

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM
RECEIVED	501
SEP 24 2021	For Official Use Only
City Clerk Dept. City of San Marcos	

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Randy Walton

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

(

STREET ADDRESS

CITY

STATE

ZIP CODE

San Marcos

CA

92078

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable

NON-PARTISAN OFFICE

Mayor

City of San Marcos

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

2022

PRIMARY / GENERAL

City

County

Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ____/____/____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sept. 22 2021
(month, day, year)

Signature _____

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp
Receive
OCT 13 2022
City Clerk Department
City of San Marcos

CALIFORNIA FORM **410**

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1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
Randy Walton for Mayor 2022				Janet McClean			
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		Carlsbad	CA	92009	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
				N/A			
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	City of San Marcos			N/A			
				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE
<i>Attach additional information on appropriately labeled continuation sheets.</i>							

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

correct.

Executed on	October 13 2021	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE			
Executed on	October 13, 2021	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE			
Executed on		By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE			
Executed on		By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE			

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Randy Walton for Mayor 2022		I.D. NUMBER
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 		
NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (760) 471-3043	BANK ACCOUNT NUMBER
ADDRESS 978 W San Marcos Blvd.	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 PROPO	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Randy Walton	Mayor of San Marcos, California	2022	<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
N/A		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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(I.D. NUMBER)

COMMITTEE NAME

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

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from October 13, 2021
through December 31, 2021

Date of election if applicable
(Month, Day, Year)
11/08/2022

Date Stamp

RECEIVED

JAN 28 2022

**City Clerk Dept.
City of San Marcos**

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

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1441996

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

Randy Walton for Mayor 2022

STREET ADDRESS (NO P.O. BOX)

CITY San Marcos STATE CA ZIP CODE 92078 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

Treasurer(s)

NAME OF TREASURER

Janet McClean

MAILING ADDRESS

CITY Carlsbad STATE CA ZIP CODE 92009 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

N/A

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 01/27/2022 Date

By _____ Signature _____

Executed on 01/27/2022 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

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

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

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Randy Walton

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

Mayor of San Marcos, California

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)
-------------------	------------------------------

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

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)
-------------------	------------------------------

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
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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 10/13/2021

through 12/31/2021

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Randy Walton for Mayor 2022

I.D. NUMBER
1441996

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>	\$ <u>10,000</u>	\$ <u>10,000</u>
2. Loans Received.....	<i>Schedule B, Line 3</i>		
3. SUBTOTAL CASH CONTRIBUTIONS.....	<i>Add Lines 1 + 2</i>	\$ <u>10,000</u>	\$ <u>10,000</u>
4. Nonmonetary Contributions.....	<i>Schedule C, Line 3</i>		
5. TOTAL CONTRIBUTIONS RECEIVED.....	<i>Add Lines 3 + 4</i>	\$ <u>10,000</u>	\$ <u>10,000</u>

Expenditures Made

6. Payments Made.....	<i>Schedule E, Line 4</i>	\$ <u>1,350</u>	\$ <u>1,350</u>
7. Loans Made.....	<i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS.....	<i>Add Lines 6 + 7</i>	\$ <u>1,350</u>	\$ <u>1,350</u>
9. Accrued Expenses (Unpaid Bills).....	<i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment.....	<i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE.....	<i>Add Lines 8 + 9 + 10</i>	\$ <u>1,350</u>	\$ <u>1,350</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>0</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>10,000</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>1,350</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>8,650</u>

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

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

Cash Equivalents and Outstanding Debts

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

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	\$ <u> </u>	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>	\$ <u> </u>

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
/ /	\$ <u> </u>
/ /	\$ <u> </u>

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

Schedule B – Part 1

Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/13/2021

through 12/31/2021

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Randy Walton for Mayor 2022

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I.D. NUMBER

1441996

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
Randy Walton	Attorney Walton Law Firm	0 \$ _____	10,000 \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	10,000 \$ _____ 11/08/22 DATE DUE	_____ % RATE \$ _____	10,000 \$ _____ 11/15/21 DATE INCURRED	CALENDAR YEAR \$ 10,000 PER ELECTION** \$ 10,000
† <input checked="" 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 \$ _____		_____ % RATE \$ _____		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 \$ _____		_____ % RATE \$ _____		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 \$ _____		_____ % RATE \$ _____		CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ 10,000 \$ 10,000 \$ 10,000								

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

Schedule B Summary

1. Loans received this period \$ 10,000
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ _____
(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** \$ 10,000
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Randy Walton for Mayor 2022

SCHEDULE E

CALIFORNIA **460**
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Statement covers period
from 10/13/2021

through 12/31/2021

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I.D. NUMBER

1441996

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

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
Mike Nelson	CMP		Sign designs	1000.00
A Slice of Life Photography	CMP		Photography	350.00

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

SUBTOTAL \$ 1,350.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,350.00
2. Unitemized payments made this period of under \$100.....	\$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1,350.00

FPPC Form 460 (Jan/2016)

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