



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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 3

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

HAL MARTIN

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

CITY COUNCIL

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?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |

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

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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**

|   |                          |                              |
|---|--------------------------|------------------------------|
| Statement covers period<br>from <u>1/1/2010</u> | through <u>6/30/2010</u> | CALIFORNIA<br>FORM           |
|   |                          | Page <u>3</u> of <u>3</u>    |
|   |                          | I.D. NUMBER<br><u>961880</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HAL MARTIN

**Contributions Received**

|                                       |                           | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|---------------------------|--|--|
| 1. Monetary Contributions .....       | <i>Schedule A, Line 3</i> | \$ 0   | 891  |
| 2. Loans Received .....               | <i>Schedule B, Line 3</i> | \$ 0   | 0  |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | <i>Add Lines 1 + 2</i>    | \$ 0   | 891  |
| 4. Nonmonetary Contributions .....    | <i>Schedule C, Line 3</i> | \$ 0   | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | <i>Add Lines 3 + 4</i>    | \$ 0   | 891  |

**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<br>Received | \$ _____ | \$ _____ |
| 21. Expenditures<br>Made      | \$ _____ | \$ _____ |

**Expenditures Made**

|  |                             |      |     |
|--|-----------------------------|------|-----|
| 6. Payments Made .....                   | <i>Schedule E, Line 4</i>   | \$ 0 | 350 |
| 7. Loans Made .....                      | <i>Schedule H, Line 3</i>   | \$ 0 | 0   |
| 8. SUBTOTAL CASH PAYMENTS .....          | <i>Add Lines 6 + 7</i>      | \$ 0 | 350 |
| 9. Accrued Expenses (Unpaid Bills) ..... | <i>Schedule F, Line 3</i>   | \$ 0 | 0   |
| 10. Nonmonetary Adjustment .....         | <i>Schedule C, Line 3</i>   | \$ 0 | 0   |
| 11. TOTAL EXPENDITURES MADE .....        | <i>Add Lines 8 + 9 + 10</i> | \$ 0 | 350 |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| / /                            | \$ _____      |
| / /                            | \$ _____      |
| / /                            | \$ _____      |
| / /                            | \$ _____      |
| / /                            | \$ _____      |
| / /                            | \$ _____      |
| / /                            | \$ _____      |

**Current Cash Statement**

|   |  |         |
|---|--|---------|
| 12. Beginning Cash Balance .....          | <i>Previous Summary Page, Line 16</i>                | \$ 1182 |
| 13. Cash Receipts .....                   | <i>Column A, Line 3 above</i>                        | \$ 0    |
| 14. Miscellaneous Increases to Cash ..... | <i>Schedule I, Line 4</i>                            | \$ 0    |
| 15. Cash Payments .....                   | <i>Column A, Line 8 above</i>                        | \$ 0    |
| 16. ENDING CASH BALANCE .....             | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 1182 |

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

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

**Cash Equivalents and Outstanding Debts**

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

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.



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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 3

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

HAL MARTIN

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

SAN MARCOS CITY COUNCIL

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

HAL MARTIN

Statement covers period  
from 7/1/2010  
through 12/31/2010

**CALIFORNIA FORM 46**

## Contributions Received

|                                       |                    |      |      |
|---------------------------------------|--------------------|------|------|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ 0 | \$ 0 |
| 2. Loans Received .....               | Schedule B, Line 3 | 0    | 0    |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | 0    | 0    |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ 0 | \$ 0 |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

20. Contributions  
Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures  
Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

### Expenditures Made

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

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

## Current Cash Statement

|   |  |    |             |
|---|--|----|-------------|
| 12. Beginning Cash Balance .....          | <i>Previous Summary Page, Line 16</i>                | \$ | 1182        |
| 13. Cash Receipts .....                   | <i>Column A, Line 3 above</i>                        |    |             |
| 14. Miscellaneous Increases to Cash ..... | <i>Schedule I, Line 4</i>                            |    |             |
| 15. Cash Payments .....                   | <i>Column A, Line 8 above</i>                        |    |             |
| <b>16. ENDING CASH BALANCE</b> .....      | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ | <b>1182</b> |

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.

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

### **Cash Equivalents and Outstanding Debts**

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