



990 East Mission Road
P.O. Box 2290
Fallbrook, California
92088-2290
(760) 728-1125
Fax (760) 728-6029
www.fpud.com

Board of Directors:

Milt Davies
AJ Gebhart
Don McDougal
Archie D. McPhee
Bert Hayden

Staff:

Brian J. Brady
General Manager

Marcie Eilers
Admin Services Manager

Jack Bebee
Assistant General Manager

Robert H. James
Legal Counsel

Mary Lou Boultinghouse
Board Secretary

November 3, 2014

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

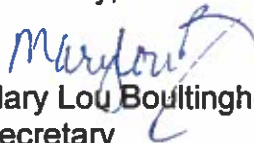
Clerk of the Board of Supervisors
County of San Diego
1600 Pacific Highway, Room 402
San Diego, CA 92101

RE: San Diego LAFCO, Proposed Fallbrook PUD and Rainbow
MWD 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
Fallbrook PUD 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

RECEIVED
NOV 05 2014
SAN DIEGO LAFCO

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

Type or print in ink.

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

CALIFORNIA FORM 461

Page 1 of 2
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/1/14 through 10/31/14

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

1. Name and Address of Filer

NAME OF FILER
Fallbrook Public Utility District

RESIDENTIAL OR MAILING ADDRESS

990 E Mission Rd; PO Box 2290

(NO. AND STREET)

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 11/3/14

DATE

By


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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Fallbrook Public Utility District

MAJOR DONOR AND INDEPENDENT EXPENDITURE COMMITTEE STATEMENT

Statement covers period from 10/1/14 through 10/31/14

CALIFORNIA FORM 461

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 (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
10/1-31/14	No activity for the month of October 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	-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		
SUBTOTAL \$					-0-	