

**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	Date of termination
_____ / _____ / _____	05 / 05 / 2018	_____ / _____ / _____

Date Stamp

RECEIVED

MAY 10 2019

City Clerk Dept.
City of San Marcos

**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information		I.D. Number (if applicable)	1405018	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
Maria Nuñez for San Marcos City Council District 1 2018				Ana M. Ardón			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078		San Marcos	CA	92078	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego		San Marcos, California					
NAME OF PRINCIPAL OFFICER(S)							
STREET ADDRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE	AREA CODE/PHONE				

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.

DATE
05/10/2019

DATE 3/10/08

Executed on _____ By _____
DATE _____ SIGNATURE _____

NAME/ TITLE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEMHOLDER, CANDIDATE, OR STATE MEASURE PROBONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

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COMMITTEE NAME	I.D. NUMBER
Maria Nuñez for San Marcos City Council District 1 2018	1405018

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (760) 744-2491	BANK ACCOUNT NUMBER
ADDRESS 669 S. Rancho Santa Fe Road	CITY San Marcos	STATE CA ZIP CODE 92078

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	
Maria Nuñez	San Marcos City Council District 1	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>
			Nonpartisan <input type="checkbox"/>	Partisan <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"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

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I.D. NUMBER

1405018

COMMITTEE NAME
Maria Nuñez for San Marcos City Council District 1 2018

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

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

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

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

3. Committee Information

I.D. NUMBER
1405018

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

Maria Nuñez for San Marcos City Council District 1 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Marcos CA 92078

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

Executed on 07/31/2019
Date _____

By _____

Executed on 07/31/2019
Date _____

By _____

Visible 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

COVER PAGE

CALIFORNIA FORM **460**

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City of San Marcos

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City Clerk Dept. City of San Marcos		

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

Ana M Ardón

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Marcos CA 92078

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Maria J. Nuñez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Marcos City Council District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
San Marcos, CA 92078

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE
CITY				

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	STATE	ZIP CODE	AREA CODE/PHONE
CITY				

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSERNT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

Statement covers period from <u>01/01/2019</u>	CALIFORNIA FORM 460
through <u>06/30/2019</u>	Page <u>3</u> of <u>5</u>
I.D. NUMBER <u>1405018</u>	

Contributions Received

1. Monetary Contributions.....	<i>Schedule A, Line 3</i>	\$ 0.00	\$ 16,124.00
2. Loans Received.....	<i>Schedule B, Line 3</i>	\$ 0.00	\$ 608.25
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ 0.00	\$ 16,732.25
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 87.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ 0.00	\$ 16,819.25

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 509.80	\$ 17,156.36
7. Loans Made.....	<i>Schedule H, Line 3</i>	0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 509.80	\$ 17,156.36
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	0.00	0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	0.00	0.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 509.80	\$ 17,156.36

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 385.69
13. Cash Receipts	<i>Column A, Line 3 above</i>	0.00
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	568.00
15. Cash Payments	<i>Column A, Line 8 above</i>	509.80
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 443.89

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

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ 0.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ 608.25

Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
---	---

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
<hr/> <hr/>	\$ <hr/> <hr/>
<hr/> <hr/>	\$ <hr/> <hr/>

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

SCHEDULE E

CALIFORNIA
FORM
460

Statement covers period
from 01/01/2019

through 06/30/2019

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I.D. NUMBER

1405018

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
Google LLC 1600 Amphitheatre Pkwy, Mountain View, CA 94043	WEB			191.80
NationBuilder 520 S. Grand Avenue, Los Angeles, CA 90071	WEB			174.00
Union Bank 669 S Rancho Santa Fe Road, San Marcos, CA 92069	PRO			144.00

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

SUBTOTAL \$ 509.80

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>509.80</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>0.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ <u>509.80</u>

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

Statement covers period
from 01/01/2019
through 06/30/2019

CALIFORNIA FORM
460
Page 5 of 5

I.D. NUMBER
1405018

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
04/16/2019	City of San Marcos 1 Civic Center Drive, San Marcos, CA 92069	Campaign Fee Refund	568.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 568.00

Schedule I Summary

1. Itemized increases to cash this period. \$ 568.00
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 568.00**

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met

— / — / —

— / — / —

Date of termination

12, 20, 2019

Date Stamp

**CALIFORNIA
FORM**

410

For Official Use Only
DEC 20 2019

City Clerk Dept.
City of San Marcos

1. Committee Information

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

1405018

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Maria Nuñez for San Marcos City Council District 1 2018

NAME OF TREASURER

Ana M. Ardón

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego	San Marcos, California

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 12/20/19 By _____

DATE

Executed on 12/20/19 By _____

DATE

SIGNATURE

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1405018

COMMITTEE NAME
Maria Nuñez for San Marcos City Council District 1 2018

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (760) 744-2491	BANK ACCOUNT NUMBER	
ADDRESS 669 South Rancho Santa Fe Road	CITY San Marcos	STATE CA	ZIP CODE 92078

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		(list political party below)
			Nonpartisan	Partisan	
Maria J. Nuñez	San Marcos City Council District 1	2018	<input checked="" 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	
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

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

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

3. Committee Information

I.D. NUMBER
1405018

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

Maria Nuñez for San Marcos City Council District 1 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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 12/20/19

Date

By _____

Executed on 12/20/19

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____

Date Stamp	CALIFORNIA FORM 460
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DEC 20 2019	
City Clerk Dept. City of San Marcos	
Page <u>1</u> of <u>6</u>	For Official Use Only

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Maria J. Nuñez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

San Marcos City Council District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

San Marcos, CA 92078

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

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

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

YES NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
-------------------	------------------------------

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2019</u>	through <u>12/31/2019</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>6</u>		I.D. NUMBER <u>1405018</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

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>	\$ 276.95	\$ 16,450.95
2. Loans Received.....	<i>Schedule B, Line 3</i>	(608.25)	608.25
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ (331.30)	\$ 17,059.20
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 87.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ (331.30)	\$ 17,146.20

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ 170.00	\$ 17,318.95
7. Loans Made.....	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ 170.00	\$ 17,318.95
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 87.00
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ 170.00	\$ 17,405.95

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 501.30
13. Cash Receipts	<i>Column A, Line 3 above</i>	(331.30)
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0.00
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 170.00
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED.....	<i>Schedule B, Part 2</i>	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	<i>See instructions on reverse</i>	\$ 0.00
19. Outstanding Debts.....	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0.00

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

Statement covers period
 from 07/01/2019
 through 12/31/2019

Page 4 of 6
 I.D. NUMBER
 1405018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/20/2019	Maria J. Nuñez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self-employed	276.95	608.25	608.25
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				276.95		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 276.95
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 276.95**

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2019 through 12/31/2019
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CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Maria J. Nuñez	Attorney Self-employed	\$ <u>608.25</u>	\$ _____	<input checked="" type="checkbox"/> PAID \$ <u>331.30</u> <input checked="" type="checkbox"/> FORGIVEN \$ <u>276.95</u>	\$ <u>0.00</u>	<u>0</u> % RATE	\$ <u>608.25</u>	CALENDAR YEAR \$ <u>608.25</u> PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____				CALENDAR YEAR \$ _____ PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____				CALENDAR YEAR \$ _____ PER ELECTION**
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____				CALENDAR YEAR \$ _____ PER ELECTION**
SUBTOTALS \$ <u>0.00</u> \$ <u>608.25</u> \$ <u>0.00</u> \$ <u>0.00</u>								

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 608.25
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (608.25)
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on
Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Maria Nuñez for San Marcos City Council District 1 2018

Statement covers period
from 07/01/2019
through 12/31/2019

Page 6 of 6

I.D. NUMBER
1405018

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
Union Bank 669 S Rancho Santa Fe Road San Marcos, CA 92069	PRO			120.00

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

SUBTOTAL \$ 120.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 120.00
2. Unitemized payments made this period of under \$100.....	\$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ 170.00

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	
____/____/____	____/____/____	

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

RECEIVED
JAN 07 2020

Date of termination
12/20/2019

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 24 2019

1. Committee Information

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

1405018

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Maria Nuñez for San Marcos City Council District 1 2018

NAME OF TREASURER

Ana M. Ardón

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

FULL MAILING ADDRESS (IF DIFFERENT)

EMAIL ADDRESS (REQUIRED) (EX: OPTIONAL)

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego	San Marcos, California

CITY	STATE	ZIP CODE
San Marcos	CA	92078

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE
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NAME OF PRINCIPAL OFFICER(S)

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 following statements are true and correct.

Executed on 12/20/19 By _____

DATE _____
Executed on 12/20/19 By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

REC'D SD CO REC
7/9 DEC 31 AM 0:19

REC'D SD CO REC
7/9 DEC 31 AM 0:19

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

Page 2

COMMITTEE NAME Maria Nuñez for San Marcos City Council District 1 2018	I.D. NUMBER 1405018
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (760) 744-2491	BANK ACCOUNT NUMBER	
ADDRESS 669 South Rancho Santa Fe Road	CITY San Marcos	STATE CA	ZIP CODE 92078

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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Maria J. Nuñez	San Marcos City Council District 1	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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"/>