



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

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**Board of Directors:**

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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

August 3, 2015

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 or [maryloub@fpud.com](mailto:maryloub@fpud.com).

Sincerely,

  
Mary Lou Boultinghouse  
Secretary

Enclosure

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

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 7/1/15  
through 7/31/15

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 (street); PO Box 2290 (mailing)

CITY STATE ZIP CODE  
**Fallbrook CA 92088**

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.)..... \$ -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 8/3/15 By   
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

**Major Donor and Independent Expenditure Committee Campaign Statement**

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

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Statement covers period from 7/1/15 through 7/31/15

CALIFORNIA FORM **461**

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Fallbrook Public Utility District

Page 2 of 2

**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
July 2015	No activity for the month of July 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		
<b>SUBTOTAL \$</b>					<b>-0-</b>	