\$ 316.87 0.00 2. Unitemized contributions and independent expenditures made this period of under \$100\$

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 2 18 2024	CALIFORNIA 460
through <u>V 30 2024</u>	6 / 13
	I.D, NUMBER
	1465232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Jones for Supervisor 2024

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, email)
	- Control of the Cont		1		

NAME AND ADDRESS OF PAYEE OR C (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Chase Cardmember Services	ID:		OFC and CTB	316.87
Wilmington DE 19801				
eFundraising Connections	ID:	OFC		135.69
Sacramento CA 95816				
eFundraising Connections	ID:	OFC		237.75
Sacramento CA 95816				

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

SUBTOTAL \$

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	14501.09
2.	Unitemized payments made this period of under \$100.	0.00
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page Column A Line 6)	14501.09

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from 2/18/2024	FORM 40U
through 4 30 2024	7 / 13
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Greg Jones for Supervisor 2024 1465232

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, email)
-					

NAME AND ADDRESS OF PAYEE OR CRE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DITOR	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
eFundraising Connections	ID:	OFC			2.75
Sacramento CA 95816					
FiftyThree Consulting	ID:	CNS			5000.00
Chico CA 95926					
Integrated Solutions: Political	ID:	OFC			150.00
San Diego CA 92116					

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

SUBTOTAL \$

.....\$_____

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Sc	chedule E subtotals.)	\$
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).)

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period from 2 18 2024	CALIFORNIA 460
through 1 30 2024	8 / 13
	I.D. NUMBER
	1465232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Jones for Supervisor 2024

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

СМР	campaign paraphernalia/misc.	MBR	member com	nmunications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	d appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circu	lating	TEL	t.v. or cable airtime and production of	osts
FIL .	candidate filing/ballot fees	PHO	phone banks	3	TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	urvey research	TRS	staff/spouse travel, lodging, and mea	ıls
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	ivery and messenger services	TSF	transfer between committees of the s	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 (interne	t, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR			CODE OR	DESCRIPTION O	E DAVMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR C (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	REDITOR	CODE (OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political	ID;	OFC		150.00
San Diego CA 92116				
Integrated Solutions: Political	ID:	OFC		150.00
San Diego CA 92116				
Integrated Solutions: Political	ID≅	OFC		150.00
San Diego CA 92116				-

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

	LO.	L S

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

 Unitemized payments made this period of under \$100.
- 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).)

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E
CALIFORNIA 460
9 / 13
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Greg Jones for Supervisor 2024 1465232

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, email)
	Second Control of the				

NAME AND ADDRESS OF PAYEE OR CRE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	EDITOR	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jennifer Jones	ID:		Digital Advertising	2295.12
Los Molinos CA 96055				
Braden Pisani	ID:	СМР		525.00
Chico CA 95926				
Sierra Pacific Lithographics, Inc.	ID:		POS and LIT	3843.43
Sacramento CA 95815				

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

SUBTOTAL \$

Schedule E Summary

1.	Payments made this period of \$100 or more.	(Include all Schedule E subtotals.)	\$
_			

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).)

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

-	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from 2 18 2024	FORM 40U
through 6 30 2024	10 / 13
**	I.D. NUMBER
	1465232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Jones for Supervisor 2024

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 con	nmunication	ns	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings an	d appearan	ces	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses		SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circu	lating		TEL	t.v. or cable airtime and production of	osts
FIL	candidate filing/ballot fees	PHO	phone banks	3		TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	survey resea	arch	TRS	staff/spouse travel, lodging, and mea	ls
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and m	essenger services	TSF	transfer between committees of the s	ame candidate/sponsor
LEG	legal defense	PRO	professional	services (le	egal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads			WEB	information technology costs (interne	t, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION O	F PAYMENT	AMOUNT PAID
2	The MAL Craws Inc.	ID		PRO		_		688.81

	ND ADDRESS OF PAYEE OR CRE COMMITTEE, ALSO ENTER I.D. NUMBER)	DITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The KAL Group, Inc.		ID:	PRO		688.81
Hilmar	CA 95324				
The KAL Group, Inc.		ID:	PRO		451.72
Hilmar	CA 95324			n 	
The KAL Group, Inc.		ID:	PRO		403.95
Hilmar	CA 95324				

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 14501.09

١.	Tayments made this period of \$100 of more. (include all Schedule E subtotals.)	' ———
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)	.

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 2 18 2024 CALIFORNIA FORM 460

through 6 30 2024 11 / 13

SEE INSTRUCTIONS ON REVERSE	through 6 30 2024	11 / 13
NAME OF FILER		I.D. NUMBER
Greg Jones for Supervisor 2024		1465232
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Braden Pisani		
COREO If you of the fellowing and a constant of the state		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email) * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 525.00 **CMP** 99designs ID: Waltham MA 02451 ID: ID: ID: ID:

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

525.00

^{*} 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.

Schedule G Payments Made by an Agent or Independent

Type or print in ink. Amounts may be rounded

	SCHEDULE G
Statement covers period from 2 18 2024	CALIFORNIA 460
through 4 30 2024	12 / 13

Contractor (on Behalf of This Committee)		10	to whole dollars.		-110/2027	FORI	M TOO
SEE INSTRUCTIONS ON REVERSE				through	4/30/2024	12	/ 13
NAME OF FILER						I.D. NUMBE	R
Greg Jones for Supervisor 2024						1465232	
NAME OF AGENT OR INDEPENDENT CONTRACTOR							
Sierra Pacific Lithographics, Inc.							
CODES: If one of the following codes accurately describe	s the payment, vo	u mav ente	er the code. Othe	rwise, describ	e the payment.		
CMP campaign paraphernalia/misc.	MBR member c	•		· ·	radio airtime and production	on costs	
CNS campaign consultants	MTG meetings a			RFD	returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expe			SAL	campaign workers' salarie	s	
CVC civic donations	PET petition cir				t.v. or cable airtime and pi		ts
FIL candidate filing/ballot fees	PHO phone bar				candidate travel, lodging,		
FND fundraising events	POL polling and				staff/spouse travel, lodgin		
IND independent expenditure supporting/opposing others (explain)*			messenger services		transfer between committe	ees of the sar	me candidate/sponsor
LEG legal defense		al services (l	legal, accounting)	VOT			***
LIT campaign literature and mailings	PRT print ads	.I. D		WEB	information technology co	sts (internet,	email)
* Payments that are contributions or independent expenditures must also be	summarized on Schedu	ile D.					
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION OF	PAYMENT		AMOUNT PAID
		POS					1871.43
USPS	ID:					1	
						- 1	
						1	
Sacramento CA 95816							
	ID:					1	
2							
	ID:		1				

ID:

ID:

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 1871.43

^{*} 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.

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

Type or print in ink.

Amounts may be rounded to whole dollars

	SCHEDULE G
Statement covers period 2 18 2024	CALIFORNIA 460

Contractor (on Behalf of This Committee)		to w	hole dollars.	from 2 [18]2024	FORM	40U
SEE INSTRUCTIONS ON REVERSE				from 2 18 2024 through 6 30 2024	13	/ 13
NAME OF FILER					I.D. NUMBEI	R
Greg Jones for Supervisor 2024					1465232	
NAME OF AGENT OR INDEPENDENT CONTRACTOR					*	
Jennifer Jones						
CODES: If one of the following codes accurately describe	s the payment, yo	u may ente	r the code. Otherwise	e, describe the payment.		
CMP campaign paraphernalia/misc.	MBR member of	ommunication	s	RAD radio airtime and producti	on costs	
CNS campaign consultants	MTG meetings		ces	RFD returned contributions		
CTB contribution (explain nonmonetary)*	OFC office expe			SAL campaign workers' salarie		
CVC civic donations	PET petition cir			TEL t.v. or cable airtime and pr		ts
FIL candidate filing/ballot fees	PHO phone bar			TRC candidate travel, lodging,		
FND fundraising events	POL polling and			TRS staff/spouse travel, lodgin		
IND independent expenditure supporting/opposing others (explain)*			essenger services	TSF transfer between committee	ees of the san	ne candidate/sponsor
LEG legal defense		iai services (ie	gal, accounting)	VOT voter registration	ata (intornat	amail)
LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	PRT print ads	ulo D		WEB information technology co	sis (internet, t	emaii)
NAME AND ADDRESS OF PAYEE OR CREDITOR	Summanzed on Sched	lie D.				
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DESCR	RIPTION OF PAYMENT		AMOUNT PAID
Republican Ads, LLC	ID:		Digital Advertising			1857.00
Washington DC 20003						
	ID:					
	ID:					
	ID:		v			
	ID:					

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1857.00

^{*} 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.

	lecipient Committee	_				COVER PAGE
(ampaign Statement	Type or print in i	nk.	Date Stam	P C	ALIFORNIA 460
(0	Government Code Sections 84200-84216.5)		- Andrews	Table of the same	EN	FORM 400
		Statement covers period from07/01/2024	Date of election if applicable (Month, Day, Year)	Fab 2 0 g	2025	1 / 5 For Official Use Only
-	E INSTRUCTIONS ON REVERSE	through 12/31/2024		TC Elect	ions	·
1	Type of Recipient Committee: All Commit Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	tees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election State Semi-annual State Termination State Amendment (Expla	ment ment nent	☐ Speci	terly Statement ial Odd-Year Report Iemental Preelection ment - Attach Form 495
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	I.D.NUMBER 1465232	Treasurer(s)			
	Greg Jones for Supervisor 2024		NAME OF TREASURER Kelly Lawler			-
	STREET ADDRESS (NO.P.O. BOX)		MAILING ADDRESS			
	CITY STATE ZIP COD CA 96055		CITY Hilmar	STATE CA	ZIP CODE 95324	AREA CODE/PHONE
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	OX	NAME OF ASSISTANT TREASUR	RER, IF ANY		
	CITY STATE ZIP COD	E AREA CODE/PHONE	MAILING ADDRESS			
	OPTIONAL: FAX/E-MAIL ADDRESS kellylawler@the	kalgroup.com	CITY	STATE	ZIP CODE	AREA CODE/PHONE
			OPTIONAL: FAX/E-MAIL ADDRES		/lawler@theka	llgroup.com
4.	Executed on By	under the laws of t <u>Lawler</u> SIGNATURE	ANDIDATE STATE MEASURE PRODUCTION			e attached schedules
	Executed on By	IGNATURE OF CONTROLLING OFFICEHOLDER, C			FPPC Toll-Free	FPPC Form 460 (JAN/05) e Helpline: 866/ASK-FPPC State of California

CALIFORNIA 460

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Recipient Committee Campaign Statement Cover Page — Part 2

NAME OF OFFICEHOLDER OR CANDIDAT Greg Jones	E			_	NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOG Sought: County Supervisor County	CATION AND DIS		,	_	BALLOT NO. OR LETTER	JURISDICTIC	DN	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO		CITY	STATE ZIP	_	Identify the controlling offic	eholder, candi	date, or state measure	proponent, if any.
		Los Molinos	CA 96055	_	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	ROPONENT	
Related Committees Not Inclu not included in this statement that are concontributions or to make expenditures on	ntrolled by you or	r are primarily for			OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME		I.D.NUMBE	R	7	Primarily Formed C	Committee	List names of officeho	older(s) or candidate(s) for
NAME OF TREASURER		CONTROLL YES	ED COMMITTEE?	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.	O.BOX)		_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT
CITY	STATE Z	IP CODE	AREA CODE/PHON	E				☐ OPPOSE
COMMITTEE NAME		I.D.NUMBE	R	-	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	. 57	CONTROLL YES	ED COMMITTEE?	_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET	ADDRESS (NO P.	O.BOX)						
CITY	STATE Z	IP CODE	AREA CODE/PHON	IE	Attacl	n continuation	sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Greg Jones for Supervisor 2024

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

CALIFORNIA FORM

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I.D. NUMBER

1465232

Contributions Received	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
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$ 20539.00	
2. Loans Received Schedule B, Line 7	0.00	0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$ 20539.00	20. Contribution Received \$ 0.00 \$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	1000.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0.00	\$\$21539.00	Made \$ 0.00 \$ 0.00
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 900.00	T	Candidates
7. Loans Made Schedule H, Line 7	0.00	0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$900.00	\$ 21900.31	(ii Subject to Voluntary Experience Emili)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	1000.00	(IIIII) assiyy
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$900.00	\$\$22900.31	\$
Current Cash Statement			\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$4139.87_	To calculate Column B, add amounts in Column A to the	
13. Cash Receipts Column A, Line 3 above	0.00	corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	900.00	Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$3239.87	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse	\$0.00	-	different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00_	-	FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from 101/2024	FORM 40U
through 12/31/2024	4/5
	I.D. NUMBER
	1465232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Jones for Supervisor 2024

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 con	nmunication	าร		RAD	radio airtime and production costs		
CNS	campaign consultants	MTG	meetings an	d appearan	ices		RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses			SAL	campaign workers' salaries		
CVC	civic donations	PET	petition circu	lating			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 sam	ne candidate/sponsor			
LEG	legal defense	PRO	professional	services (le	egal, accounting)		VOT	voter registration		
LIT	campaign literature and mailings	PRT	print ads				WEB	information technology costs (internet, e	email)	
,	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESC	RIPTION O	FPAYMENT	AMOUNT PAID	

NAME AND ADDRESS OF PAYEE OR CRED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political	JD:	OFC		150.00
San Diego CA 92116		,		
Integrated Solutions: Political	ID:	OFC		150.00
San Diego CA 92116				
Integrated Solutions: Political	ID:	OFC		150.00
San Diego CA 92116			·	

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

SUBTOTAL \$

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	900.00
2. Unitemized payments made this period of under \$100.	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	900.00

Schedule E
Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA AGO
from 1/01/2024	FORM 460
through 12 21 20 24	. 5/5
	I.D. NUMBER
	1465232

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Greg Jones for Supervisor 2024

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, email)
			,		/

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political ID:	OFC	150.00
San Diego CA 92116		
Integrated Solutions: Political ID:	OFC	150.00
San Diego CA 92116		
Integrated Solutions: Political ID:	OFC	150.00
San Diego CA 92116		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 900.00

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	
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.)	,