

Recipient Committee Campaign Statement Cover Page

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JUL 31 2012

CITY OF SAN MARCOS
CITY CLERK DEPTCALIFORNIA
2001/02
FORM

460

Page 1 of 4

For Official Use Only

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

Date of election if applicable:
(Month, Day, Year)
11/4/2008

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.☒ Officeholder, Candidate Controlled Committee☐ State Candidate Election Committee☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee☐ Sponsored☐ Small Contributor Committee☐ Political Party/Central Committee☐ Ballot Measure Committee☐ Primarily Formed☐ Controlled☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/
Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:☐ Preelection Statement☒ Semi-annual Statement☒ Termination Statement☐ Amendment (Explain below)☐ Quarterly Statement☐ Special Odd-Year Report☐ Supplemental Preelection
Statement - Attach Form 495**Committee Information**

I.D. NUMBER

961880

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

Committee to Re-Elect Hal Martin

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

PO Box 2169

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos CA 92079

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tanya Coye

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Kristin Williams

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 7/28/12

Date

Executed on 7-31-12

Date

Executed on _____

Date

Executed on _____

Date

By Kristin Williams

Signature of Treasurer or Assistant Treasurer

By [Signature]

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 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

State of California

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COVER PAGE - PART 2

**Recipient Committee
Campaign Statement
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

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ 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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ 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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Hal Martin

I.D. NUMBER
961880

Contributions Received

Table with 4 columns: Description, Schedule, Column A (Total This Period), Column B (Calendar Year Total to Date). Rows include Monetary Contributions, Loans Received, SUBTOTAL CASH CONTRIBUTIONS, Nonmonetary Contributions, and TOTAL CONTRIBUTIONS RECEIVED.

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

Table with 4 columns: Description, Schedule, Column A (Total This Period), Column B (Calendar Year Total to Date). Rows include Payments Made, Loans Made, SUBTOTAL CASH PAYMENTS, Accrued Expenses, Nonmonetary Adjustment, and TOTAL EXPENDITURES MADE.

Expenditure Limit Summary for State Candidates
22. Cumulative Expenditures Made*
Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

Table with 3 columns: Description, Previous Summary Page, Line, Amount. Rows include Beginning Cash Balance, Cash Receipts, Miscellaneous Increases to Cash, Cash Payments, and ENDING CASH BALANCE.

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.

Cash Equivalents and Outstanding Debts

Table with 3 columns: Description, Schedule, Amount. Rows include LOAN GUARANTEES RECEIVED, Cash Equivalents, and Outstanding Debts.

*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.

Statement covers period from <u>1/1/2012</u> through <u>6/30/2012</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>4</u>		
NAME OF FILER Hal Martin		I.D. NUMBER 961880

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

- | | | |
|--|--|--|
| <input type="checkbox"/> P campaign paraphernalia/misc. | <input type="checkbox"/> MBR member communications | <input type="checkbox"/> RAD radio airtime and production costs |
| <input type="checkbox"/> VS campaign consultants | <input type="checkbox"/> MTG meetings and appearances | <input type="checkbox"/> RFD returned contributions |
| <input type="checkbox"/> CB contribution (explain nonmonetary)* | <input type="checkbox"/> OFC office expenses | <input type="checkbox"/> SAL campaign workers' salaries |
| <input type="checkbox"/> VC civic donations | <input type="checkbox"/> PET petition circulating | <input type="checkbox"/> TEL t.v. or cable airtime and production costs |
| <input type="checkbox"/> candidate filing/ballot fees | <input type="checkbox"/> PHO phone banks | <input type="checkbox"/> TRC candidate travel, lodging, and meals |
| <input type="checkbox"/> JD fundraising events | <input type="checkbox"/> POL polling and survey research | <input type="checkbox"/> TRS staff/spouse travel, lodging, and meals |
| <input type="checkbox"/> independent expenditure supporting/opposing others (explain)* | <input type="checkbox"/> POS postage, delivery and messenger services | <input type="checkbox"/> TSF transfer between committees of the same candidate/sponsor |
| <input type="checkbox"/> LG legal defense | <input type="checkbox"/> PRO professional services (legal, accounting) | <input type="checkbox"/> VOT voter registration |
| <input type="checkbox"/> campaign literature and mailings | <input type="checkbox"/> PRT print ads | <input type="checkbox"/> 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	182.00

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.)	\$ 1182.00
Unitemized payments made this period of under \$100	\$ 0
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1182.00

Statement of Organization
Recipient Committee

Type or print in ink

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JUL 31 2012

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

☒ Termination - See Part 5

List I.D. number:

961880

6 / 30 / 12

Date of Termination

Date Stamp
CITY OF SAN MARCOS
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

SEP 24 2012

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM 410

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REC'D S.D. CO. ROV

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

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

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

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

Executed on July 31, 2012
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT