Recipient Committee
Campaign Statement – Short Form

Type or print in ink.

CALIFORNIA FORM 450

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __January 1, 2011__	
through __June 30, 2011__	

Page __1__ of __3__

For Official Use Only

1. Type of Recipient Committee:

- [ ] Ballot Measure Committee
  - ( ) Primarily Formed
  - ( ) Controlled
  - ( ) Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

- [X] General Purpose Committee
  - (X) Sponsored
  - ( ) Small Contributor Committee

2. Type of Statement:

- [ ] Pre-election Statement
- [X] Semi-annual Statement
- [ ] Termination Statement

- [ ] Quarterly Statement
- [ ] Special Odd-year Report
- [ ] Supplemental Pre-election Statement - Attach Form 495

- [ ] Amendment (Explain) _____
  (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER 1261647

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

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
jcolston@local4184.org

Treasurer(s)

NAME OF TREASURER

James Colston

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Jeff McCloskey

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

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 the information contained herein 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 __6/30/11__
DATE
By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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
Summary Page

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

SHORT FORM

Statement covers period	CALIFORNIA FORM **450**
from January 1, 2011	
through June 30, 2011	Page 2 of 3

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

Expenditures Made

1. Expenditures of $100 or more made this period	$	0
2. Expenditures under $100 made this period (Not itemized.)		0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .... Add Lines 1 + 2	$	0
4. Nonmonetary Adjustment .... From Line 8 Below		0
5. Total expenditures made from previous statement .... Previous Summary Page, Line 6	$	0
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE .... Add Lines 3 + 4 + 5	$	0

Contributions Received

7. Monetary contributions received this period	$	0
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement .... Previous Summary Page, Line 10	$	0
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .... Add Lines 7 + 8 + 9	$	0

Current Cash Statement

11. Beginning cash balance .... Previous Summary Page, Line 15	$	5013.08
12. Cash receipts this period .... Line 7 above		0
13. Miscellaneous increases to cash	$	0
14. Cash expenditures this period .... Line 3 above		0
15. ENDING CASH BALANCE THIS PERIOD .... Add Lines 11 + 12 + 13, then subtract Line 14	$	5013.08

Recipient Committee
Campaign Statement – Short Form

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

Statement covers period		CALIFORNIA FORM **450**
from January 1, 2011		
through June 30, 2011	Page 3 of 3	

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ _____ Other $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ _____ Other $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ _____ Other $ _____
			SUBTOTAL $		

* Required only for payments which are contributions or independent expenditures.

Recipient Committee
Campaign Statement – Short Form

Type or print in ink.

Date Stamp

RECEIVED

JAN 25 2012

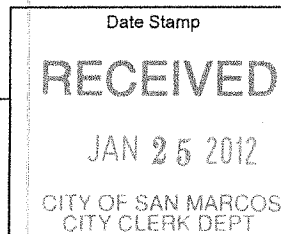CITY OF SAN MARCOS
CITY CLERK DEPT

CALIFORNIA FORM 450

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period	Date of election if applicable: (Month, Day, Year)
from __July 1, 2011__	
through __December 31, 2011__	

Page __1__ of __3__

For Official Use Only

1. Type of Recipient Committee:

- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
- [ ] Primarily Formed Candidate/ Officeholder Committee

- [x] General Purpose Committee
  - ⊗ Sponsored
  - ○ Small Contributor Committee

2. Type of Statement:

- [ ] Pre-election Statement
- [x] Semi-annual Statement
- [ ] Termination Statement

- [ ] Quarterly Statement
- [ ] Special Odd-year Report
- [ ] Supplemental Pre-election Statement - Attach Form 495

- [ ] Amendment (Explain) _____
  (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1261647

COMMITTEE NAME
San Marcos Professional Firefighters Association PAC

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

Treasurer(s)

NAME OF TREASURER
James Colston

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Jeff McCloskey

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 the information contained herein 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 __1/25/12__ By _James Colston_
DATE   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE   SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

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

SHORT FORM

Statement covers period

from July 1, 2011

through December 31, 2011

CALIFORNIA FORM **450**

Page __2__ of __3__

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

Expenditures Made

1. Expenditures of $100 or more made this period	$	0
2. Expenditures under $100 made this period (Not itemized.)		0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .... Add Lines 1 + 2	$	0
4. Nonmonetary Adjustment ..... From Line 8 Below		0
5. Total expenditures made from previous statement ..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	$	0
6. TOTAL EXPENDITURES MADE TO DATE ..... Add Lines 3 + 4 + 5	$	0

Contributions Received

7. Monetary contributions received this period	$	5643.00
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement ..... Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	$	0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... Add Lines 7 + 8 + 9	$	5643.00

Current Cash Statement

11. Beginning cash balance ..... Previous Summary Page, Line 15	$	5013.08
12. Cash receipts this period ..... Line 7 above		5643.00
13. Miscellaneous increases to cash	$	0
14. Cash expenditures this period ..... Line 3 above		0
15. **ENDING CASH BALANCE THIS PERIOD** ..... Add Lines 11 + 12 + 13, then subtract Line 14	$	10656.08

Recipient Committee
Campaign Statement – Short Form

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

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		**Calendar Year** $ _____ **Other** $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		**Calendar Year** $ _____ **Other** $ _____
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		**Calendar Year** $ _____ **Other** $ _____
			SUBTOTAL $		

* Required only for payments which are contributions or independent expenditures.