

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

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City of Suisun City

CALIFORNIA FORM 460

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Statement covers period

from 01/01/2026

through 06/30/2026

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

11/03/2026

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)

- Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)

- General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ 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)

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1484542

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

Jenalee Dawson, Ph.D.

STREET ADDRESS (NO P.O. BOX)

918 Driftwood Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Suisun City CA 94585 (707) 555-0100

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

dawsonforsuisun2026@gmail.com

Treasurer(s)

NAME OF TREASURER

Sherri Iovce

MAILING ADDRESS

450 Mallards Gulch Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Rio Vista CA 94571 (707) 330-7174

NAME OF ASSISTANT TREASURER, IF ANY

Jenalee Dawson, Ph.D.

MAILING ADDRESS

918 Driftwood Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Suisun City CA 94585 (707) 555-0100

OPTIONAL: FAX / E-MAIL ADDRESS

dawsonforsuisun2026@gmail.com

4. Verification

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

Executed on 07/29/2026
Date

Executed on 07/29/2026
Date

Executed on
Date

Executed on
Date

By Jenalee Dawson
Signature of Treasurer or Assistant Treasurer

By Jenalee Dawson
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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Recipient Committee
Campaign Statement
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jenalee Dawson, Ph.D.

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

City Council Member, City of Suisun City

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
918 Driftwood Drive Suisun City CA 94585

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?

☐ YES ☐ 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?

☐ YES ☐ 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

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2026</u> through <u>06/30/2026</u>	CALIFORNIA FORM 460 Page <u>3</u> of <u>8</u> I.D. NUMBER 1484542
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenalee Dawson, Ph.D.

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>\$3,595.00</u>	\$ <u>\$3,595.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>\$100.00</u>	\$ <u>\$100.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>\$3,695.00</u>	\$ <u>\$3,695.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>\$729.67</u>	\$ <u>\$729.67</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>\$4,424.67</u>	\$ <u>\$4,424.67</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>\$877.60</u>	\$ <u>\$877.60</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>\$877.60</u>	\$ <u>\$877.60</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>\$729.67</u>	\$ <u>\$729.67</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>\$1,607.27</u>	\$ <u>\$1,607.27</u>

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..... <i>Previous Summary Page, Line 16</i>	\$ <u>\$0.00</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>\$3,695.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>\$0.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>\$877.60</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>\$2,817.40</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>\$0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>\$0.00</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>\$100.00</u>

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2026
through 06/30/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenalee Dawson, Ph.D.

I.D. NUMBER

1484542

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)
06/04/2026	C.C. Yin 185 Butcher Road, Vacaville, CA 95687	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Provided / Not Provided	\$1,000.00	\$1,000.00	N/A
06/24/2026	Hoshier Sign Dadhwal 2418 Vista Grande, Fairfield, CA 94534	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Provided / Not Provided	\$1,000.00	\$1,000.00	N/A
06/24/2026	Cynthia Unger 574 Reed Drive, Davis, CA 95616	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Provided / Not Provided	\$150.00	\$150.00	N/A
06/24/2026	Gary Falati 2801 Waterman Blvd Ste 100, Fairfield, CA 94534	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Provided / Not Provided	\$100.00	\$100.00	N/A
06/24/2026	Rochelle Sherlock 4813 Stoneridge Court, Fairfield, CA 94534	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Not Provided / Not Provided	\$250.00	\$250.00	N/A
SUBTOTAL \$				\$2,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ \$3,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ \$495.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** \$3,595.00

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2026</u> through <u>06/30/2026</u>	CALIFORNIA FORM 460
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NAME OF FILER

Jenalee Dawson, Ph.D.

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)
06/24/2026	Jim Gonzalez 1830 N Street, Sacramento, CA 95811	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Political Strategist / Jim Gonzalez & Associates LLC	\$200.00	\$200.00	N/A
06/01/2026	Scott Tonnensen 711 Jefferson Street Ste 102, Fairfield, CA 94533	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Loan Agent	\$100.00	\$100.00	N/A
06/27/2026	Jim Gonzalez 1830 N Street, Sacramento, CA 95811	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Political Strategist / Jim Gonzalez & Associates LLC	\$300.00	\$500.00	N/A
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$ \$600.00						

*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

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2026
through 06/30/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenalee Dawson, Ph.D.

I.D. NUMBER

1484542

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ <u>0.00</u>	\$ <u>100.00</u>	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ <u>100.00</u> N/A DATE DUE	<u>0%</u> % RATE \$ <u>0.00</u>	\$ <u>100.00</u> 01/01/2026 DATE INCURRED	CALENDAR YEAR \$ <u>100.00</u> PER ELECTION** \$ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ _____	\$ _____	☐ PAID \$ _____ ☐ FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ <u>\$100.00</u> \$ <u>\$0.00</u> \$ <u>\$100.00</u> \$ <u>\$0.00</u>								

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 100.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 100.00
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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 forgiven or paid by another party also must be reported on Schedule A.

** If required.

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Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2026</u> through <u>06/30/2026</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenalee Dawson, Ph.D.

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/24/2026	Amy Fabi	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Volunteer	Campaign Fundraiser Food - Fair Market Value	\$729.67	\$729.67	N/A
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 729.67

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ _____

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** 729.67

*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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period
from 01/01/2026
through 06/30/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jenalee Dawson, Ph.D.

I.D. NUMBER

1484542

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, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Act Blue Online Platform	FND	Campaign Event Ticket	\$100.00
Amazon Online	CMP	Canvas Bags / Cups - Campaign Materials	\$240.00
Sign Atonomy Fairfield, CA	CMP	Campaign Signs 16x24	\$185.00

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

SUBTOTAL \$ \$525.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ \$525.00
2. Unitemized payments made this period of under \$100	\$ \$352.60
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.)	TOTAL \$ \$877.60

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