

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1261647

12/29/2003

Date qualified as committee

Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

RECEIVED

NOV 01 2013

CITY OF SAN MARCOS
CITY CLERK DEPT

CALIFORNIA
FORM 410

For Official Use Only

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

NOV 06 2013

DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

San Marcos

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jeff McCloskey

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Walter Brame

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jeff McCloskey

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 11/01/2013

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

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

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION San Diego County Credit Union	AREA CODE/PHONE /	BANK ACCOUNT NUMBER /
ADDRESS 3411 S. MICHIGAN BLVD	CITY SAN MARCOS	STATE CA ZIP CODE 92069

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- 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 type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

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.

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Type or print in ink.

SHORT FORM

RECEIVED Date Stamp JUL 26 2013	CALIFORNIA FORM 450
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>January 1, 2013</u> through <u>June 30, 2013</u>	Date of election if applicable: (Month, Day, Year) _____
---	---

1. Type of Recipient Committee:

- | | |
|--|--|
| <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored | <input checked="" type="checkbox"/> General Purpose Committee
<input checked="" type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee |
| <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee | |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Pre-election Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-year Report
<input type="checkbox"/> Supplemental Pre-election
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain) _____
(Also check type of statement you are amending) | |

3. Committee Information

I.D. NUMBER
1261647

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jeff McCloskey

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Walter Brame

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 7/26/13
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
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

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period from <u>January 1, 2013</u> through <u>June 30, 2013</u>		CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>		
NAME OF COMMITTEE San Marcos Professional Firefighters Association PAC		I.D. NUMBER 1261647

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	0
2. Expenditures under \$100 made this period (Not itemized.)		0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$	0
4. Nonmonetary Adjustment <i>From Line 8 Below</i>		0
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	0

Contributions Received

7. Monetary contributions received this period	\$	2821.50
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	2821.50

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$	5967.09
12. Cash receipts this period <i>Line 7 above</i>		2821.50
13. Miscellaneous increases to cash	\$	0
14. Cash expenditures this period <i>Line 3 above</i>		0
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	8788.59

Recipient Committee Campaign Statement – Short Form

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

Statement covers period
from January 1, 2013
through June 30, 2013

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Type or print in Ink.

RECEIVED

Date Stamp

FEB 03 2014

SHORT FORM
CALIFORNIA FORM 450

Page 1 of 3

For Official Use Only

Statement covers period
from July 1, 2013
through December 31, 2013

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee
- ☐ Primarily Formed Candidate/
Officeholder Committee

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
- ☐ Quarterly Statement
☐ Special Odd-year Report
☐ Supplemental Pre-election
Statement - Attach Form 495
- ☐ Amendment (Explain) _____
(Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1261647

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

STREET ADDRESS (NO P.O. BOX)

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

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jeff McCloskey

MAILING ADDRESS

STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY

Walter Brame

MAILING ADDRESS

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

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 2/3/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
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

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

Statement covers period from <u>July 1, 2013</u> through <u>December 31, 2013</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>	I.D. NUMBER 1261647

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD <i>Add Lines 1 + 2</i>	\$ <u>50.00</u>
4. Nonmonetary Adjustment <i>From Line 8 Below</i>	<u>0</u>
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>50.00</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>2,757.60</u>
8. Non-monetary contributions received this period	<u>0</u>
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>2821.50</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ <u>5,579.10</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>8788.59</u>
12. Cash receipts this period <i>Line 7 above</i>	<u>2757.60</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period <i>Line 3 above</i>	<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>11,496.19</u>

Recipient Committee Campaign Statement – Short Form

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

Statement covers period
from July 1, 2013
through December 31, 2013

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
11/15/13	Secretary of State Political Reform Division P.O. Box 1467 Sacramento, CA 95812	Annual Committee Fee	N/A <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	50.00	Calendar Year \$ 50.00 Other \$
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ Other \$
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ Other \$
SUBTOTAL \$				50.00	

* Required only for payments which are contributions or independent expenditures.