

2013 NOV 12 A 10:01

**Statement of Organization
Recipient Committee**

Statement Type InitialNot yet qualified or Amendment

List I.D. number:

1261647

 Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee12/29/2003
Date qualified as committee
(if applicable)_____/_____/_____
Date of Termination**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 _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____
San Diego San Marcos

Attach additional information on appropriately labeled continuation sheets.

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

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

DEPT. OF
SecretaryDEPT. OF
Secretary**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

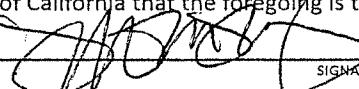
STREET ADDRESS (NO P.O. BOX)

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

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

By 

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, 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**

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COMMITTEE NAME San Marcos Professional Firefighters Association PAC	I.D. NUMBER 1261647
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- 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 7	BANK ACCOUNT NUMBER 1234567890	
ADDRESS 1111 11th Street, Suite 1000, San Diego, CA 92101	CITY San Diego	STATE CA	ZIP CODE 92101

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 PROPOINTER	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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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FORM **410**

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I.D. NUMBER

1261647

COMMITTEE NAME

San Marcos Professional Firefighters Association PAC

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
Summary Page**

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

SHORT FORM

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

**CALIFORNIA
FORM**

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NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

I.D. NUMBER

1261647

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	<i>Add Lines 1 + 2</i> <u>0</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> <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> <u>0</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>2821.50</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> <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> <u>2821.50</u>

Current Cash Statement

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

**Recipient Committee
Campaign Statement – Short Form**

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

SHORT FORM

Statement covers period
from January 1, 2013

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FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

through June 30, 2013

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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
Summary Page**

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

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

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> <u>0</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
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> <u>2821.50</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
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.

SHORT FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Professional Firefighters Association PAC

Statement covers period
from July 1, 2013

through December 31, 2013

**CALIFORNIA
FORM**

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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	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
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ _____
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL				\$ 50.00	

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