

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  
**RECEIVED**  
**FEB 03 2021**  
**CITY MANAGERS OFFICE**

Statement covers period  
from July 1, 2020  
through December 31, 2020

Date of election if applicable:  
(Month, Day, Year)  
November 8, 2022

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - (Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored
  - (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
  - (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)

**3. Committee Information**

I.D. NUMBER  
**1408984**

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

**Ron Rowlett for Mayor 2022**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**ronrowlett@ymail.com**

**Treasurer(s)**

NAME OF TREASURER

**Ben Espinoza**

MAILING ADDRESS

CITY STATE

NAME OF ASSISTANT TREASURER, IF ANY

**Ron Rowlett**

MAILING ADDRESS

CITY STATE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, the information contained herein and in the attached certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on December 28, 2020  
Date

By \_\_\_\_\_  
Assistant Treasurer

Executed on December 28, 2020  
Date

By \_\_\_\_\_  
Signature of Controlling Officer, Measure Proponent or Responsible Officer of

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**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Ron Rowlett for Mayor 2022

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

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

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
----------------------	--------------

Identify the controlling officeholder, candidate, or sponsor  
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

**7. Primarily Formed Candidate/Officeholder  
officeholder(s) or candidate(s) for which this committee**

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE

*Attach continuation sheets*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

Statement covers period  
from July 1, 2020  
through December 31, 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Ron Rowlett

<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	<b>Calendar Year Running in Bo General Electi</b>	
1. Monetary Contributions.....	Schedule A, Line 3	\$ 0.00	\$ 0.00	20. Contributions Received  21. Expenditures Made	
2. Loans Received.....	Schedule B, Line 3	0.00	0.00		
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ 0.00	\$ 0.00		
4. Nonmonetary Contributions.....	Schedule C, Line 3	0.00	0.00		
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 0.00	\$ 0.00		
<b>Expenditures Made</b>				<b>Expenditure L Candidates</b>	
6. Payments Made.....	Schedule E, Line 4	\$ 1828.01	\$ 2571.01	22. Cur (if su  Date of Electi (mm/dd/yy)  / /  / /	
7. Loans Made.....	Schedule H, Line 3	0.00	0.00		
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 1828.01	\$ 2571.01		
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0.00	0.00		
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0.00	0.00		
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 1828.01	\$ 2571.01		
<b>Current Cash Statement</b>					
12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ 8144.29		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 se reported in Column	
13. Cash Receipts.....	Column A, Line 3 above	0.00			
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0.00			
15. Cash Payments.....	Column A, Line 8 above	1828.01			
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 6316.28			
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0.00			
<b>Cash Equivalents and Outstanding Debts</b>					
18. Cash Equivalents.....	See instructions on reverse	\$ 0.00			
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 0.00			

**Schedule E  
Payments Made**

Amounts may be rounded  
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Statement covers per  
from July 1, 2020  
through December 31, 2020

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Ron Rowlett

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

- |     |   |     |   |     |                          |
|-----|---|-----|---|-----|--------------------------|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and pro    |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions   |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' se     |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime ar |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodg   |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lo  |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between corr    |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration       |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technolog    |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT
Go Daddy Website [REDACTED]	WEB		Website
Chamber of Commerce [REDACTED]	CVC		Chamber of Commerce Donation
Stacey Spiegel [REDACTED]	CNS		

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

**Schedule E Summary**

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

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

Amounts may be rounded  
to whole dollars.

Statement covers period  
from July 1, 2020  
through December 31, 20

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NAME OF FILER

Ron Rowlett for Mayor 2022

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- |     |   |     |   |     |                          |
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| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technolog    |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT
Jennifer Hamilton [REDACTED]	CNS		
Vacaville Christian Schools	CVC		Donation

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