



REDDING OFFICE
2240 Court Street
Redding, CA 96001
530-691-0800
530-691-0700

FRESNO OFFICE
5424 N. Palm Ave.
Suite 108
Fresno, CA 93704
559-500-1600

Cashel C. White
cash@plelawfirm.com

May 15, 2018

****Sent via First Class Mail****

Kay Graves
P.O. Box 123
Lewiston, CA 96052

Re: C.P.R.A. Request – Candidate Information Associated with Mountain Valley Unified School District November 2017 Election

Dear Ms. Graves:

This firm represents the County of Trinity. Please accept this as the County's response to the above-referenced Public Records request, which was received by the April 26, 2018. Below is a list of your requests and a specific response to each request:

Request #1: I ask to obtain all documents filed with the Trinity County Clerk/Elections Office by candidates for the offices/positions on the Mountain Valley Unified School District including all applicable filing requirements including but not limited to: "Declaration of Candidacy;" "FPPC Form 501 Candidate Intention Statement;" "FPPC Form 470 Officeholder/Candidate Campaign Statement" (or "FPPC Form 460 Recipient Committee Campaign Statement"); "FPPC Form 700 Statement of Economic Interests;" and any Certificate of Election or Certificates in Lieu of Election; which apply to this School District Election.

Response #1: All documents responsive to your request are attached hereto.

Should you have any questions or concerns, please do not hesitate to contact our office.

Yours very truly,

PRENTICE, LONG & EPPERSON, PC

A handwritten signature in blue ink, appearing to read 'Cashel C. White', written over the typed name.

Cashel C. White

Attachments

cc: Shanna White, Trinity County Clerk/Recorder/Assessor

00011957.1

U.S. POSTAGE
PAID
REDDING, CA
96001
MAY 15, 18
AMOUNT
\$0.74
R2304H108292-02

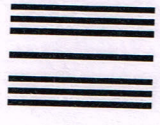


96052



1000

Prentice, Long & Epperson
2240 Court Street
Redding, CA 96001



062S0011042460
\$1.100
US POSTAGE
FIRST-CLASS
FROM 93704
MAY 15 2018
stamps.com



Kay Graves
P.O. Box 123
Lewiston CA 96052-0123

CERTIFICATE OF ELECTION & OATH OF OFFICE

THIS CERTIFIES, that at the Consolidated District Election on November 7, 2017

Jenifer Schrock

was appointed in lieu of election to the
Mountain Valley Unified School District as a Board Member, expiring December 3, 2021.

IN WITNESS WHEREOF, I hereunto affixed
my hand and the seal of the County of Trinity this 6th day of November 2017.

Shanna S. White
Trinity County Clerk/Registrar of Voters

STATE OF CALIFORNIA
County of Trinity) ss.

RECEIVED

JAN 16 2018

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

I, Jenifer Schrock, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature:

Subscribed and sworn to (or affirmed) before me, this 11 day of December, 20 17

Signature of person administering oath: Shanna S. White

**CANDIDATE DOCUMENTS CHECKLIST – 11/07/2017
CONSOLIDATED DISTRICT ELECTION**

Document	Date Due	Date Received by Candidate	Date Filed by Candidate
----------	----------	----------------------------	-------------------------

<i>REQUIRED FORMS</i>			
Declaration of Candidacy	08/11/17		
FPPC Form 700 - Statement of Economic Interest	08/11/17		8.03.17
FPPC Form 501 - Candidate Intention Statement	08/11/17		8.03.17
Department of Transportation - Signs	08/11/17		8.03.17
FPPC Form 470 - Officeholder & Candidate Campaign Statement OR FPPC Form 460 - Receipt Committee Campaign Statement	08/11/17		8.03.17

<i>OPTIONAL FORMS</i>		RECEIVED	
Code of Fair Campaign Practices	08/11/17		
Candidate Statement of Qualifications & Fee	08/11/17		AUG 03 2017
FPPC Form 410 - Statement of Organization	See Schedule		

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

<i>OTHER RESOURCES AVAILABLE</i>	
Candidate Guide	
FPPC Filing Schedule	

Issued by _____ Date _____

MATERIALS INDICATED ABOVE WERE ISSUED TO ME AS NOTED AND I AM AWARE OF THE FILING DEADLINE OF **AUGUST 11, 2017** FOR DECLARATION OF CANDIDACY.


Name: Jenifer Schrock

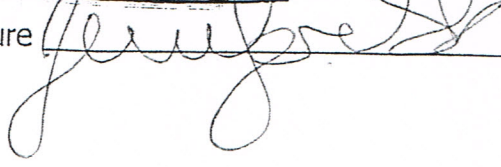
Office of Candidacy: Board Member

Mailing Address: 

Physical Address: 

Email Address: 

Phone: 

Candidate's Signature  Date 8-3-2017

OFFICIAL FILING FORM

Shanna S. White
County Elections Official

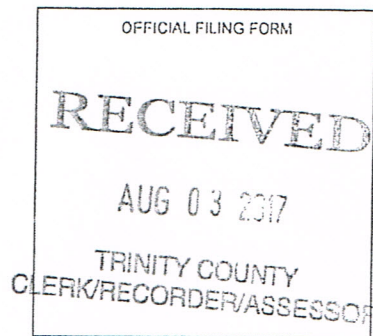
By _____ Deputy

Date Issued: _____

Declaration of Candidacy

(Election Code §§ 10511, 10512)

Consolidated District Election



Term of Office: 2 YR. Term (Completion of Unexpired Term)
(Select one)
4 YR. Term (Full Term)

I, Jenifer Schrock hereby declare myself a candidate for election to the office of
(Candidate Name)
Director Board of trustee Mountain Valley in the jurisdiction of Trinity County
(Name of Office) (District Name) (Name of County)

to be voted for at the Consolidated District Election to be held on November 7, 2017 and declare the following to be true:

I request my name and occupational designation to appear on the ballot as follows:

Jenifer Schrock
Print Your Name for Use on the Ballot

None
Print Ballot Designation (maximum 3 words)

Candidate initials if preferring no designation:
JS

Note: A ballot designation is optional. If no ballot designation is requested, write in the word "NONE" and initial in box as indicated.

Residence Address: _____
City State Zip Code

Business Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Telephone: _____)
Area Code Daytime Area Code Evening

FAX and e-mail: _____
Area Code FAX e-mail

I am filing a Candidates' Statement of Qualifications: YES _____ NO X

I am requesting Candidates' Statement not to be printed if no opposition. _____

IMPORTANT: BACK SIDE OF PAGE MUST BE COMPLETED

I meet the statutory and constitutional qualifications for this office (including but not limited to voter registration in jurisdiction, citizenship, residency, and party affiliation, if required).
I am a registered voter in the precinct in which I reside.

If nominated/elected I will accept the nomination/office and not withdraw.

7-26-2017
Date

[Signature]
Signature of Candidate

State of California
County of Trinity

} ss.

Subscribed and sworn to before me this 26th day of July August, 2017

Shanna S. White, County Clerk/Recorder/Assessor
[Signature]
By Deputy

I am aware that any person who files or submits for filing a declaration of candidacy knowing that it or any part of it has been made falsely is punishable by a fine or imprisonment, or both, as set forth in Sec. 18203 of the Elections Code.

WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any declaration of candidacy in his/her possession which is entitled to be filed under the provisions of the Elections Code.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

[Signature]
Signature of Candidate

Oath of Office

I, Jennifer Schroock, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

[Signature]
Signature of Candidate

State of California
County of Trinity

} ss.

Subscribed and sworn to before me this 26th day of July August, 2017

Shanna S. White, County Clerk/Recorder/Assessor
[Signature]
By Deputy

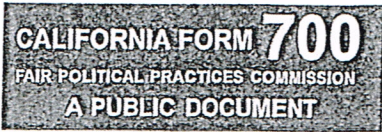
FOR COUNTY ELECTIONS OFFICIAL USE ONLY

I hereby certify that I have examined this declaration pursuant to California Elections Code Section 10513 and find it to be sufficient.

Shanna S. White, County Clerk/Recorder/Assessor

By: _____
Deputy

Date: _____



STATEMENT OF ECONOMIC INTERESTS

RECEIVED Critical Use Only

AUG 03 2017

COVER PAGE

Please type or print in ink.

TRINITY COUNTY

NAME OF FILER (LAST) (FIRST) (MIDDLE) ASSESSOR
Schrock Jennifer Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Board of trustee MVUSD Board member
Division, Board, Department, District, if applicable Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of Trinity, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016. Leaving Office: Date Left. Assuming Office: Date assumed. Candidate: Election year 2017 and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed July 26, 2017 (month, day, year)

Signature (File the originally signed statement with your filing official.)

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

RECEIVED Date Stamp
 AUG 03 2017
 TRINITY COUNTY
 CLERK/RECORDER/ASSESSOR

CALIFORNIA FORM 501
 For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Schrock, Jennifer E DAYTIME TELEPHONE NUMBER _____ FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS _____ STATE _____ ZIP CODE _____

OFFICE Sought (Complete Part 2.) _____ AGENCY NAME Mountain Valley Unified DISTRICT _____ NON-PARTISAN

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: Trinity (Name of Multi-County Jurisdiction) 2017 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2017 Primary/general election _____ Special/runoff election _____
(Year of Election) (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ (month, day, year) Signature _____ (Candidate)

RECEIVED

DEPARTMENT OF TRANSPORTATION
DIVISION OF TRAFFIC OPERATIONS
OUTDOOR ADVERTISING PROGRAM

AUG 03 2017



TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

STATEMENT OF RESPONSIBILITY FOR TEMPORARY POLITICAL SIGNS

Election Date: June November Other: _____

Candidate's Name: Jennifer Schwack

Office sought or Proposition Number: Board member

County where sign(s) will be placed: Ø

Number of signs to be placed: Ø

RESPONSIBLE PARTY:

Name: Jennifer Schwack

Address: [REDACTED]

Phone Number (Include Area Code) _____

The undersigned hereby accepts responsibility for the removal of Temporary Political Signs placed pursuant to Section 5405.3 of the Outdoor Advertising Act for the above candidate or proposition.

It is understood and agreed that any Temporary Political Signs placed sooner than ninety (90) days prior to the election and/or not removed within ten (10) days after the election, may be removed by the Department and the responsible party will be billed for any associated removal costs.

Jennifer Schwack
SIGNATURE OF RESPONSIBLE PARTY

8-3-2017
DATE

Mail Statement of Responsibility to:

Division of Traffic Operations
Outdoor Advertising Program
P.O. Box 942874, MS-36
Sacramento, CA 94274-0001

Officeholder and Candidate
Campaign Statement -
Short Form

Date Stamp RECEIVED AUG 03 2017	Date of election if applicable: (Month, Day, Year) 11/07/17	<input type="checkbox"/> Amendment (Explain Below)
TRINITY COUNTY CLERK/RECORDER/ASSESSOR		CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Sevilles Schnock

STREET ADDRESS
[REDACTED]

CITY
[REDACTED]

STATE
[REDACTED]

ZIP CODE
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS
[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Board Member

JURISDICTION (LOCATION)
Mariposa Valley

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-3-2017 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Officeholder and Candidate Campaign Statement —
Short Form - AND - Form 470 Supplement

CALIFORNIA
FORM

470

Who Uses Form 470:

Form 470 is for use by officeholders and candidates who:

- do not have a controlled committee;
- do not anticipate receiving contributions totaling \$2,000 or more during the calendar year; and
- do not anticipate spending \$2,000 or more during the calendar year.

Officeholders and candidates who have a controlled committee or who have raised or spent \$2,000, file the Recipient Committee Statement – Form 460.

Exceptions:

The following individuals seeking or holding office are not required to file campaign disclosure statements (Form 470 or Form 460):

- candidates for county central committee offices that do not raise or spend \$2,000 or more in a calendar year;
- officeholders whose salaries are less than \$200 per month and judicial candidates who have not made or received contributions or made expenditures during non-election years; and
- judges who do not receive contributions and who make personal expenditures of less than \$1,000 or more in non-election years.

Period Covered:

The period covered is always the calendar year (January 1 through December 31).

\$2,000 Threshold:

To determine if \$2,000 has been raised or spent, or will be raised or spent, the candidate's personal funds for the filing fee or statement of qualifications are excluded.

A campaign bank account must be established if the candidate receives contributions from other persons.

When to File:

Ensure campaign deadlines are met. Go to www.fppc.ca.gov for campaign disclosure filing schedules.

If the Form 470 is filed in connection with an election, or on or before the filing deadline for the first campaign statement required for the calendar year, no additional campaign statements need to be filed for that calendar year as long as total contributions received remain less than \$2,000 and total expenditures made remain less than \$2,000. In most cases, July 31 is the filing deadline for the first campaign statement required to be filed by officeholders and candidates not being voted upon.

The Form 470 is filed in connection with an election if it is filed with the declaration of candidacy, or as a first preelection statement in connection with an election, covering the year of the election. If, after filing Form 470, receipts or expenditures reach \$2,000 or more, see the attached Form 470 Supplement for important reporting requirements.

Where to File:

State Elections:

State officeholders, state candidates, candidates and members of CalPERS and CalSTRS, judges and judicial candidates must file the original and one copy with:

Secretary of State
Political Reform Division
1500 11th Street, Room 495
Sacramento, CA 95814
Phone (916) 653-6224
Fax (916) 653-5045
www.sos.ca.gov

Additional Copies:

A copy of the Form 470 must also be filed with the candidate's county of domicile's filing officer. CalPERS and CalSTRS board candidates must file a copy of the Form 470 with the relevant CalPERS or CalSTRS office and not the candidate's county of domicile.

Local Elections:

- Elected officers and candidates for local multi-county agencies file an original and one copy with the elections official for the county with the largest number of registered voters in the district and one copy with the candidate's county of domicile.
- Elected county officeholders and candidates for county offices file an original and one copy with the elections official for that county.
- Elected city officeholders and candidates for city offices file an original and one copy with the city clerk.

Note: A local agency may impose additional requirements.

Amendments: If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment. Be sure to enter the calendar year covered by the statement you are amending and the date of election, if applicable.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual.