

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or | | |
| <input type="radio"/> Date qualification threshold met | Date qualification threshold met 05 / 20 / 2019 | Date of termination ____ / ____ / ____ |
| ____ / ____ / ____ | | |

Date Stamp

RECEIVED

JUN 03 2019

City Clerk Dept.
City of San Marcos

CALIFORNIA FORM 410

For Official Use Only

| | | |
|---------------------------------|----------------------------------------|--------------------------------------------------|
| 1. Committee Information | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers |
|---------------------------------|----------------------------------------|--------------------------------------------------|

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

NAME OF TREASURER

Tim Bramble

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of San Marcos

NAME OF PRINCIPAL OFFICER(S)

Brad Pearson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 5/20/2019 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

AT TREASURER

Executed on 5/20/2019 By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

| | |
|------------------------------------------------------------------------|------------------------|
| COMMITTEE NAME San Marcos Professional Firefighters Association PAC | I.D. NUMBER 1261647 |
|------------------------------------------------------------------------|------------------------|

- All committees must list the financial institution where the campaign bank account is located.

| | | | |
|----------------------------------------------------------------|-----------------------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION San Diego County Credit Union | AREA CODE/PHONE (877) 732-2848 | BANK ACCOUNT NUMBER | |
| ADDRESS P.O. Box 269040 | CITY San Diego | STATE CA | ZIP CODE 92196 |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | (list political party below) |
|-------------------------------------------------------|---------------------------------------------------------------------------|---------------------|-----------------------------------------|--------------------------------------|------------------------------|
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

1261647

| | | |
|----------------|------------------------------------------------------|-------------|
| COMMITTEE NAME | San Marcos Professional Firefighters Association PAC | I.D. NUMBER |
|----------------|------------------------------------------------------|-------------|

4. Type of Committee

(Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

General purpose, sponsored committee that supports and/or opposes local candidates or ballot measures within the City of San Marcos.

Sponsored Committee

List additional sponsors on an attachment.

| | | | | |
|-----------------|------------------------------------------|------|-------|-----------------|
| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | | |
| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE |
| | | | | AREA CODE/PHONE |

Small Contributor Committee

_____ / _____ / _____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

| | |
|----------------------------------------|-----------------------|
| Date Stamp | |
| RECEIVED | |
| JUN 13 2019 | |
| City Clerk Dept. City of San Marcos | |
| Page <u>1</u> of <u>3</u> | 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
1261647

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

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

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

Treasurer(s)

NAME OF TREASURER

Brad Pearson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 6/13/2019
Date

By _____
Signature or Treasurer or Assistant Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer or 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

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from January 1, 2019

through June 30, 2019

**CALIFORNIA
FORM**

460

Page 2 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

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> | \$ 2,920.50 | \$ 2,920.50 |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ 2,920.50 | \$ 2,920.50 |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ 2,920.50 | \$ 2,920.50 |

Expenditures Made

| | | | |
|-----------------------------------------|-----------------------------|----------|----------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ 50.00 | \$ 50.00 |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ 50.00 | \$ 50.00 |
| 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> | \$ 50.00 | \$ 50.00 |

Current Cash Statement

| | | |
|-------------------------------------------|------------------------------------------------------|--------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 32,685.69 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 2,920.50 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ 0 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ 50.00 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 35,556.19 |

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

| | | |
|-----------------------------------|---------------------------|------|
| 17. LOAN GUARANTEES RECEIVED..... | <i>Schedule B, Part 2</i> | \$ 0 |
|-----------------------------------|---------------------------|------|

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 \$ 0 \$ _____

21. Expenditures Made \$ 0 \$ _____

**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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Marcos Professional Firefighters Association PAC

Statement covers period
from January 1, 2019

through June 30, 2019

Page 3 of 3

I.D. NUMBER
1261647

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 |
|--------------------------------------------------------------------------------------------|------|----|------------------------|-------------|
| Secretary of State Political Reform Division 1500 11th St. #495 Sacramento, CA 95814 | | | Annual Committee Fee | 50.00 |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 50.00

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.)..... | TOTAL \$ 50.00 |

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met
____ / ____ / ____

Amendment

Termination – See Part 5

Date qualification threshold met
05 / 20 / 2019

Date of termination
____ / ____ / ____

Date Stamp

**CALIFORNIA
FORM**

410

RECEIVED AND FILED

in the office of the Secretary of
of the State of California

JUN 10 2019

State
For Official Use Only

2019 JUN 18 AM 8:08

REC'D S.D. CO. ROV

1. Committee Information

**I.D. Number
(if applicable)**

1261647

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of San Marcos

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tim Bramble

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Brad Pearson

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Carlsbad

CA

92008

3. Verification

I have used all reasonable diligence in preparing 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 5/20/2019 By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on 5/20/2019 By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

| | |
|------------------------------------------------------------------------|------------------------|
| COMMITTEE NAME San Marcos Professional Firefighters Association PAC | I.D. NUMBER 1261647 |
|------------------------------------------------------------------------|------------------------|

- All committees must list the financial institution where the campaign bank account is located.

| | | | |
|----------------------------------------------------------------|-----------------------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION San Diego County Credit Union | AREA CODE/PHONE (877) 732-2848 | BANK ACCOUNT NUMBER | |
| ADDRESS P.O. Box 269040 | CITY San Diego | STATE CA | ZIP CODE 92196 |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY | | CHECK ONE (list political party below) |
|--------------------------------------------------------|---------------------------------------------------------------------------|---------------------|--------------------------|--------------------------|-------------------------------------------|
| | | | Nonpartisan | Partisan | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

1261647

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

4. Type of Committee (continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

General purpose, sponsored committee that supports and/or opposes local candidates or ballot measures within the City of San Marcos.

Sponsored Committee

List additional sponsors on an attachment.

| NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR | | | | |
|-----------------|------------------------------------------|------|-------|----------|-----------------|
| STREET ADDRESS | NO. AND STREET | CITY | STATE | ZIP CODE | AREA CODE/PHONE |

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA **460**
FORM

Page 1 of 2

For Official Use Only

| | |
|----------------------------------------|----------|
| Date Stamp | RECEIVED |
| JAN 15 2020 | |
| City Clerk Dept. City of San Marcos | |

| | |
|-----------------------------------------------------|---------------------------------------------------------------------|
| Statement covers period from <u>July 1, 2019</u> | Date of election if applicable: (Month, Day, Year) <u>N/A</u> |
| through <u>December 31, 2019</u> | |

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="checkbox"/> Quarterly Statement |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled | <input type="checkbox"/> Semi-annual Statement |
| <input type="radio"/> Recall (Also Complete Part 5) | <input type="radio"/> Sponsored (Also Complete Part 6) | <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7) | <input type="checkbox"/> Amendment (Explain below) |
| <input checked="" type="checkbox"/> Sponsored | | |
| <input type="radio"/> Small Contributor Committee | | |
| <input type="radio"/> Political Party/Central Committee | | |

3. Committee Information

I.D. NUMBER
1261647

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

San Marcos Professional Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)

| | | | |
|----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Carlsbad | CA | 92008 | |

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

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

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

Treasurer(s)

NAME OF TREASURER

Brad Pearson

MAILING ADDRESS

| | | | |
|----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Carlsbad | CA | 92008 | |

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 01/15/2020
Date

By _____ ant 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 July 1, 2019
through December 1, 2019

**CALIFORNIA
FORM 460**
Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

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> | \$ 2,516.25 | \$ 2,516.25 |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ 2,516.25 | \$ 2,516.25 |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ 2,516.25 | \$ 2,516.25 |

Expenditures Made

| | | | |
|-----------------------------------------|-----------------------------|------|------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ 0 | \$ 0 |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ 0 | \$ 0 |
| 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 | \$ 0 |

Current Cash Statement

| | | |
|-------------------------------------------|------------------------------------------------------|--------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 35,556.19 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 2,516.25 |
| 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> | \$ 38,072.44 |

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

| | | |
|------------------------------------|---------------------------|------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ 0 |
|------------------------------------|---------------------------|------|

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.