



990 East Mission Road  
P. O. Box 2290  
Fallbrook, California  
92088-2290

(760) 728-1125  
Fax (760) 728-5943

**Board of Directors:**

Milt Davies  
Al Gebhart  
Bert Hayden  
Don McDougal  
Charley Wolk

**Staff:**

Brian J. Brady  
General Manager

Jack Bebee  
Assistant General Manager

Marcie Eilers  
Admin Services Manager

Robert H. James  
Legal Counsel

Mary Lou Boultinghouse  
Board Secretary

RECEIVED

JAN 07 2015

SAN DIEGO LAFCO

January 2, 2015

Political Reform Division  
Secretary of State  
1500 11<sup>th</sup> Street, Room 495  
Sacramento, CA 95814

Clerk of the Board of Supervisors  
County of San Diego  
1600 Pacific Highway, Room 402  
San Diego, CA 92101

RE: San Diego LAFCO Proposed Fallbrook Public Utility District  
(FPUD) and Rainbow Municipal Water District (RMWD)  
Reorganization (Ref Nos. RO/SA(a)(b)14-04; MSR/SR13-66)

Please find enclosed the original CA Form 461 filed on behalf of the  
FPUD relative to the above-referenced, pending SD LAFCO matter.

If you need additional information, please contact me at (760) 728-  
1125, extension 1130.

Sincerely,

  
Mary Lou Boultinghouse  
Secretary

Enclosures

C: Michael Ott, Executive Officer for San Diego LAFCO

**Major Donor and Independent Expenditure Campaign Statement**  
(Government Code sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Date Stamp

CALIFORNIA FORM **461**

Page 1 of 2  
For Official Use Only

Type or print in ink.

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

Statement covers period  
from 12/01/14  
through 12/31/14

SEE INSTRUCTIONS ON REVERSE

**1. Name and Address of Filer**

NAME OF FILER  
Fallbrook Public Utility District

RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)  
990 E Mission Rd; PO Box 2290

CITY STATE ZIP CODE  
Fallbrook CA 92028

RESPONSIBLE OFFICER (If filer is other than an individual)  
Brian J. Brady, General Manager

AREA CODE/DAYTIME PHONE  
(760) 728-1125

**2. Nature and Interests of Filer** (Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS BUSINESS INTERESTS

ADDRESS OF EMPLOYER/BUSINESS

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

Water and wastewater special district.

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

Amendment (Explain):

**3. Summary**

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) ..... \$ -0-
2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ -0-
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) ..... SUBTOTAL \$ -0-
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.) ..... \$ 2,970
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... TOTAL \$ 2,970

**4. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 1/2/15 By [Signature]  
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

# Major Donor and Independent Expenditure Committee Campaign Statement

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Statement covers period from 12/01/14 through 12/31/14

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Fallbrook Public Utility District

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

Page 2 of 2

CALIFORNIA FORM 461

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

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

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/1-31/14	No activity for the month of December 2014.	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Public outreach campaign	SD LAFCO: R0/SA(a)(b)14-04; MSR/SR13-66  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	-0-	2970
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
<b>SUBTOTAL \$</b>					<b>-0-</b>	