SHORT FORM

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Type or print in ink.

Statement covers period
from 01-01-2016
through 06-30-2016

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

Date Stamp
RECEIVED
JUL 19 2016
City Clerk Dept.
City of San Marcos

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored
- ☐ Primarily Formed Candidate/ Officeholder Committee
- ☒ General Purpose Committee
  - ○ Sponsored
  - ⊗ Small Contributor Committee

2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Quarterly Statement
- ☐ Special Odd-year Report
- ☐ Supplemental Pre-election Statement - Attach Form 495
- ☐ Amendment (Explain) _____
  (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER: 950884

COMMITTEE NAME: San Marcos Mobilehome Residents Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Roz Tague

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 07-18-2016 (DATE) By _____ (SIGNATURE OF TREASURER)

Executed on 07-19-2016 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Recipient Committee Campaign Statement Summary Page

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

Statement covers period
from 01-01-2016
through 06-30-2016

SHORT FORM
CALIFORNIA FORM **450**
Page 2 of 2

NAME OF COMMITTEE
San Marcos Mobilehome Residents Association Political Action Committee

I.D. NUMBER
950884

Expenditures Made

1. Expenditures of $100 or more made this period		$ 0.00
2. Expenditures under $100 made this period (Not itemized.)		0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	*Add Lines 1 + 2*	$ 0.00
4. Nonmonetary Adjustment	*From Line 8 Below*	0.00
5. Total expenditures made from previous statement (*If this is the first statement for the calendar year, enter zero.*)	*Previous Summary Page, Line 6*	$ 0.00
6. TOTAL EXPENDITURES MADE TO DATE	*Add Lines 3 + 4 + 5*	$ 0.00

Contributions Received

7. Monetary contributions received this period		$ 40.00
8. Non-monetary contributions received this period		0.00
9. Total contributions received from previous statement (*If this is the first statement for the calendar year, enter zero.*)	*Previous Summary Page, Line 10*	$ 40.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	*Add Lines 7 + 8 + 9*	$ 40.00

Current Cash Statement

11. Beginning cash balance	*Previous Summary Page, Line 15*	$ 6,952.70
12. Cash receipts this period	*Line 7 above*	40.00
13. Miscellaneous increases to cash		$ 0.00
14. Cash expenditures this period	*Line 3 above*	0.00
15. **ENDING CASH BALANCE THIS PERIOD**	*Add Lines 11 + 12 + 13, then subtract Line 14*	$ 6,992.70