

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

Date Stamp

RECEIVED

FEB 23 2010

CITY OF SAN MARCOS
CITY CLERK DEPT

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

chrisorlando@cox.net

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

San Diego

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Chris Orlando

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)

Chris Orlando

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.

Executed on 2/23/2010

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/23/2010

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA **410**
FORM

Page 2

| | |
|--------------------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
| Orlando For Council 2010 | |

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 "non-partisan."
- 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 |
|---|---|------------------|--|
| Chris Orlando | San Marcos City Council | 2010 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION (Not yet opened) | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
|---|-----------------|---------------------|----------|
| | | | |
| ADDRESS | CITY | STATE | ZIP CODE |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA **410**
FORM

Page 3

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

Orlando For Council 2010

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 |

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.

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

3/18/10
Date qualified as committee

Amendment
List I.D. number:
1325029

3/18/10
Date qualified as committee
(If applicable)

Termination – See Part 5
List I.D. number:

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp

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MAR 18 2010

CITY OF SAN MARCOS
CITY CLERK DEPT

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE San Diego COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Chris Orlando

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)

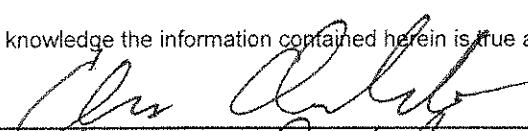
STREET ADDRESS (NO P.O. BOX)

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.

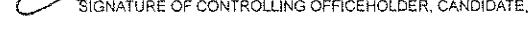
Executed on 3-18-10 DATE

By _____ 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

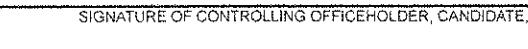
Executed on 3-18-10 DATE

By _____ 
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By _____ 
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By _____ 
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA **410**
FORM

Page 2

COMMITTEE NAME

Orlando For Council 2010

I.D. NUMBER

1325029

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 "non-partisan."
- 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 |
|---|---|------------------|---------------------------------------|
| | | | <input type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | | |
|--|-----------------------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION San Diego National Bank | AREA CODE/PHONE (858) 623-0990 | BANK ACCOUNT NUMBER | |
| ADDRESS 4270 Executive Square, Suite 100 | CITY La Jolla | STATE CA | ZIP CODE 92037 |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Date qualified as committee

Type or print in ink

*Add Treasurer

Amendment *

List I.D. number:

1289687

03/18/2010

Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

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AUG - 2 2010

CITY OF SAN MARCOS
CITY CLERK DEPT

1. Committee Information

NAME OF COMMITTEE

Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
330 Encinitas Blvd., Ste. 101

Encinitas, CA 92024

OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601 nhaley@thinkcpa.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

San Diego

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.

JUL 30 2010

Executed on

8/1/2010
DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

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I.D. NUMBER
1289687

COMMITTEE NAME
Orlando For Council 2010

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 "non-partisan."
- 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 PROPOINTER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|---|---|------------------|--|
| | | | <input checked="" type="checkbox"/> Non-Partisan |
| Christopher Orlando | City Council Member City of San Marcos | 2010 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
|----------------------------------|------------------|---------------------|-------------------|
| US Bank | 858-623-0990 | | |
| ADDRESS 4270 Executive Square | CITY La Jolla | STATE CA | ZIP CODE 92037 |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | | |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

3 of 3

I.D. NUMBER
1289687

COMMITTEE NAME
Orlando For Council 2010

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

Small Contributor Committee

/ /

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.
 - Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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

1289687

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

Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

330 Encinitas Blvd., Ste. 101 CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601

nhalley@thinkcpa.com

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

JUL 30 2010

Date

Executed on

8/11/2010

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

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

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

CALIFORNIA
FORM

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CITY OF SAN MARCOS
CITY CLERK DEPT

Page 1 of 14

For Official Use Only

- | | |
|--|---|
| <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"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM
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Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christopher Orlando

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

City Council Member
City of San Marcos

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

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 |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| 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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

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**CALIFORNIA
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
1289687

| Contributions Received | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | |
|---|---|---|---|---|-------------|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 12,260.00 | \$ 12,260.00 | 1/1 through 6/30 | 7/1 to Date |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 12,260.00 | \$ 12,260.00 | | |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 12,260.00 | \$ 12,260.00 | | |
| Expenditures Made | | | | | |
| 6. Payments Made | Schedule E, Line 4 | \$ 1,846.74 | \$ 1,846.74 | | |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 1,846.74 | \$ 1,846.74 | | |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0.00 | 0.00 | | |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 1,846.74 | \$ 1,846.74 | | |
| Current Cash Statement | | | | | |
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 0.00 | | | |
| 13. Cash Receipts | Column A, Line 3 above | 12,260.00 | | | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 | | | |
| 15. Cash Payments | Column A, Line 8 above | 1,846.74 | | | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 10,413.26 | | | |
| 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 | \$ 0.00 | | | |
| Expenditure Limit Summary for State Candidates | | | | | |
| 20. Contributions Received | | \$ | | \$ | |
| 21. Expenditures Made | | \$ | | \$ | |
| 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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

460

Statement covers period
from 01/01/2010
through 06/30/2010

**CALIFORNIA
FORM**

Page 4 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
1289687

| 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) |
|--------------------|---|---|---|--------------------------------|---|--|
| 06/02/2010 | Kathryn Anderson 737 Hollowbrook Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher San Marcos Unified School District | 100.00 | 150.00 | G 10 150.00 |
| 06/14/2010 | Kathryn Anderson 737 Hollowbrook Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher San Marcos Unified School District | 50.00 | 150.00 | G 10 150.00 |
| 04/27/2010 | Steven S. Baratte 3688 First Ave., #22 San Diego, CA 92103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Asst. Director Marketing AVID | 150.00 | 150.00 | G 10 150.00 |
| 05/17/2010 | Kevin J. Bonderud 1002 Independence Ave., SE Washington, DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Consultant Self; Kevin J. Bonderud | 100.00 | 100.00 | G 10 100.00 G 06 250.00 |
| 06/30/2010 | Paul Brion 1569 Glencrest Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Arthritis Consultants | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 650.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,360.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,900.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 12,260.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2010</u> | Page <u>5</u> of <u>14</u> |

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1289687

| 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) |
|--|--|---|--|-----------------------------|---|------------------------------------|
| 06/14/2010 | Stephanie Caballero 715 Leeward Ave San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Extraordinary Conceptions | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | Fred O. Cartozian 3 Cormorant Cr. Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President Friendly Hills Bank | 100.00 | 100.00 | G 10 100.00 |
| 05/03/2010 | Danny Cohen 1461 Coral Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Hetherington Engineering | 100.00 | 100.00 | G 10 100.00 |
| 06/22/2010 | Paul Guilfoyle 197 Via Las Brisas San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | G 10 100.00 |
| 06/24/2010 | Pia Harris-Ebert 1696 Curry Comb San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc., 205 Pennsylvania Ave SE Washington DC 20003 | | | | SUBTOTAL \$ | 800.00 | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2010</u> | Page <u>6</u> of <u>14</u> |
| I.D. NUMBER <u>1289687</u> | |

NAME OF FILER

Orlando For Council 2010

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 05/03/2010 | Kathleen Harrison 1621 Lincoln Lane Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | L. Ski Harrison 1621 Lincoln Lane Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Rutan & Tucker | 250.00 | 250.00 | G 10 250.00 |
| 06/02/2010 | Ash Hayes P.O. Box 549 547 Parsons Ave. San Marcos, CA 92079 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Self; Full Life Fitness | 100.00 | 100.00 | G 10 100.00 G 06 99.00 |
| 06/30/2010 | Rana Holcomb 1583 Clifftop Avenue San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | School Psychologist San Marcos Unified School District | 100.00 | 100.00 | G 10 100.00 |
| 06/22/2010 | Rodney Jones 1147 La Sombra Dr. San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Broker Self; Rodney Jones Real Estate | 150.00 | 150.00 | G 10 150.00 |
| SUBTOTAL \$ | | | | 850.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 01/01/2010

**CALIFORNIA
 FORM 460**

through 06/30/2010

Page 7 of 14

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1289687

| 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 05/03/2010 | Elizabeth Ka 1460 Crystal Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 100.00 | 100.00 | G 10 100.00 |
| 05/03/2010 | Jennifer Kearney 1593 Glencrest Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 150.00 | 150.00 | G 10 150.00 |
| 06/12/2010 | John Lauer 849 Quiet Hills Dr. San Marcos, CA 92069 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc., 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant IMS Securities, Inc. Aristotle Int. Inc., 205 Pennsylvania Ave SE Washington DC 20003 | 150.00 | 150.00 | G 10 150.00 |
| 06/22/2010 | Richard Leib 455 Barbara Ave Solana Beach, CA 92075 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive VP/General Counsel Liquid Environmental Services | 250.00 | 250.00 | G 10 250.00 |
| 05/17/2010 | Diane Lewis 1477 Crystal Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 100.00 | 100.00 | G 10 100.00 |
| SUBTOTAL \$ | | | | 750.00 | | |

*Contributor Codes

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 01/01/2010

**CALIFORNIA
 FORM** **460**

through 06/30/2010

Page 8 of 14

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
 1289687

| 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) |
|---------------|--|---|---|-----------------------------------|---|--|
| 04/27/2010 | Laura Marion 1467 Coral Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CFO Aptera Motors | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | Todd Marion 1467 Coral Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | Barbara Orlando 114 Northern Pine Loop Aliso Viejo, CA 92656 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 03/18/2010 | Christopher P. Orlando | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP, Corp. Communications Carrington Mortgage Holdings, LLC | 800.00 | 810.00 | G 10 810.00 G 06 18,517.66 |
| 05/18/2010 | Christopher P. Orlando Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc., 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP, Corp. Communications Carrington Mortgage Holdings, LLC | 10.00 | 810.00 | G 10 810.00 G 06 18,517.66 |
| | | | | SUBTOTAL \$ | 1,560.00 | |

*Contributor Codes

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 (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from 01/01/2010

through 06/30/2010

**CALIFORNIA
 FORM**

460

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NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1289687

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 03/12/2010 | Jennifer Orlando 1562 Glencrest Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | John A. Orlando 1609 Olmeda Encinitas, CA 92024 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | John S. Orlando 5965 Searl Terrace Bethesda, MD 20816 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sr. VP CBS - Washington | 150.00 | 150.00 | G 10 150.00 G 06 250.00 |
| 05/03/2010 | Joseph Orlando 114 Northern Pine Loop Aliso Viejo, CA 92656 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | Laura Orlando 1806 145th Place SE Mill Creek, WA 98012 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HR Consultant Seattle Children's Hospital | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | | 1,150.00 | |

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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|---------------------------|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | through <u>06/30/2010</u> | CALIFORNIA FORM 460 |
| | | Page <u>10</u> of <u>14</u> |

| | |
|---|----------------------------|
| NAME OF FILER Orlando For Council 2010 | I.D. NUMBER 1289687 |
|---|----------------------------|

| 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 05/03/2010 | Michael Orlando 1806 145th Place SE Mill Creek, WA 98012 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President CyberSource | 250.00 | 250.00 | G 10 250.00 |
| 05/24/2010 | Sharon Peltzer 7105 Aviara Drive Carlsbad, CA 92011 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/24/2010 | Wesley W. Peltzer 7105 Aviara Drive Carlsbad, CA 92011 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law of Wes Peltzer | 250.00 | 250.00 | G 10 250.00 |
| 05/18/2010 | Josh Perttula 6336 Seawalk Drive Los Angeles, CA 90094 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc, 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner Abington Emerson | 250.00 | 250.00 | G 10 250.00 |
| 05/18/2010 | Kimberly Perttula 6336 Seawalk Drive Los Angeles, CA 90094 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc, 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor Cal State University Dominguez Hills | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 1,250.00 | | |

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|---------------------------|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | through <u>06/30/2010</u> | CALIFORNIA FORM 460 |
| | | Page <u>11</u> of <u>14</u> |

| | |
|---|----------------------------|
| NAME OF FILER Orlando For Council 2010 | I.D. NUMBER 1289687 |
|---|----------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 06/14/2010 | Laura Semprini 1422 Horizon Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Probation Officer San Diego County | 100.00 | 100.00 | G 10 100.00 |
| 05/03/2010 | Jeffrey T. Tuller 1424 Misty Sea Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Savvier. Inc. | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | Elizabeth Twigg 2502 Longmont Road Vista, CA 92084 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Design Consultant Self; Elizabeth Twigg Design Consultant | 150.00 | 150.00 | G 10 150.00 |
| 06/22/2010 | Alan Viterbi 4650 Rancho Del Mar Trail San Diego, CA 92130 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Liquid Environmental Services | 250.00 | 250.00 | G 10 250.00 |
| 06/22/2010 | Caryn Viterbi 4650 Rancho Del Mar Trail San Diego, CA 92130 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | | 1,000.00 | |

*Contributor Codes

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2010</u> | Page <u>12</u> of <u>14</u> |

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1289687

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 05/10/2010 | Marvyn Wald 1175 La Moree Road, Spc. 100 San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 06/30/2010 | Michelle Winstead 1492 Crystal Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Techniical Writer Mydas Biotech | 100.00 | 100.00 | G 10 100.00 |
| | | <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 \$ | | | | 350.00 | | |

*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 E
Payments Made**

SCHEDULE E

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from 01/01/2010

through 06/30/2010

CALIFORNIA
FORM

460

Page 13 of 14

I.D. NUMBER
1289687

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

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 |
|---|------|----|------------------------|-------------|
| Authorize.Net 808 E. Utah Valley Dr. American Fork, UT 84003 | OFC | | Merchant Acct. Set- up | 164.67 |
| K.D.R. Company 301 West 28th Street, Ste. H National City, CA 91950 | LIT | | Remit Envelopes | 260.13 |
| Pizza Nova 141 N. Twin Oaks Valley Rd. San Marcos, CA 92069 | FND | | | 122.16 |

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

SUBTOTAL \$ 546.96

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,632.71
2. Unitemized payments made this period of under \$100 \$ 214.03
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 \$ 1,846.74**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2010
through 06/30/2010

CALIFORNIA FORM 460
Page 14 of 14
I.D. NUMBER
1289687

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 |
|---|------|----|------------------------|-------------|
| Planet Grafix 3238 McKinley Street San Diego, CA 92104 | LIT | | Graphic Design | 150.00 |
| Quava Graphics 952 Postal Way Ste. 4A Vista, CA 92083 | WEB | | Website Design | 400.00 |
| Staples 560 Grand Ave. San Marcos, CA 92069 | OFC | | Copies & Postage | 384.52 |
| Ticket Printing.com 22 South Central Ave. Harlowton, MT 59036 | CMP | | Bumper Stickers | 151.23 |
| | | | | |

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

SUBTOTAL \$ 1,085.75

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Date qualified as committee

Amendment

List I.D. number:

1325029

03/18/2010

Date qualified as committee
(if applicable)

Termination – See Part 5

List I.D. number:

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

Date Stamp
RECEIVED

AUG - 4 2010

CITY OF SAN MARCOS
CITY CLERK DEPT

1. Committee Information

NAME OF COMMITTEE

Orlando For Council 2010

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
330 Encinitas Blvd., Ste. 101
Encinitas, CA 92024

OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601 nhaley@thinkcpa.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

San Diego

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

AUG 2 2010

DATE

Executed on

8-2-2016

DATE

Executed on

DATE

Executed on

DATE

By

Beth Reno

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

Asst. Dir. of Bldg.

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|---|--|
| STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 | |
| 2 of 4 | |
| I.D. NUMBER 1325029 | |

COMMITTEE NAME
Orlando For Council 2010

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 "non-partisan."
- 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 |
|--|---|------------------|--|
| | | | <input checked="" type="checkbox"/> Non-Partisan |
| Christopher Orlando | City Council Member City of San Marcos | 2010 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | | |
|-------------------------------|-----------------|---------------------|----------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| US Bank | 858-623-0990 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 4270 Executive Square | La Jolla | CA | 92037 |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

| | |
|---------------------------|--|
| STATEMENT OF ORGANIZATION | |
| CALIFORNIA FORM 410 | |
| 3 of 4 | |

COMMITTEE NAME
Orlando For Council 2010

I.D. NUMBER
1325029

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 |

Small Contributor Committee ____/____/____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Additional Comments
for Form 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Orlando For Council 2010

| | |
|----------------------------------|---------|
| STATEMENT OF ORGANIZATION | |
| CALIFORNIA 410 | |
| FORM | |
| 4 of 4 | |
| I.D. NUMBER | 1325029 |

Add Treasurer

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

| | | | |
|-----------------------|--|---------------------------------------|----------------------------|
| Date Stamp | | RECEIVED | CALIFORNIA FORM 460 |
| | | AUG - 4 2010 | |
| | | CITY OF SAN MARCOS CITY CLERK DEPT | Page <u>1</u> of <u>14</u> |
| For Official Use Only | | | |

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 6) |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) | |

Correct ID Number

3. Committee Information

I.D. NUMBER

1325029

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

Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

330 Encinitas Blvd., Ste. 101 CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601

nhaley@thinkcpa.com

Treasurer(s)

NAME OF TREASURER

Nancy Haley

MAILING ADDRESS

330 Encinitas Blvd., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

760-632-3600

NAME OF ASSISTANT TREASURER, IF ANY

Beth Reno

MAILING ADDRESS

330 Encinitas Blvd., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024

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

AUG 2 2010

Date

Executed on

8 - 2 - 2010

Date

Executed on

Date

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

By

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

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christopher Orlando

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

City Council Member

City of San Marcos

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

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 |
|----------------------|--------------|---|

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| 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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

| | | |
|---|---------------------------|-------------------------------|
| Statement covers period from <u>01/01/2010</u> | through <u>06/30/2010</u> | CALIFORNIA FORM 460 |
| | | Page <u>3</u> of <u>14</u> |
| | | I.D. NUMBER <u>1325029</u> |

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>12,260.00</u> | \$ <u>12,260.00</u> |
| 2. Loans Received | <i>Schedule B, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ <u>12,260.00</u> | \$ <u>12,260.00</u> |
| 4. Nonmonetary Contributions | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i> | \$ <u>12,260.00</u> | \$ <u>12,260.00</u> |

Expenditures Made

| | | Column A | Column B |
|--|-----------------------------|--------------------|--------------------|
| 6. Payments Made | <i>Schedule E, Line 4</i> | \$ <u>1,846.74</u> | \$ <u>1,846.74</u> |
| 7. Loans Made | <i>Schedule H, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | <i>Add Lines 6 + 7</i> | \$ <u>1,846.74</u> | \$ <u>1,846.74</u> |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 10. Nonmonetary Adjustment | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE | <i>Add Lines 8 + 9 + 10</i> | \$ <u>1,846.74</u> | \$ <u>1,846.74</u> |

Current Cash Statement

| | | |
|---|--|---------------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>0.00</u> |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>12,260.00</u> |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ <u>0.00</u> |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>1,846.74</u> |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>10,413.26</u> |

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

| | | |
|------------------------------------|---------------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|------------------------------------|---------------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|--|----------------|
| 18. Cash Equivalents | <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0.00</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 | \$ _____ |
| 21. Expenditures Made | \$ _____ |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) | Total to Date |
|--|--------------------------------|---------------|
| / / | / / | \$ _____ |
| / / | / / | \$ _____ |

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

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period
from 01/01/2010
through 06/30/2010

Page 4 of 14

I.D. NUMBER
1325029

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 06/02/2010 | Kathryn Anderson 737 Hollowbrook Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher San Marcos Unified School District | 100.00 | 150.00 | G 10 150.00 |
| 06/14/2010 | Kathryn Anderson 737 Hollowbrook Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher San Marcos Unified School District | 50.00 | 150.00 | G 10 150.00 |
| 04/27/2010 | Steven S. Baratte 3688 First Ave., #22 San Diego, CA 92103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Asst. Director Marketing AVID | 150.00 | 150.00 | G 10 150.00 |
| 05/17/2010 | Kevin J. Bonderud 1002 Independence Ave., SE Washington, DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Community Consultant Self; Kevin J. Bonderud | 100.00 | 100.00 | G 10 100.00 G 06 250.00 |
| 06/30/2010 | Paul Brion 1569 Glencrest Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Arthritis Consultants | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 650.00 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,360.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 3,900.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 12,260.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|----------------------------|-------------------------------|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM | 460 |
| through <u>06/30/2010</u> | Page <u>5</u> of <u>14</u> | |
| | | I.D. NUMBER <u>1325029</u> |

NAME OF FILER

Orlando For Council 2010

| 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) |
|--|---|---|---|-----------------------------------|---|--|
| 06/14/2010 | Stephanie Caballero 715 Leeward Ave San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Extraordinary Conceptions | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | Fred O. Cartozian 3 Cormorant Cr. Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President Friendly Hills Bank | 100.00 | 100.00 | G 10 100.00 |
| 05/03/2010 | Danny Cohen 1461 Coral Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Hetherington Engineering | 100.00 | 100.00 | G 10 100.00 |
| 06/22/2010 | Paul Guilfoyle 197 Via Las Brisas San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | G 10 100.00 |
| 06/24/2010 | Pia Harris-Ebert 1696 Curry Comb San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc., 205 Pennsylvania Ave SE Washington DC 20003 | | | | SUBTOTAL \$ 800.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2010</u> | |
| Page <u>6</u> of <u>14</u> | |

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1325029

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 05/03/2010 | Kathleen Harrison 1621 Lincoln Lane Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | L. Ski Harrison 1621 Lincoln Lane Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Rutan & Tucker | 250.00 | 250.00 | G 10 250.00 |
| 06/02/2010 | Ash Hayes P.O. Box 549 547 Parsons Ave. San Marcos, CA 92079 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Self; Full Life Fitness | 100.00 | 100.00 | G 10 100.00 G 06 99.00 |
| 06/30/2010 | Rana Holcomb 1583 Clifftop Avenue San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | School Psychologist San Marcos Unified School District | 100.00 | 100.00 | G 10 100.00 |
| 06/22/2010 | Rodney Jones 1147 La Sombra Dr. San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Broker Self; Rodney Jones Real Estate | 150.00 | 150.00 | G 10 150.00 |
| SUBTOTAL \$ | | | | 850.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|----------------------------|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>06/30/2010</u> | Page <u>7</u> of <u>14</u> |
| I.D. NUMBER <u>1325029</u> | |

NAME OF FILER

Orlando For Council 2010

| 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) |
|--------------------|--|---|---|-----------------------------|---|------------------------------------|
| 05/03/2010 | Elizabeth Ka 1460 Crystal Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 100.00 | 100.00 | G 10 100.00 |
| 05/03/2010 | Jennifer Kearney 1593 Glencrest Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 150.00 | 150.00 | G 10 150.00 |
| 06/12/2010 | John Lauer 849 Quiet Hills Dr. San Marcos, CA 92069 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc, 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant IMS Securities, Inc. | 150.00 | 150.00 | G 10 150.00 |
| 06/22/2010 | Richard Leib 455 Barbara Ave Solana Beach, CA 92075 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive VP/General Counsel Liquid Environmental Services | 250.00 | 250.00 | G 10 250.00 |
| 05/17/2010 | Diane Lewis 1477 Crystal Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 100.00 | 100.00 | G 10 100.00 |
| SUBTOTAL \$ | | | | 750.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
 from 01/01/2010
 through 06/30/2010

Page 8 of 14

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
 1325029

| 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) |
|---------------|--|---|---|-----------------------------|---|------------------------------------|
| 04/27/2010 | Laura Marion 1467 Coral Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CFO Aptera Motors | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | Todd Marion 1467 Coral Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Not Employed N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | Barbara Orlando 114 Northern Pine Loop Aliso Viejo, CA 92656 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 03/18/2010 | Christopher P. Orlando | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP, Corp. Communications Carrington Mortgage Holdings, LLC | 800.00 | 810.00 | G 10 810.00 G 06 18,517.66 |
| 05/18/2010 | Christopher P. Orlando Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc., 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP, Corp. Communications Carrington Mortgage Holdings, LLC | 10.00 | 810.00 | G 10 810.00 G 06 18,517.66 |
| | | | | SUBTOTAL\$ | 1,560.00 | |

*Contributor Codes

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 (other than PTY or SCC)

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>06/30/2010</u> | | |
| Page <u>9</u> of <u>14</u> | | |
| NAME OF FILER Orlando For Council 2010 | | I.D. NUMBER 1325029 |

NAME OF FILER

Orlando For Council 2010

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 03/12/2010 | Jennifer Orlando 1562 Glencrest Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | John A. Orlando 1609 Olmeda Encinitas, CA 92024 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | John S. Orlando 5965 Searl Terrace Bethesda, MD 20816 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sr. VP CBS - Washington | 150.00 | 150.00 | G 10 150.00 G 06 250.00 |
| 05/03/2010 | Joseph Orlando 114 Northern Pine Loop Aliso Viejo, CA 92656 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/03/2010 | Laura Orlando 1806 145th Place SE Mill Creek, WA 98012 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HR Consultant Seattle Children's Hospital | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 1,150.00 | | |

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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
 from 01/01/2010

through 06/30/2010

Page 10 of 14

I.D. NUMBER
 1325029

NAME OF FILER

Orlando For Council 2010

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 05/03/2010 | Michael Orlando 1806 145th Place SE Mill Creek, WA 98012 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Vice President CyberSource | 250.00 | 250.00 | G 10 250.00 |
| 05/24/2010 | Sharon Peltzer 7105 Aviara Drive Carlsbad, CA 92011 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 05/24/2010 | Wesley W. Peltzer 7105 Aviara Drive Carlsbad, CA 92011 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law of Wes Peltzer | 250.00 | 250.00 | G 10 250.00 |
| 05/18/2010 | Josh Perttula 6336 Seawalk Drive Los Angeles, CA 90094 Credit Card Processor: Complete Campaigns.com | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Business Owner Abington Emerson | 250.00 | 250.00 | G 10 250.00 |
| 05/18/2010 | Kimberly Perttula 6336 Seawalk Drive Los Angeles, CA 90094 Credit Card Processor: Complete Campaigns.com | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor Cal State University Dominguez Hills | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 1,250.00 | | |

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(other than PTY or SCC)

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PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|---|
| Statement covers period from <u>01/01/2010</u> | CALIFORNIA FORM <big>460</big> |
| through <u>06/30/2010</u> | |
| Page <u>11</u> of <u>14</u> | I.D. NUMBER <u>1325029</u> |

NAME OF FILER

Orlando For Council 2010

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 06/14/2010 | Laura Semprini 1422 Horizon Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deputy Probation Officer San Diego County | 100.00 | 100.00 | G 10 100.00 |
| 05/03/2010 | Jeffrey T. Tuller 1424 Misty Sea Way San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Savvier. Inc. | 250.00 | 250.00 | G 10 250.00 |
| 04/27/2010 | Elizabeth Twigg 2502 Longmont Road Vista, CA 92084 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Design Consultant Self; Elizabeth Twigg Design Consultant | 150.00 | 150.00 | G 10 150.00 |
| 06/22/2010 | Alan Viterbi 4650 Rancho Del Mar Trail San Diego, CA 92130 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Liquid Environmental Services | 250.00 | 250.00 | G 10 250.00 |
| 06/22/2010 | Caryn Viterbi 4650 Rancho Del Mar Trail San Diego, CA 92130 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 1,000.00 | | |

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 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
 from 01/01/2010
 through 06/30/2010

Page 12 of 14

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1325029

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 05/10/2010 | Marvyn Wald 1175 La Moree Road, Spc. 100 San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 250.00 | 250.00 | G 10 250.00 |
| 06/30/2010 | Michelle Winstead 1492 Crystal Court San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Technichenical Writer Mydas Biotech | 100.00 | 100.00 | G 10 100.00 |
| | | <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 \$ | | | | 350.00 | | |

*Contributor Codes

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 (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|----------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 06/30/2010 | Page 13 of 14 |
| | | I.D. NUMBER 1325029 |

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 |
|---|------|----|------------------------|-------------|
| Authorize.Net 808 E. Utah Valley Dr. American Fork, UT 84003 | OFC | | Merchant Acct. Set- up | 164.67 |
| K.D.R. Company 301 West 28th Street, Ste. H National City, CA 91950 | LIT | | Remit Envelopes | 260.13 |
| Pizza Nova 141 N. Twin Oaks Valley Rd. San Marcos, CA 92069 | FND | | | 122.16 |

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

SUBTOTAL \$ 546.96

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,632.71
2. Unitemized payments made this period of under \$100 \$ 214.03
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 \$ 1,846.74**

57
Statement of Organization
Recipient Committee

Type or print in ink

COPY

Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # 1325029
03/18/2010
 Date qualified as committee
 (If applicable)

Termination – See Part 5
 List I.D. number:
 # _____

 Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

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

For Official Use Only
 AUG 10 2010 2010 AUG 16 AM 11:21

DEBRA BOVREN S.D. CO. ROY
 Secretary of State

1. Committee Information

NAME OF COMMITTEE

Orlando For Council 2010

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
 330 Encinitas Blvd., Ste. 101

Encinitas, CA 92024

OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601 nhaley@thinkcpa.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
 THAN COUNTY OF DOMICILE

San Diego

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 AUG 2 2010 DATE

Executed on 8-2-2010 DATE

Executed on _____ DATE

Executed on _____ DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|--|
| STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM | |
| 2 of 4 | |
| I.D. NUMBER 1325029 | |

COMMITTEE NAME
Orlando For Council 2010

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 "non-partisan."
- 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 |
|---|---|------------------|--|
| | | | <input checked="" type="checkbox"/> Non-Partisan |
| Christopher Orlando | City Council Member City of San Marcos | 2010 | <input checked="" type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| | | | |
|-------------------------------|-----------------|---------------------|----------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| US Bank | 858-623-0990 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 4270 Executive Square | La Jolla | CA | 92037 |

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) | 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

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
3 OF 4

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Orlando For Council 2010

I.D. NUMBER

1325029

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 |

Small Contributor Committee _____ / _____ / _____ Date qualified Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Additional Comments
for Form 410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Orlando For Council 2010

| | |
|--------------------------------|--|
| STATEMENT OF ORGANIZATION | |
| CALIFORNIA 410 FORM | |
| 4 of 4 | |
| I.D. NUMBER | |
| 1325029 | |

Add Treasurer

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 11

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christopher Orlando

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

City Council Member
City of San Marcos

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

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 |
|----------------------|--------------|---|

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Orlando For Council 2010

Statement covers period
from 07/01/2010
through 09/30/2010

**CALIFORNIA
FORM**
Page 3 of 11

I.D. NUMBER
1325029

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> | \$ 3,624.00 | \$ 15,884.00 |
| 2. Loans Received | <i>Schedule B, Line 3</i> | \$ 0.00 | \$ 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ 3,624.00 | \$ 15,884.00 |
| 4. Nonmonetary Contributions | <i>Schedule C, Line 3</i> | \$ 111.18 | \$ 111.18 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i> | \$ 3,735.18 | \$ 15,995.18 |

Expenditures Made

| | | | |
|--|-----------------------------|--------------|--------------|
| 6. Payments Made | <i>Schedule E, Line 4</i> | \$ 10,605.94 | \$ 12,452.68 |
| 7. Loans Made | <i>Schedule H, Line 3</i> | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | <i>Add Lines 6 + 7</i> | \$ 10,605.94 | \$ 12,452.68 |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | \$ 992.33 | \$ 992.33 |
| 10. Nonmonetary Adjustment | <i>Schedule C, Line 3</i> | \$ 111.18 | \$ 111.18 |
| 11. TOTAL EXPENDITURES MADE | <i>Add Lines 8 + 9 + 10</i> | \$ 11,709.45 | \$ 13,556.19 |

Current Cash Statement

| | | |
|---|--|--------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 10,413.26 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 3,624.00 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ 0.00 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ 10,605.94 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 3,431.32 |

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

| | | |
|------------------------------------|---------------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ 0.00 |
|------------------------------------|---------------------------|---------|

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> | \$ 992.33 |

**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

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA
460

Page 4 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Orlando For Council 2010

I.D. NUMBER
 1325029

| 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) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 07/30/2010 | Mitchell Berner 11646 Chippenham Way San Diego, CA 92128 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Public Solutions | 250.00 | 250.00 | G 10 250.00 |
| 09/07/2010 | Molly Biehl Corbin 1616 Windemere Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 08/27/2010 | John M. Camarena 3301 Lone Hill Lane Encinitas, CA 92024 Credit Card Processor: Complete Campaigns.com | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Banker The Helvetica Group | 100.00 | 100.00 | G 10 100.00 |
| 09/07/2010 | Timothy Corbin 1616 Windemere Drive San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Self; Timothy J. Corbin, M.D. | 250.00 | 250.00 | G 10 250.00 |
| 07/09/2010 | Eric De Jong 598 Felicia Lane San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Diamond Environmental Services | 250.00 | 250.00 | G 10 250.00 |
| SUBTOTAL \$ | | | | 1,100.00 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 2,300.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,324.00
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 3,624.00**

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|----------------------------------|
| Statement covers period from <u>07/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>09/30/2010</u> | Page <u>5</u> of <u>11</u> |

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1325029

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 09/25/2010 | Alison B. Driessen 1757 Turnberry Drive San Marcos, CA 92069 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | G 10 100.00 |
| 09/30/2010 | David Hammar 2803 Crystal Ridge Road Encinitas, CA 92024 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Civil Engineer Hunsaker and Associates | 250.00 | 250.00 | G 10 250.00 |
| 09/30/2010 | Wendy Hammar 2803 Crystal Ridge Road Encinitas, CA 92024 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker N/A | 250.00 | 250.00 | G 10 250.00 |
| 09/19/2010 | Tifffany Dawn Lena 1670 Sagewood Way San Marcos, CA 92078 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Self; Tiffany Dawn Lena Attorney at Law | 150.00 | 150.00 | G 10 150.00 |
| 09/29/2010 | Dorothy Roosvall 971 Borden Rd., Spc. 17 San Marcos, CA 92069 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired N/A | 100.00 | 100.00 | G 10 100.00 |
| SUBTOTAL \$ | | | | 850.00 | | |

*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 A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|----------------------------------|
| Statement covers period from <u>07/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>09/30/2010</u> | Page <u>6</u> of <u>11</u> |

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1325029

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 08/03/2010 | Dean B. Tilton 3042 Roadrunner Rd. San Marcos, CA 92078 <u>Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc.</u> 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Sales & Management Tilton Realty | 100.00 | 100.00 | G 10 100.00 |
| 07/15/2010 | Kristen Walton 1680 Lighthouse Rd. San Marcos, CA 92078 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Walton Law Firm | 250.00 | 250.00 | G 10 250.00 |
| | | <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 \$ | | | | 350.00 | | |

*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 C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

460

Statement covers period
from 07/01/2010
through 09/30/2010

**CALIFORNIA
FORM**

Page 7 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
1325029

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|---|----------------------------------|--------------------------|---|------------------------------------|
| | | <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 | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 111.18
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 111.18**

*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 E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Orlando For Council 2010

Statement covers period
from 07/01/2010
through 09/30/2010

Page 8 of 11

I.D. NUMBER
1325029

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 |
|--|------|----|------------------------|-------------|
| California Voter Guide (#595004) 1954 W. Carson St., Ste. B Torrance, CA 90501 | LIT | | Slate Mailer | 1,580.00 |
| City of San Marcos 1 Civic Center Drive San Marcos, CA 92069 | FIL | | | 416.00 |
| COGS South Signs 3309 South Main Street Santa Ana, CA 92707 | CMP | | Yard Signs | 2,414.25 |

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

SUBTOTAL \$ 4,410.25

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 10,456.23
2. Unitemized payments made this period of under \$100 \$ 149.71
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 \$ 10,605.94**

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|----------------------------|---------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 07/01/2010 | Page | 9 of 11 |
| through | 09/30/2010 | I.D. NUMBER | 1325029 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

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 |
|--|------|----|------------------------|-------------|
| COGS South Signs 3309 South Main Street Santa Ana, CA 92707 | CMP | | Large Signs | 1,147.50 |
| COGS South Signs 3309 South Main Street Santa Ana, CA 92707 | CMP | | Large Signs | 1,147.50 |
| COPS Voter Guide (#599014) 705-2 E. Bidwell St. #370 Folsom, CA 95630 | LIT | | Slate Mailer | 376.00 |
| Fountain Media Group 1501 San Elijo Road S. Ste. 104-202 San Elijo Hills, CA 92078 | PRT | | | 245.00 |
| K.D.R. Company 301 West 28th Street, Ste. H National City, CA 91950 | LIT | | Remit Envelopes | 264.13 |

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

SUBTOTAL \$ 3,180.13

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period

from 07/01/2010

through 09/30/2010

CALIFORNIA
FORM

460

Page 10 of 11

I.D. NUMBER

1325029

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 |
|---|------|----|------------------------|-------------|
| Planet Grafix 3238 McKinley Street San Diego, CA 92104 | LIT | | Graphic Design | 350.00 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | | | 675.00 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | | | 125.00 |
| Staples 560 Grand Ave. San Marcos, CA 92069 | | | Literature and Postage | 108.52 |
| Tony Turpin Associates 4374 Alder Drive San Diego, CA 92116 | LIT | | Door Hangers | 1,607.33 |

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

SUBTOTAL \$ 2,865.85

Schedule F
Accrued Expenses (Unpaid Bills)

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from 07/01/2010

 CALIFORNIA
 FORM

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 through 09/30/2010

 Page 11 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
1325029
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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Political Data Inc. | Voter Files | 0.00 | 299.83 | 0.00 | 299.83 |
| P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | | | | | |
| Scott & Cronin LLP | PRO | 0.00 | 447.50 | 0.00 | 447.50 |
| 330 Encinitas Blvd. #101 Encinitas, CA 92024 | | | | | |
| Fountain Media Group | PRT | 0.00 | 245.00 | 0.00 | 245.00 |
| 1501 San Elijo Road S. Ste. 104-202 San Elijo Hills, CA 92078 | | | | | |

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

SUBTOTALS \$ 0.00 \$ 992.33 \$ 0.00 \$ 992.33

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 992.33**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 992.33**
May be a negative number

ORIGINAL

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

| | |
|---------------------------------------|----------------------------------|
| Date Stamp | CALIFORNIA FORM 460 |
| RECEIVED | Page <u>1</u> of <u>9</u> |
| OCT 21 2010 | For Official Use Only |
| CITY OF SAN MARCOS CITY CLERK DEPT | |

SEE INSTRUCTIONS ON REVERSE

| | | | |
|--|--|--|--|
| 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4. | | 2. Type of Statement: | |
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input type="radio"/> Sponsored <i>(Also Complete Part 6)</i> | |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> | |
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> <input type="checkbox"/> Amendment (Explain below) | | | |
| <hr/> <hr/> <hr/> | | | |

| | | |
|--|---------------------------------|------------------------|
| 3. Committee Information | | I.D. NUMBER 1325029 |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Orlando For Council 2010 | | |
| STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | |
| 330 Encinitas Blvd., Ste. 101 | STATE | ZIP CODE |
| Encinitas, CA 92024 | AREA CODE/PHONE | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | |
| nancyhaley@thinkcpanet.com | | |
| Treasurer(s) | | |
| NAME OF TREASURER Nancy Haley | | |
| MAILING ADDRESS | | |
| 330 Encinitas Blvd., Ste. 101 | STATE | ZIP CODE |
| Encinitas, CA 92024 | AREA CODE/PHONE 760-632-3600 | |
| NAME OF ASSISTANT TREASURER, IF ANY | | |
| Beth Reno | | |
| MAILING ADDRESS | | |
| 330 Encinitas Blvd., Ste. 101 | STATE | ZIP CODE |
| Encinitas, CA 92024 | AREA CODE/PHONE 760-632-3600 | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | |

4 Verification

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. *[Signature]*

Executed on Oct 17 2010
Date

Executed on OCT 17 2010
Date

Executed on _____

Executed on _____

By _____ Signature of Treasurer or Assistant Treasurer

By Arnold B. Chairman, Press and Propaganda Officer of Sponsor.

Digitized by srujanika@gmail.com

Signature of Controlling Shareholder, Candidate, State Measure, or Opponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christopher Orlando

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

City Council Member
City of San Marcos

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

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 |
|----------------------|--------------|---|

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2019

10.1111/j.1365-276X.2007.01122.x

1335028

1323023

Contributions Received

| | | | |
|--|------------------------|--------------------|---------------------|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 7,841.00 | \$ 23,725.00 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 7,841.00 | \$ 23,725.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 111.18 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 7,841.00 | \$ 23,836.18 |

Expenditures Made

| | | | |
|--|----------------------|--------------|--------------|
| 6. Payments Made | Schedule E, Line 4 | \$ 1,196.16 | \$ 13,648.84 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 1,196.16 | \$ 13,648.84 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 8,963.65 | 9,955.98 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 111.18 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 10,159.81 | \$ 23,716.00 |

Current Cash Statement

| | | |
|---|--|--------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 3,431.32 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | 7,841.00 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | 0.00 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | 1,196.16 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 10,076.16 |

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 \$ 9,955.98

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)

_____ / _____ / _____ \$ _____

_____ \$ _____

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

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

| | | |
|---|--|----------------------------------|
| Statement covers period from <u>10/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>10/16/2010</u> | | |
| Page <u>4</u> of <u>9</u> | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER
1325029

| 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) |
|---------------|---|---|---|-----------------------------------|---|--|
| 10/09/2010 | Danny Cohen 1461 Coral Way San Marcos, CA 92078 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Hetherington Engineering | 75.00 | 175.00 | G 10 175.00 |
| 10/04/2010 | Carey J. Fernandes 1604 Windemere Drive San Marcos, CA 92078 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Environmental Planner Dudek & Associates | 100.00 | 100.00 | G 10 100.00 |
| 10/12/2010 | Chad Mestler 11620 Wilshire Blvd. Ste. 890 Los Angeles, CA 90025 Credit Card Processor: Complete Campaigns.com A Division of Aristotle Int. Inc. 205 Pennsylvania Ave SE Washington DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Investment Banking The Helvetica Group | 200.00 | 200.00 | G 10 200.00 |
| 10/16/2010 | Christopher P. Orlando | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP, Corp. Communications Carrington Mortgage Holdings, LLC | 6,500.00 | 7,310.00 | G 10 7,310.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | | | SUBTOTAL \$ 6,875.00 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 6,875.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 966.00
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 7,841.00**

*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 E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period
from 10/01/2010
through 10/16/2010

Page 5 of 9

I.D. NUMBER
1325029

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 |
|--|------|----|------------------------|-------------|
| Fountain Media Group 1501 San Elijo Road S. Ste. 104-202 San Elijo Hills, CA 92078 | PRT | | | 245.00 |
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | | | Voter Files | 299.83 |
| San Marcos Chamber of Commerce 939 Grand Avenue San Marcos, CA 92078 | | | Booth Fee | 125.00 |

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

SUBTOTAL \$ 669.83

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,117.33
2. Unitemized payments made this period of under \$100 \$ 78.83
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 \$ 1,196.16**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

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)*

CVB contribution (ex)

Ell candidate filing/ballot fees

FIL candidate filing/ballot
END fundraising events

FND fundraising events
IND independent raises

Independent expenditure supporting/opposing others (explain):

LEG legal defense

LIT campaign literature and mailings

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>10/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>10/16/2010</u> | Page <u>6</u> of <u>9</u> |
| I.D. NUMBER <u>1325029</u> | |

| | | |
|--|---|---|
| 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 |
|---|--------------|------------------------|-------------|
| Scott & Cronin LLP | | | |
| 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | | 447.50 |
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 447.50

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>10/01/2010</u> | CALIFORNIA FORM 460 |
| through <u>10/16/2010</u> | Page <u>7</u> of <u>9</u> |
| | I.D. NUMBER <u>1325029</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | Voter Files | 299.83 | 0.00 | 299.83 | 0.00 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | 447.50 | 0.00 | 447.50 | 0.00 |
| Fountain Media Group 1501 San Elijo Road S. Ste. 104-202 San Elijo Hills, CA 92078 | PRT | 245.00 | 0.00 | 245.00 | 0.00 |

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

SUBTOTALS \$ 992.33 \$ 0.00 \$ 992.33 \$ 0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 9,955.98**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 992.33**
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 8,963.65**
May be a negative number

Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

ORIGINAL Type or print in ink.

COVER PAGE

RECEIVED

Date Stamp

NOV 01 2010

CITY OF SAN MARCOS
CITY CLERK DEPT.

CALIFORNIA
FORM

460

Page 1 of 6

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

| | |
|-------------------------|------------|
| Statement covers period | |
| from | 10/17/2010 |
| through | 10/24/2010 |

| | |
|---|--|
| Date of election if applicable: (Month, Day, Year) | |
| 11/02/2010 | |

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 (Also Complete Part 5) | <input type="radio"/> Sponsored (Also Complete Part 6) |
| <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 | |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input 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"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER

1325029

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

Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

330 Encinitas Blvd., Ste. 101 CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024
OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601

nhaley@thinkcpa.com

Treasurer(s)

NAME OF TREASURER

Nancy Haley

MAILING ADDRESS

330 Encinitas Blvd., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024 760-632-3600

NAME OF ASSISTANT TREASURER, IF ANY

Beth Reno

MAILING ADDRESS

330 Encinitas Blvd., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024 760-632-3600

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.

OCT 28 2010

Executed on

OCT 28 2010

Executed on

Executed on

Executed on

By

By

By

By

By

Signature of Treasurer or Assistant Treasurer

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christopher Orlando

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

City Council Member

City of San Marcos

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

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 |
|----------------------|--------------|---|

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period
from 10/17/2010
through 10/24/2010

Page 3 of 6

I.D. NUMBER
1325029

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>50.00</u> | \$ <u>23,775.00</u> |
| 2. Loans Received | <i>Schedule B, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ <u>50.00</u> | \$ <u>23,775.00</u> |
| 4. Nonmonetary Contributions | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>111.18</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i> | \$ <u>50.00</u> | \$ <u>23,886.18</u> |

**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 | \$ _____ |

Expenditures Made

| | | | |
|--|-----------------------------|------------------|---------------------|
| 6. Payments Made | <i>Schedule E, Line 4</i> | \$ <u>0.00</u> | \$ <u>13,648.84</u> |
| 7. Loans Made | <i>Schedule H, Line 3</i> | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | <i>Add Lines 6 + 7</i> | \$ <u>0.00</u> | \$ <u>13,648.84</u> |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | \$ <u>409.54</u> | \$ <u>10,365.52</u> |
| 10. Nonmonetary Adjustment | <i>Schedule C, Line 3</i> | \$ <u>0.00</u> | \$ <u>111.18</u> |
| 11. TOTAL EXPENDITURES MADE | <i>Add Lines 8 + 9 + 10</i> | \$ <u>409.54</u> | \$ <u>24,125.54</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 |
| | / / | \$ _____ |
| | / / | \$ _____ |

Current Cash Statement

| | | |
|---|--|---------------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>10,076.16</u> |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>50.00</u> |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ <u>0.00</u> |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>0.00</u> |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>10,126.16</u> |

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

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).

| | | |
|------------------------------------|---------------------------|----------------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|------------------------------------|---------------------------|----------------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|--|---------------------|
| 18. Cash Equivalents | <i>See instructions on reverse</i> | \$ <u>0.00</u> |
| 19. Outstanding Debts | <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>10,365.52</u> |

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

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period
from 10/17/2010

through 10/24/2010

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1325029

1325029

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0.00
 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 50.00
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 50.00**

***Contributor Codes**

IND - Individual

IND = Individual
COM = Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule F Accrued Expenses (Unpaid Bills)

SCHEDULE F

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/17/2010

CALIFORNIA
FORM **460**

through 10/24/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1325029

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Aaron, Thomas & Associates, Inc. 9260 Owensmouth Ave. Chatsworth, CA 91311 | LIT See Sch. G | 9,569.09 | 0.00 | 0.00 | 9,569.09 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | 231.25 | 0.00 | 0.00 | 231.25 |
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | Voter Files | 155.64 | 0.00 | 0.00 | 155.64 |

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

SUBTOTALS \$ 9,955.98 \$ 0.00 \$ 0.00 \$ 9,955.98

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 409.54**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 409.54**
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

CALIFORNIA FORM 460

460

Statement covers period
from 10/17/2010
through 10/24/2010

Page 6 of 6

I.D. NUMBER

NAME OF FILER

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
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) |

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

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank CA 91507 | Voter Files | 0.00 | 209.54 | 0.00 | 209.54 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas CA 92024 | PRO | 0.00 | 200.00 | 0.00 | 200.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00 | \$ 409.54 | \$ 0.00 | \$ 409.54 |

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

ORIGINAL

Type or print in ink.

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

1325029

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

Orlando For Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

330 Encinitas Blvd., Ste. 101 CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas, CA 92024
OPTIONAL: FAX / E-MAIL ADDRESS

760-632-3601

nhaley@thinkcpa.com

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

1/24/11

Date

By



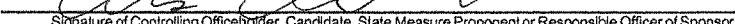
Signature of Treasurer or Assistant Treasurer

Executed on

1/24/11

Date

By



Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

Date

By



Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

Date

By

COVER PAGE

Date Stamp
RECEIVED

JAN 26 2011

CITY OF SAN MARCOS
CITY CLERK DEPT.

CALIFORNIA
FORM

460

Page 1 of 10

For Official Use Only

- | | |
|--|---|
| <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"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Christopher Orlando

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

City Council Member
City of San Marcos

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

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 |
|----------------------|--------------|---|

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period
from 10/25/2010
through 12/31/2010

CALIFORNIA FORM
Page 3 of 10

I.D. NUMBER
1325029

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> | \$ 846.00 | \$ 24,621.00 |
| 2. Loans Received | <i>Schedule B, Line 3</i> | \$ 3,500.00 | \$ 3,500.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | <i>Add Lines 1 + 2</i> | \$ 4,346.00 | \$ 28,121.00 |
| 4. Nonmonetary Contributions | <i>Schedule C, Line 3</i> | \$ 0.00 | \$ 111.18 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | <i>Add Lines 3 + 4</i> | \$ 4,346.00 | \$ 28,232.18 |

Expenditures Made

| | | | |
|--|-----------------------------|---------------|--------------|
| 6. Payments Made | <i>Schedule E, Line 4</i> | \$ 14,362.06 | \$ 28,010.90 |
| 7. Loans Made | <i>Schedule H, Line 3</i> | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | <i>Add Lines 6 + 7</i> | \$ 14,362.06 | \$ 28,010.90 |
| 9. Accrued Expenses (Unpaid Bills) | <i>Schedule F, Line 3</i> | \$ -10,128.02 | \$ 237.50 |
| 10. Nonmonetary Adjustment | <i>Schedule C, Line 3</i> | \$ 0.00 | \$ 111.18 |
| 11. TOTAL EXPENDITURES MADE | <i>Add Lines 8 + 9 + 10</i> | \$ 4,234.04 | \$ 28,359.58 |

Current Cash Statement

| | | |
|---|--|--------------|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ 10,126.16 |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ 4,346.00 |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ 0.00 |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ 14,362.06 |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 110.10 |

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

| | | |
|------------------------------------|---------------------------|---------|
| 17. LOAN GUARANTEES RECEIVED | <i>Schedule B, Part 2</i> | \$ 0.00 |
|------------------------------------|---------------------------|---------|

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> | \$ 3,737.50 |

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**

| | | |
|-------------------------------|----------|----------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

**Expenditure Limit Summary for State
Candidates**

| | | |
|--|--------------------------------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) | Total to Date |
| | / / | \$ _____ |
| | / / | \$ _____ |

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

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Statement covers period
 from 10/25/2010
 through 12/31/2010

Page 4 of 10

I.D. NUMBER
 1325029

| 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) |
|--------------------|--|---|---|-----------------------------|---|------------------------------------|
| 11/01/2010 | Shannon M. Engle 1760 Andrea St. Carlsbad, CA 92008 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vice President Asset Management Specialists | 175.00 | 175.00 | G 10 175.00 |
| 10/26/2010 | Brent Howard 322 Encinitas Blvd., Suite 100 Encinitas, CA 92024 Credit Card Processor: CompleteCampaigns.com a Div. of Aristotle Int'l. Inc. 205 Pennsylvania Ave., SE Washington, DC 20003 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Investments The Helvetica Group | 100.00 | 100.00 | G 10 100.00 |
| | | <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 \$ | | | | 275.00 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 275.00

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 571.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 846.00**

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

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Schedule B Summary

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

- | | | |
|---|--------|----------|
| 1. Loans received this period | \$ | 3,500.00 |
| (Total Column (b) plus unitemized loans of less than \$100.) | | |
| 2. Loans paid or forgiven this period | \$ | 0.00 |
| (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 \$ | 3,500.00 |
| 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

SCHEDULE E

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/25/2010

CALIFORNIA
FORM

460

through 12/31/2010

Page 6 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

I.D. NUMBER

1325029

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 |
|--|------|----|------------------------|-------------|
| Aaron, Thomas & Associates, Inc. 9260 Owensmouth Ave. Chatsworth, CA 91311 | LIT | | See Sch. G | 9,569.09 |
| Continuing the Republican Revolution (#598041) 1300 Bristol St., North, #100 Newport Beach, CA 92660 | LIT | | Slate Mailer | 250.00 |
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | | | Voter Files | 155.64 |

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

SUBTOTAL \$ 9,974.73

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)..... \$ 14,214.07
2. Unitemized payments made this period of under \$100 \$ 147.99
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 \$ 14,362.06**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/25/2010
through 12/31/2010

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Page 7 of 10
I.D. NUMBER
1325029

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 |
|--|------|----|------------------------|-------------|
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | | | Voter Files | 209.54 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | | | 231.25 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | | | 200.00 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | | | 818.55 |
| Voter Education Group (#1285939) 1212 S. Victory Blvd. Burbank, CA 91502 | LIT | | Slate Mailer | 2,000.00 |

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

SUBTOTAL \$ 3,459.34

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>10/25/2010</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2010</u> | Page <u>9</u> of <u>10</u> |
| | I.D. NUMBER <u>1325029</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando For Council 2010

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Aaron, Thomas & Associates, Inc. 9260 Owensmouth Ave. Chatsworth, CA 91311 | LIT See Sch. G | 9,569.09 | 0.00 | 9,569.09 | 0.00 |
| Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024 | PRO | 231.25 | 0.00 | 231.25 | 0.00 |
| Political Data Inc. P.O. Box 1706, 825 South Victory Blvd. Burbank, CA 91507 | Voter Files | 155.64 | 0.00 | 155.64 | 0.00 |

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

SUBTOTALS \$ 9,955.98 \$ 0.00 \$ 9,955.98 \$ 0.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 237.50**
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 10,365.52**
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -10,128.02**
May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>10/25/2010</u> through <u>12/31/2010</u> | | CALIFORNIA FORM 460 |
| | | Page <u>10</u> of <u>10</u> |
| I.D. NUMBER | | |

NAME OF FILER

I.D. NUMBER

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

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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

| | |
|-----|---|
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| MTG | meetings and appearances |
| OFC | office expenses |
| PET | petition circulating |
| PHO | phone banks |
| POL | polling and survey research |
| POS | postage, delivery and messenger services |
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| | |
|-----|---|
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