



Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

**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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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 <input type="checkbox"/> OPPOSE
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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
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**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 <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

Statement covers period  
from 1/1/2012  
through 6/30/2012

CALIFORNIA FORM **460**  
Page 3 of 4

I.D. NUMBER  
961880

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hal Martin

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions .....	Schedule A, Line 3 \$ <u>0</u>	\$ <u>0</u>
Loans Received .....	Schedule B, Line 3 <u>6</u>	<u>6</u>
SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>6</u>	\$ <u>6</u>
Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>6</u>	\$ <u>6</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	\$ <u>0</u>	\$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

**Expenditures Made**

Payments Made .....	Schedule E, Line 4 \$ <u>1182</u>	\$ <u>1182</u>
Loans Made .....	Schedule H, Line 3 <u>0</u>	<u>0</u>
SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>1182</u>	\$ <u>1182</u>
Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 <u>0</u>	<u>0</u>
1. Nonmonetary Adjustment .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
2. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>1182</u>	\$ <u>1182</u>

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election (mm/dd/yy)	Total to Date
<u>1</u> <u>1</u> <u>1</u>	\$ <u>0</u>

**Current Cash Statement**

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

1. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

1. Cash Equivalents .....	See instructions on reverse \$ <u>0</u>
2. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

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

**Schedule E  
Payments Made**

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

SCHEDULE E

CALIFORNIA FORM **460**

Statement covers period from <u>1/1/2012</u>	through <u>6/30/2012</u>	Page <u>4</u> of <u>4</u>
		I.D. NUMBER <u>961880</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hal Martin

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

P campaign paraphernalia/misc.  
 S campaign consultants  
 B contribution (explain nonmonetary)\*  
 C civic donations  
 - candidate filing/ballot fees  
 D fundraising events  
 I independent expenditure supporting/opposing others (explain)\*  
 G legal defense  
 T 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
Boys & Girls Club San Marcos 1 Positive Place San Marcos, CA	CVC		Donation	1000.00
Kristin Williams	PRO		Accounting	185.00

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

**SUBTOTAL \$**

**Schedule E Summary**

Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>1185.00</u>
Unitemized payments made this period of under \$100 .....	\$ <u>0</u>
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
<b>Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....</b>	<b>TOTAL \$ <u>1185.00</u></b>

Statement of Organization  
Recipient Committee

Type or print in ink

ORIGINAL COPY

Statement Type  Initial  
Not yet qualified  or

Amendment

List I.D. number:

Termination – See Part 5

List I.D. number:

# 961880

           /            /             
Date qualified as committee

           /            /             
Date qualified as committee  
(If applicable)

6 / 30 / 12

Date of Termination

1. Committee Information

NAME OF COMMITTEE

COMMITTEE TO RE-ELECT HAL MARTIN

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

PO BOX 2169, SAN MARCOS, CA 92079-2169

OPTIONAL: FAX / E-MAIL ADDRESS

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 July 31, 2012

DATE

By T. Coye

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on July 31, 2012

DATE

By Hal Martin

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

RECEIVED

JUL 31 2012

STATEMENT OF ORGANIZATION

Date Stamp  
CITY OF SAN MARCOS  
RECEIVED AND FILED

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

CALIFORNIA FORM 410

2012 OCT - 1 AM 10:25

SEP 24 2012

REC'D S.D. CO. REC'D

DEBRA BOWEN  
Secretary of State

RECEIVED

OCT 03 2012

RECEIVED  
CITY CLERK DEPT

2. Treasurer and Other Principal Officers

NAME OF TREASURER

TANYA COYE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

KRISTIN WILLIAMS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

HAL MARTIN

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE