

Statement of Organization  
Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

Date qualified as committee  
(If applicable)

☒ Termination - See Part 5

List I.D. number

# 1366217

Date of Termination

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

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2014 SEP 10 AM 11 15

CITY CLERK DEPT.  
CITY OF SAN MARCOS

1. Committee Information

NAME OF COMMITTEE  
Orlando for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Marcos, CA 92078 760-468-7273

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

nhaley@thinkcpa.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
San Diego

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Haley Nancy

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas, CA 92024 760-632-3600

NAME OF ASSISTANT TREASURER, IF ANY

Stephanie Sanchez

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas, CA 92024 760-632-3600

NAME OF PRINCIPAL OFFICER(S)

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 the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on SEP 03 2014 By \_\_\_\_\_

Executed on 9/3/14 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

2 of 3

COMMITTEE NAME  
Orlando for City Council 2014

I.D. NUMBER  
1366217

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

NAME OF FINANCIAL INSTITUTION Torrey Pines Bank	AREA CODE/PHONE 760-444-8400	BANK ACCOUNT NUMBER	
ADDRESS 2760 Gateway Road	CITY Carlsbad	STATE CA	ZIP CODE 92009

## 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
Chris Orlando	City of San Marcos City Council Member	2014	<input checked="" 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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

3 of 3

COMMITTEE NAME

Orlando for City Council 2014

I.D. NUMBER

1366217

**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  
Cover Page

(Government Code Sections 84200-84216.5)

ORIGINAL

Type or print in ink.

COVER PAGE

RECEIVED  
Date Stamp  
SEP 10 AM 11 15  
CITY CLERK DEPT.  
CITY OF SAN MARCOS

CALIFORNIA  
FORM 460

Page 1 of 6

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/2014  
through 09/05/2014

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

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
- ☐ Primarily Formed Ballot Measure Committee  
☐ 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  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1366217

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Orlando for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	(760) 468-7273

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	

OPTIONAL: FAX / E-MAIL ADDRESS

(760) 632-3601 / nhaley@thinkcpa.com

Treasurer(s)

NAME OF TREASURER

Haley Nancy

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	(760) 632-3600

NAME OF ASSISTANT TREASURER, IF ANY

Stephanie Sanchez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	(760) 632-3600

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 and belief, the information furnished in this statement and schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is:

Executed on SEP 05 2014

Date

By

Executed on 9/5/14

Date

By

Sponsor

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

Date

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Orlando

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

City Council Member: City of San Marcos

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	San Marcos	CA	92078

**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? <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? <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 <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 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 <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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando for City Council 2014

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2014	
through	09/05/2014	Page <u>3</u> of <u>6</u>
		I.D. NUMBER 1366217

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ 1,535.00	\$ 1,535.00
2. Loans Received .....	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 1,535.00	\$ 1,535.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 1,535.00	\$ 1,535.00

## 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

6. Payments Made .....	Schedule E, Line 4	\$ 1,535.00	\$ 1,535.00
7. Loans Made .....	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 1,535.00	\$ 1,535.00
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 1,535.00	\$ 1,535.00

## 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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts .....	Column A, Line 3 above	1,535.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	0.00
15. Cash Payments .....	Column A, Line 8 above	1,535.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00

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

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00

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.

# Schedule A Monetary Contributions Received

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

SCHEDULE A

Statement covers period from <u>01/01/2014</u> through <u>09/05/2014</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>4</u> of <u>6</u>
NAME OF FILER  Orlando for City Council 2014		I.D. NUMBER  1366217

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando for City Council 2014

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/02/2014	Christopher P. Orlando 1562 Glencrest Drive San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Orlando & Associates Inc.	1,000.00	1,535.00	G2014 \$1,535.00
09/04/2014	Christopher P. Orlando 1562 Glencrest Drive San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Orlando & Associates Inc.	535.00	1,535.00	G2014 \$1,535.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				1,535.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,535.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,535.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule E Payments Made

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

SCHEDULE E

Statement covers period from 01/01/2014 through 09/05/2014		CALIFORNIA FORM <b>460</b>
Page 5 of 6		
NAME OF FILER Orlando for City Council 2014		I.D. NUMBER 1366217

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando for City Council 2014

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

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	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
Safeguard Business Systems P.O. Box 88043 306-N West El Norte Pkwy. #93 Chicago, IL 60680	OFC	Banking Supplies	160.06
Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024	PRO		42.82
IVC Media, LLC 2700 Adams Avenue Suite 205 San Diego, CA 92116	WEB		1,000.00

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

**SUBTOTAL \$** 1,202.88

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,485.00
2. Unitemized payments made this period of under \$100	\$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> 1,535.00



**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2014</u>	through <u>09/05/2014</u>	
Page <u>6</u> of <u>6</u>		I.D. NUMBER  1366217

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Orlando for City Council 2014

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Scott & Cronin LLP 330 Encinitas Blvd. #101 Encinitas, CA 92024	PRO			282.12

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

**SUBTOTAL \$** 282.12

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

November 4, 2014

☐ Amendment (Explain Below)

Date Stamp  
**RECEIVED**

JUL 30 2014

City Clerk Dept.  
City of San Marcos

**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20

14

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Orlando

STREET ADDRESS

CITY

San Marcos

AREA CODE/DAYTIME PHONE NUMBER

STATE ZIP CODE

CA 92078

OPTIONAL: FAX / E-MAIL ADDRESS

chrisorlando@cox.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Council Member

JURISDICTION (LOCATION)

City of San Marcos

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

Orlando for City Council 2014  
ID#1366217

COMMITTEE ADDRESS

NAME OF TREASURER

Nancy Haley

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/29/14

DATE

By

Clear Form

Print Form

470 Supplement (Jan/2008)  
Instructions - Rev. 2 (Dec/2012)  
fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

37

# Statement of Organization Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ 1 or

**COPY**

☒ Amendment

List I.D. number:

# 1366217

07/02/14

Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

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

JUL 03 2014

Date Stamp

**CALIFORNIA FORM 410**

For Official Use Only

**RECEIVED**

JUL 16 2014

City Clerk Dept.  
City of San Marcos

## 1. Committee Information

NAME OF COMMITTEE

Orlando for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Marcos

CA 92078

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

nhaley@thinkcpa.com

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nancy Haley

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Encinitas

CA 92024

(760)632-3600

NAME OF ASSISTANT TREASURER, IF ANY

Stephanie Sanchez

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Encinitas

CA 92024

(760)632-3600

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

## 3. Verification

I have used all reasonable diligence in preparation of this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on

JUL 02 2014

By

Executed on

JUL 02 2014

By

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

JRER

STATE MEASURE PROPONENT

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2

COMMITTEE NAME

Orlando for City Council 2014

I.D. NUMBER

1366217

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Torrey Pines Bank	(760)444-8400		
ADDRESS	CITY	STATE	ZIP CODE
	Carlsbad	CA	92009

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
Chris Orlando	City Council - City of San Marcos	2014	<input checked="" 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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 3

I.D. NUMBER

1366217

COMMITTEE NAME

Orlando for City Council 2014

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.

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COPY

1366217

Statement of Organization  
Recipient Committee

Statement Type

☒ InitialNot 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:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

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

APR 22 2014

DEBRA BOWEN  
Secretary of StateCALIFORNIA  
FORM 410

For Official Use Only

2014 MAY -1 PM 12:01  
REC'D S.D. CO. ROY

RECEIVED

MAY 05 2014

City Clerk Dept.  
City of San Marcos

## 1. Committee Information

NAME OF COMMITTEE

Orlando for City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos CA 92078

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

nhaley@thinkcpa.com

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nancy Haley

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas CA 92024 (760)632-3600

NAME OF ASSISTANT TREASURER, IF ANY

Stephanie Sanchez

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas CA 92024 (760)632-3600

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 3. Verification

I have used all reasonable diligence in preparing  
penalty of perjury under the laws of the State of

Executed on

APR 21 2014

DATE

By

Executed on

APR 21 2014

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Information contained herein is true and complete. I certify under

TREASURER

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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I.D. NUMBER

COMMITTEE NAME

Orlando for City Council 2014

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Torrey Pines Bank	(760)444-8400		
ADDRESS	CITY	STATE	ZIP CODE
	Carlsbad	CA	92009

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Chris Orlando	City Council - City of San Marcos	2014	<input checked="" 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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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Page 3

I.D. NUMBER

COMMITTEE NAME

Orlando for City Council 2014

**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**

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