

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

|   |  |
|---|--|
| Date Stamp<br><b>Received</b><br>AUG 02 2016<br>City Clerk Department<br>City of San Marcos | CALIFORNIA FORM <b>460</b><br>Page <u>1</u> of <u>3</u><br>For Official Use Only |
|---|--|

Statement covers period  
from January 1, 2016  
through June 30, 2016

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

SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small>                  | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input checked="" type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
San Marcos Professional Firefighters Association PAC

Treasurer(s)

NAME OF TREASURER  
Jeff McCloskey

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

NAME OF ASSISTANT TREASURER, IF ANY  
Walter Brame

MAILING ADDRESS

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

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 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 8/2/2016  
Date

By [Signature]  
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

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                            |
|--|----------------------------|
| Statement covers period<br>from January 1, 2016<br>through June 30, 2016 | <b>CALIFORNIA FORM 460</b> |
| Page 2 of 3  | I.D. NUMBER                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 1,622.53  | \$ 20,181.64                               |
| 2. Loans Received..... Schedule B, Line 3            | \$ 0   | \$ 0                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 1,622.53  | \$ 1,622.53                                |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ 0   | \$ 0                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 1,622.53  | \$ 21,804.17                               |

## 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      | \$               | \$          |

## Expenditures Made

|  |          |    |
|--|----------|----|
| 6. Payments Made..... Schedule E, Line 4                   | \$ 50.00 | \$ |
| 7. Loans Made..... Schedule H, Line 3                      | \$ 0     | \$ |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 50.00 | \$ |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ 0     | \$ |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | \$ 0     | \$ |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 50.00 | \$ |

## Expenditure Limit Summary for State Candidates

|  |               |
|--|---------------|
| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$            |
| ____/____/____   | \$            |

## Current Cash Statement

|  |              |
|--|--------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ 20,181.64 |
| 13. Cash Receipts..... Column A, Line 3 above                              | \$ 1,622.53  |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | \$ 0         |
| 15. Cash Payments..... Column A, Line 8 above                              | \$ 50.00     |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 21,754.17 |

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

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

## Cash Equivalents and Outstanding Debts

|  |      |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

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 E Payments Made

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from January 1, 2016<br>through June 30, 2016 | <b>CALIFORNIA FORM 460</b> |
|--|----------------------------|

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER

**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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                    | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Secretary of State<br>Political Reform Division<br>PO Box 1467<br>Sacramento, CA 95812 |         | Annual Committee Fee   | 50.00       |
|  |         |                        |             |
|  |         |                        |             |

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

**SUBTOTAL \$**

## Schedule E Summary

|  |                       |
|--|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 50.00              |
| 2. Unitemized payments made this period of under \$100   | \$ 0                  |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0                  |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 50.00</b> |