

**Recipient Committee  
Campaign Statement  
Cover Page**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 10/31/2016  
through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)  
11/08/2016

COVER PAGE  
**CALIFORNIA FORM 460**  
Date Stamp  
**Received**  
**FEB 02 2017**  
Page 1 of 3  
For Official Use Only  
City Clerk Department  
City of San Marcos

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

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

**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>(Also file a Form 410 Termination) |  |
| <input type="checkbox"/> Amendment (Explain below)                                   |  |
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**3. Committee Information**

I.D. NUMBER  
1261647

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

San Marcos Professional Firefighters PAC

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Jeff McCloskey

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

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 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 2/1/2017  
Date

By  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 from <u>10/31/2016</u>	through <u>12/31/2016</u>	CALIFORNIA FORM <b>460</b>
		Page <u>2</u> of <u>3</u>
		I.D. NUMBER <u>1261647</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Marcos Professional Firefighters PAC

**Contributions Received**

		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 933.52	\$ 21,036.42
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 0	\$ 0
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 933.52	\$ 21,036.42

**Expenditures Made**

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 0	\$ 2,598.75
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 0	\$ 2,598.75
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ 0	\$ 0
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 0	\$ 2,598.75

**Current Cash Statement**

12. Beginning Cash Balance .....	<i>Previous Summary Page, Line 16</i>	\$ 21,036.42
13. Cash Receipts .....	<i>Column A, Line 3 above</i>	\$ 933.52
14. Miscellaneous Increases to Cash .....	<i>Schedule I, Line 4</i>	\$ 0
15. Cash Payments .....	<i>Column A, Line 8 above</i>	\$ 0
16. ENDING CASH BALANCE .....	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 21,969.94

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

17. LOAN GUARANTEES RECEIVED .....	<i>Schedule B, Part 2</i>	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	<i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts .....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 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).

**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	\$ _____

**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
	/ /	\$ _____
	/ /	\$ _____

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

**Amounts may be rounded to whole dollars.**

**SCHEDULE D**

CALIFORNIA FORM 460

A 460

SEE INSTRUCTIONS ON REVERSE

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**NAME OF FILER**

San Marcos Professional Firefighters PAC

**Statement covers period**  
from 10/31/2016  
through 12/31/2016

**CALIFORNIA  
FORM 460**

I.D. NUMBER  
1261647

## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0  
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0  
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .....