

ORIGINAL

COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp	CALIFORNIA FORM 460
2012 OCT -9 AM 9:25	Page 1 of 6
REC'D S.D. CO. ROV	For Official Use Only

Statement covers period	Date of Election if applicable
from 07/01/2012	11/06/2012
through 09/30/2012	(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 981406

COMMITTEE NAME  
San Diego County Taxpayers Association PAC

Treasurer(s)

NAME OF TREASURER  
C. April Boling

STREET ADDRESS

[Redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92101	[Redacted]

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	

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 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 10/05/2012

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

**Statement covers period**  
**from** 07/01/2012  
**through** 09/30/2012

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

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

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**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 ?  
 YES  NO

COMMITTEE STREET ADDRESS ( NO P.O. BOX) \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

COMMITTEE NAME I.D. NUMBER \_\_\_\_\_

NAME OF TREASURER CONTROLLED COMMITTEE ?  
 YES  NO

COMMITTEE 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 OR 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

**Campaign Disclosure Statement  
Summary Page**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 3 of 6

NAME OF FILER San Diego County Taxpayers Association PAC

I.D. NUMBER  
981406

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 6,350.00	\$ 6,350.00
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+2	\$ 6,350.00	\$ 6,350.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 6,350.00	\$ 6,350.00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 15,264.22	\$ 15,752.35
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 15,264.22	\$ 15,752.35
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	\$ 15,264.22	\$ 15,752.35

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\* Amounts in this Section may be different from amounts reported in Column B.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 15,230.91
13. Cash Receipts . . . . . Column A, Line 3 above	6,350.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	15,264.22
16. ENDING CASH BALANCE . Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,316.69
17. LOAN GUARANTEES RECEIVED . . . . . Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts . . . . . Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 4 of 6
NAME OF FILER San Diego County Taxpayers Association PAC		I.D. NUMBER 981406

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/28/2012	Associated General Contractors [REDACTED] San Diego, CA 92121	OTH		3,000.00	3,000.00	
08/29/2012	CAC Advisory Services LLC [REDACTED] San Diego, CA 92122	OTH		3,350.00	3,350.00	

**SUBTOTAL \$** 6,350.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	6,350.00
2. Amount received this period - unitemized .....	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<b>6,350.00</b>

**\*\* Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 5 of 6

NAME OF FILER San Diego County Taxpayers Association PAC	I.D. NUMBER 981406
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/11/2012	Proposition Z  County of San Diego Measure Z  <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		2,000.00	2,000.00	

<b>SUBTOTAL \$</b>	2,000.00	
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**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. )	\$ 2,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100.	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	<b>TOTAL \$ 2,000.00</b>

**Schedule E  
Payments Made**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2012	
through	09/30/2012	Page 6 of 6
NAME OF FILER San Diego County Taxpayers Association PAC		I.D. NUMBER 981406

**CODES:** If one of the following 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 production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | 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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Competitive Edge [Redacted] San Diego, CA 92101	POL		13,200.00
No on Z [Redacted] San Diego, CA 92119 ID No: 1351592	CTB		2,000.00

**SUBTOTAL \$ 15,200.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 15,200.00
2. Unitemized payments made this period of under \$100	\$ 64.22
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 15,264.22</b>

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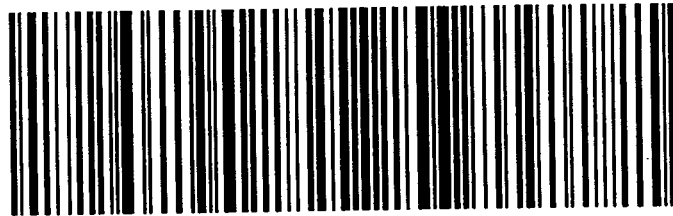
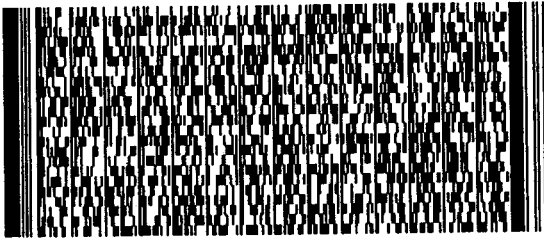
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