

Statement of Organization Recipient Committee

Statement Type Initial

Amendment

Termination – See Part 5

Not yet qualified
or
 Date qualified as committee _____/_____/_____ _____/_____/_____
01 03 1996 Date qualified as committee Date of termination

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

RECEIVED AND FILED
5 in the office of the Secretary of State
of the State of California

FEB 20 2018

2018 MAR -7 PM 4:04

REC'D S.D. CO. ROV

1. Committee Information		I.D. Number (if applicable)	950884	2. Treasurer and Other Principal Officers		
NAME OF COMMITTEE San Marcos Mobilehome Residents Association (Political action committee)971				NAME OF TREASURER Michael Duncan		
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY	STATE	ZIP CODE
NAME OF PRINCIPAL OFFICER(S)						
STREET ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE	AREA CODE/PHONE			

3. Verification

I have used all reasonable diligence in preparing 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 2/16/2018

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/16/2018

SIGNATURE OF CONTROLLING OFFICHEHOLDER, CANDIDATE, OR STATE MEASURE PROPOENENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ DATE _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME San Marcos Mobilehome Residents Association (Political Action Committee)	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank Of America	AREA CODE/PHONE 760-471-3165	BANK ACCOUNT NUMBER	
ADDRESS 601 South Rancho Santa Fe Rd	CITY San Marcos	STATE CA	ZIP CODE 92078

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		
			CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	
			Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

Statement Type Initial

Amendment

Termination – See Part 5

Not yet qualified

or

Date qualified as committee

____/____/____

Date qualified as committee

____/____/____

Date of termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

**CALIFORNIA
FORM**

For Official Use Only

410

APR 13 2018 2018 APR 23 AM 10:47

REC'D S.D. CO. ROV

1. Committee Information

**I.D. Number
(if applicable)** 950884

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association
Political Action Committee (SMMRA-PAC)

NAME OF TREASURER

Michael Duncan

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos CA 92069

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Marcos CA 92079-2285

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Susan Rogers, Chair

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Marcos CA 92069

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 4/11/18 DATE By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

RECEIVED

APR 25 2018

City Clerk Dept.
City of San Marcos

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

(San Marcos - Pac)

San Marcos Mobilehome Residents Association Political Action Committee

950884

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		
			Nonpartisan	Partisan	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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Page 3

I.D. NUMBER

950884

COMMITTEE NAME
San Marcos Mobilehome Residents Assn. Political Action Committee (SMRPA-PAC)

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Political action committee concerning itself with mobilehome residents rights, etc.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
				AREA CODE/PHONE

Small Contributor Committee

01/01/00

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Clear Page

Print

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

450

Statement covers period
from 01/01/2018
through 06/30/2018

CALIFORNIA
FORM

Page 2 of 3

NAME OF COMMITTEE

San Marcos Mobile Home Residents Association - Political Action Committee

I.D. NUMBER

950884

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>1,220.18</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>53.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>Add Lines 1 + 2</u> <u>1,273.18</u>
4. Nonmonetary Adjustment.....	<u>From Line 8 Below</u> <u>0</u>
5. Total expenditures made from previous statement	<u>Previous Summary Page, Line 6</u> <u>0</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	<u>Add Lines 3 + 4 + 5</u> <u>1,273.18</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>1,275.51</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement.....	<u>Previous Summary Page, Line 10</u> <u>0</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>Add Lines 7 + 8 + 9</u> <u>1,275.51</u>

Current Cash Statement

11. Beginning cash balance	<u>Previous Summary Page, Line 15</u> <u>6,891.70</u>
12. Cash receipts this period.....	<u>Line 7 above</u> <u>1,275.51</u>
13. Miscellaneous increases to cash	<u>0</u>
14. Cash expenditures this period.....	<u>Line 3 above</u> <u>1273.18</u>
15. ENDING CASH BALANCE THIS PERIOD	<u>Add Lines 11 + 12 + 13, then subtract Line 14</u> <u>6,894.03</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

450

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobile Home Residents Association - Political Action Committee

Statement covers period
from 01/01/2018
through 06/30/2018

**CALIFORNIA
FORM**

Page 3 of 3

I.D. NUMBER
950884

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
05/25/18	Futura Color	Postcard	Jim Desmond	1,220.18	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$ 1,220.18	

* Required only for payments which are contributions or independent expenditures.

Statement of Organization**Recipient Committee**Statement Type Initial Amendment Termination – See Part 5 Not yet qualified

or

 Date qualified as committee

____/____/____

Date qualified as committee

____/____/____

Date of termination

1. Committee Information**I.D. Number
(if applicable)** 950884**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

San Marcos Mobile Home Residents Association
Political Action Committee (SMMRA-PAC)

NAME OF TREASURER

Victoria S. DePrez

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
<u>San Diego</u>	

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)			
Lloyd Rochambeau, Temporary PAC Chair and SMMRA President			

CITY	STATE	ZIP CODE	AREA CODE/PHONE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92079	

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 July 13 2018 By _____

TREASURER _____

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME San Marcos Mobile Home Residents Association Political Action Committee (SMMRA - PAC)	I.D. NUMBER 950884
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION U S Bank	AREA CODE/PHONE 760-471-0351	BANK ACCOUNT NUMBER	
ADDRESS 675 S. Rancho Santa Fe Rd	CITY San Marcos	STATE CA	ZIP CODE 92078-3973

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		
			CHECK ONE		
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM
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Page 3

I.D. NUMBER

950884

COMMITTEE NAME
San Marcos Mobile Home Residents Association Political Action Committee (SMMRA-PAC)

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support/oppose various statewide, county & city of San Marcos measures & candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
				AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Clear Page

Print

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from 07/01/2018
through 09/22/2018

CALIFORNIA
FORM

450

Page 2 of 3

NAME OF COMMITTEE

I.D. NUMBER

950884

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>2,056.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>18.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>Add Lines 1 + 2</u> <u>2,074.00</u>
4. Nonmonetary Adjustment.....	<u>From Line 8 Below</u>
5. Total expenditures made from previous statement	<u>Previous Summary Page, Line 6</u> <u>1273.18</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	<u>Add Lines 3 + 4 + 5</u> <u>3,347.18</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>80.00</u>
8. Non-monetary contributions received this period.....	<u> </u>
9. Total contributions received from previous statement.....	<u>Previous Summary Page, Line 10</u> <u>1,275.51</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>Add Lines 7 + 8 + 9</u> <u>1,355.51</u>

Current Cash Statement

11. Beginning cash balance	<u>Previous Summary Page, Line 15</u> <u>6,894.03</u>
12. Cash receipts this period.....	<u>Line 7 above</u> <u>80.00</u>
13. Miscellaneous increases to cash	<u> </u>
14. Cash expenditures this period.....	<u>Line 3 above</u> <u>2,074.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<u>Add Lines 11 + 12 + 13, then subtract Line 14</u> <u>4,900.03</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Statement covers period
from 07/01/2018

CALIFORNIA
FORM

through 09/22/2018

Page 3 of 3

I.D. NUMBER
950884

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
07/30	Meet Your Officials	Meeting	(3) City Council District 1 (3) City Council District 2 (3) Mayoral	210.00	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
09/20	San Diego Union Tribune - \$1,058.00 The Paper, Escondido 500.00 Coast News, Encinitas 288.00		Endorsement Ads Craig Garcia District 1 Mike Sanella District 2 Rebecca Jones Mayor	1,846.00	Calendar Year \$ _____ Other \$ _____
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year \$ _____ Other \$ _____
				SUBTOTAL \$ 2,056.00	

* Required only for payments which are contributions or independent expenditures.

The Coast News Group \$288.00

Chris Kydd
P O Box 232550
Encinitas, CA 92023-2550

The San Diego Union Tribune \$1,058.00
Linda Willis (check not mailed, picked up by Linda)
600 B Street Suite 1201
San Diego, CA 92101

The Paper \$500.00
% Lyle Davis
739 N. Citrus Ave
Escondido, CA 92027

Meet Your Officials \$210.00
Sponsored by Chamber of Commerce

Recipient Committee

Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

or 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.

Statement covers period from <u>09/23/2018</u>	Date of election if applicable: (Month, Day, Year) <u> </u>	Date Stamp RECEIVED OCT 24 2018 City Clerk Dept. City of San Marcos
through <u>10/20/2018</u>		Page <u>1</u> of <u>3</u> For Official Use Only

Type of Recipient Committee:

<input type="checkbox"/> Ballot Measure Committee	<input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Primarily Formed	<input type="radio"/> Sponsored
<input type="radio"/> Controlled	<input checked="" type="checkbox"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

1. 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

2. Type of Statement:

<input checked="" type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-year Report
<input type="checkbox"/> Termination Statement	
<input type="checkbox"/> Amendment (Explain) (Also check type of statement you are amending)	

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

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

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 October 23, 2018

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on October 23, 2018

DATE

By _____

: 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

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/23/2018
through 10/20/2018

SHORT FORM
CALIFORNIA FORM 450
Page 2 of 3
I.D. NUMBER
950884

NAME OF COMMITTEE

Expenditures Made

Expenditures of \$100 or more made this period	\$ <u>124.98</u>
Expenditures under \$100 made this period (Not itemized.)	<u>4.00</u>
SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	\$ <u>128.98</u>
Nonmonetary Adjustment.....	<i>From Line 8 Below</i>
Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i>
(If this is the first statement for the calendar year, enter zero.)	\$ <u>3,347.18</u>
TOTAL EXPENDITURES MADE TO DATE	\$ <u>3,476.16</u>

Contributions Received

Monetary contributions received this period.....	\$ <u>0</u>
Non-monetary contributions received this period.....	<u>0</u>
Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>
(If this is the first statement for the calendar year, enter zero.)	\$ <u>1,355.51</u>
TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>1,355.51</u>

Current Cash Statement

Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ <u>4900.03</u>
Cash receipts this period.....	<i>Line 7 above</i>	<u>0</u>
Miscellaneous increases to cash	\$ <u>0</u>	
Cash expenditures this period.....	<i>Line 3 above</i>	<u>128.98</u>
ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>4,771.05</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/23/2018

through 10/20/2018

SHORT FORM
CALIFORNIA FORM 450
Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

950884

Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
9/27/18	COPYSERVE	Flyers in support of Proposition 10	CA State Proposition 10	124.98	Calendar Year \$ _____ Other \$ _____
					Calendar Year \$ _____ Other \$ _____
					Calendar Year \$ _____ Other \$ _____
					SUBTOTAL \$ 124.98

Required only for payments which are contributions or independent expenditures.

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

or 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.

Statement covers period
from 10/21/2018
through 10/28/2018

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

Date Stamp		CALIFORNIA FORM 450	
RECEIVED		Page <u>1</u> of <u>3</u>	
OCT 31 2018		For Official Use Only	
City Clerk Dept. City of San Marcos			

Type of Recipient Committee:

<input type="checkbox"/> Ballot Measure Committee	<input checked="" type="checkbox"/> General Purpose Committee
<input type="radio"/> Primarily Formed	<input type="radio"/> Sponsored
<input type="radio"/> Controlled	<input checked="" type="checkbox"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

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

Type of Statement:

<input checked="" type="checkbox"/> Pre-election Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-year Report
<input type="checkbox"/> Termination Statement	
<input type="checkbox"/> Amendment (Explain) (Also check type of statement you are amending)	

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

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

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 October 31, 2018 By _____ TANT TREASURER
DATE

Executed on October 31, 2018 By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Recipient Committee
Campaign Statement
Summary Page

Amounts may be rounded
to whole dollars.

SHORT FORM

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CALIFORNIA
FORM

Page 2 of 3

Statement covers period
from 10/21/2018
through 10/28/2018

I.D. NUMBER
950884

NAME OF COMMITTEE San Marcos Mobilehome Residents Association - Political Action Committee

Expenditures Made

Expenditures of \$100 or more made this period	\$ <u>0</u>
Expenditures under \$100 made this period (Not itemized.).....	<u>0</u>
SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>Add Lines 1 + 2</u> <u>0</u>
Nonmonetary Adjustment.....	<u>From Line 8 Below</u> <u>0</u>
Total expenditures made from previous statement	<u>Previous Summary Page, Line 6</u> <u>\$ 3,476.16</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
TOTAL EXPENDITURES MADE TO DATE	<u>Add Lines 3 + 4 + 5</u> <u>\$ 3,476.16</u>

Contributions Received

Monetary contributions received this period.....	\$ <u>0</u>
Non-monetary contributions received this period.....	<u>0</u>
Total contributions received from previous statement.....	<u>Previous Summary Page, Line 10</u> <u>\$ 1,355.51</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>Add Lines 7 + 8 + 9</u> <u>\$ 1,355.51</u>

Current Cash Statement

Beginning cash balance	<u>Previous Summary Page, Line 15</u> <u>\$ 4,771.05</u>
Cash receipts this period.....	<u>Line 7 above</u> <u>0</u>
Miscellaneous increases to cash	<u>\$ 0</u>
Cash expenditures this period.....	<u>Line 3 above</u> <u>0</u>
ENDING CASH BALANCE THIS PERIOD	<u>Add Lines 11 + 12 + 13, then subtract Line 14</u> <u>\$ 4,771.05</u>

Recipient Committee
Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/21/2018

through 10/28/2018

SHORT FORM
CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

Page 3 of 3

I.D. NUMBER

950884

Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
					Calendar Year \$ _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
					Calendar Year \$ _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
					Calendar Year \$ _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
				SUBTOTAL \$	

Required only for payments which are contributions or independent expenditures.

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified

or

Date qualified as committee

_____/_____/_____
Date qualified as committee

Amendment

Termination – See Part 5

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in the office of the Secretary of State
of the State of California

DEC 17 2018

CALIFORNIA
FORM 410

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REC'D S.D. CO. ROV

1. Committee Information

I.D. Number
(if applicable) 950884

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Victoria S. DePrez

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

NAME OF PRINCIPAL OFFICER(S)

Lloyd Rochambeau, Temporary PAC Chair and SMMRA President

STREET ADDRESS (NO P.O. BOX)

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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.

Executed on July 13 2018 By _____

ASSISTANT TREASURER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

Page 2

COMMITTEE NAME San Marcos Mobile Home Residents Association Political Action Committee (SMMRA - PAC)	I.D. NUMBER 950884
---	-----------------------

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION U S Bank	AREA CODE/PHONE 760-471-0351	BANK ACCOUNT NUMBER		
ADDRESS 675 S. Rancho Santa Fe Rd	CITY San Marcos	STATE CA	ZIP CODE 92078-3973	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		
			CHECK ONE		
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>10/29/2018</u>	CALIFORNIA FORM 450
through <u>12/31/2018</u>	Page <u>2</u> of <u>3</u>

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	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>2.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>Add Lines 1 + 2</u> <u>\$ 2.00</u>
4. Nonmonetary Adjustment.....	<u>From Line 8 Below</u> <u>0</u>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> <u>\$ 3,476.16</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	<u>Add Lines 3 + 4 + 5</u> <u>\$ 3,478.16</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>5.00</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i> <u>\$ 5.00</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>Add Lines 7 + 8 + 9</u> <u>\$ 5.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> <u>\$ 4,771.05</u>
12. Cash receipts this period.....	<u>Line 7 above</u> <u>5.00</u>
13. Miscellaneous increases to cash	<u>\$ 0</u>
14. Cash expenditures this period.....	<u>Line 3 above</u> <u>2.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<u>Add Lines 11 + 12 + 13, then subtract Line 14</u> <u>\$ 4,774.05</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

Statement covers period
from 10/29/2018

through 12/31/2018

CALIFORNIA
FORM

Page 3 of 3

I.D. NUMBER

950884

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
					Calendar Year \$ _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
					Calendar Year \$ _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
					Calendar Year \$ _____ Other _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
				SUBTOTAL \$	

* Required only for payments which are contributions or independent expenditures.