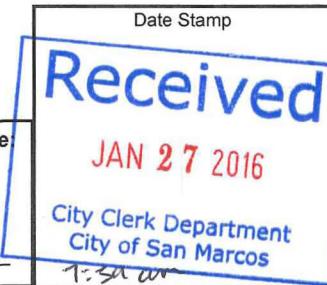


**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

Statement covers period from _____ through _____	Date of election if applicable (Month, Day, Year) _____
July 1, 2015 December 31, 2015	



Date Stamp	CALIFORNIA FORM 460
Page 1 of 2	For Official Use Only

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 (Also Complete Part 5)	<input type="radio"/> Sponsored (Also Complete Part 6)
<input checked="" type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
<input checked="" type="checkbox"/> Sponsored	
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

3. Committee Information

I.D. NUMBER

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

San Marcos Professional Firefighters Association PAC

[REDACTED]

CITY [REDACTED]

[REDACTED]

AREA CODE/PHONE [REDACTED]

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

jmcloskey@local4184.org

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.

1/22/2016

Executed on _____ 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

Campaign Disclosure Statement

Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period
July 1, 2015
from _____
through December 31, 2015

Page 2 of 2

I.D. NUMBER

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 2,821.50	17,410.14
2. Loans Received	Schedule B, Line 3	\$ 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 2,821.50	2,821.50
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 2,821.50	20,231.64

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 17,410.14	
13. Cash Receipts	Column A, Line 3 above	\$ 2,821.50	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0	
15. Cash Payments	Column A, Line 8 above	\$ 0	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 20,231.64	

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

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

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
/ /	\$ _____
/ /	\$ _____

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.