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Board of Directors:

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Al Gebhart
Bert Hayden
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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

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FEB 09 2015

SAN DIEGO LAFCO

February 2, 2015

Political Reform Division
Secretary of State
1500 11th 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 San Diego 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 Committee Campaign Statement
 (Government Code sections 84200-84216.5)

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

CALIFORNIA FORM 461

Date Stamp

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 1/1/15
 through 1/31/15

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

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.)..... \$ -0-
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)..... TOTAL \$ -0-

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 2/2/15 By [Signature]
 DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

Amendment (Explain):

Major Donor and Independent Expenditure Committee Campaign Statement

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

CALIFORNIA FORM 461

Statement covers period from 1/1/15 through 1/31/15 Page 2 of 2

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

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Fallbrook Public Utility District

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
Jan 2015	No activity for the month of January 2015.	<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-	-0-
		<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		
				SUBTOTAL \$	-0-	