

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☐ Not yet qualified
or

☒ Date qualified as committee

01 / 03 / 1996

☐ Amendment

_____/_____/_____
Date qualified as committee

☐ Termination – See Part 5 in the office of the Secretary of State of the State of California

_____/_____/_____
Date of termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

RECEIVED AND FILED
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

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association (Political action committee) 971

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Michael Duncan

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

RECEIVED

MAR 13 2018

City Clerk Dept.

City of San Marcos

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 2/16/2018

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/16/2018

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

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

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

San Marcos Mobilehome Residents Association (Political Action Committee)

I.D. NUMBER

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

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

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

APR 13 2018

2018 APR 23 AM 10:47

REC'D S.D. CO. ROV

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

950884

NAME OF COMMITTEE

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

STREET ADDRESS (NO P.O. BOX)

CITY

San Marcos

STATE

CA

ZIP CODE

92069

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Michael Duncan

STREET ADDRESS (NO P.O. BOX)

CITY

San Marcos

STATE

CA

ZIP CODE

92079-2285

AREA CODE/PHONE

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

San Marcos

STATE

CA

ZIP CODE

92069

AREA CODE/PHONE

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

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

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

(Summa-Pac)
San Marcos Mobilehome Residents Association Political Action Committee

I.D. NUMBER

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 PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | CHECK ONE | | PARTY |
|--|---|---------------------|---|--------------------------------------|------------------------------|
| | | | 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 410

Page 3

I.D. NUMBER

950884

COMMITTEE NAME

San Marcos Mobilehome Residents Assn. Political Action Committee (SUMRA-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

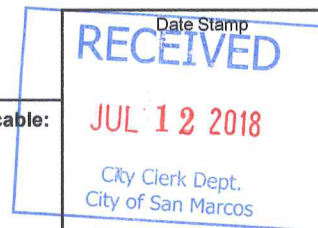
Recipient Committee Campaign Statement – Short Form

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.

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

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



SHORT FORM
CALIFORNIA FORM 450

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee:

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
950884

COMMITTEE NAME

San Marcos Mobile Home 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

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

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

Executed on JULY 09, 2018

DATE

By _____

TREASURER

Executed on JULY 09, 2018

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**

Amounts may be rounded
to whole dollars.

SHORT FORM

| | |
|--|--------------------------------|
| Statement covers period from <u>01/01/2018</u> through <u>06/30/2018</u> | CALIFORNIA FORM 450 |
| Page <u>2</u> of <u>3</u> | I.D. NUMBER 950884 |

NAME OF COMMITTEE

San Marcos Mobile Home Residents Association - Political Action Committee

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..... <i>Add Lines 1 + 2</i> | \$ <u>1,273.18</u> |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i> | <u>0</u> |
| 5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ <u>0</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ <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 <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ <u>0</u> |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i> | \$ <u>1,275.51</u> |

Current Cash Statement

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

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

SHORT FORM

| | |
|--|--------------------------------|
| Statement covers period from 01/01/2018 through 06/30/2018 | CALIFORNIA FORM 450 |
| Page 3 of 3 | I.D. NUMBER 950884 |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobile Home Residents Association - Political Action Committee

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 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 1,220.18 | 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

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

JUL 16 2018

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

JUL 26 2018

City Clerk Dept.
City of San Marcos

1. Committee Information

I.D. Number

(if applicable) 950884

NAME OF COMMITTEE

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

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Marcos

CA

92078

MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

SAN DIEGO

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

San Marcos

CA

92078

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Lloyd Rochambeau, Temporary PAC Chair and SMMRA President

STREET ADDRESS (NO P.O. BOX)

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

DATE

By

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

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

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

| | | | |
|-------------------------------|-----------------|---------------------|------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| U S Bank | 760-471-0351 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 675 S. Rancho Santa Fe Rd | San Marcos | CA | 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 | CHECK ONE | | PARTY (list political party below) |
|--|---|---------------------|---|--------------------------------------|---------------------------------------|
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | |
| | | | Nonpartisan <input type="checkbox"/> | Partisan <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 <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 410

Page 3

COMMITTEE NAME

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

I.D. NUMBER

950884

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

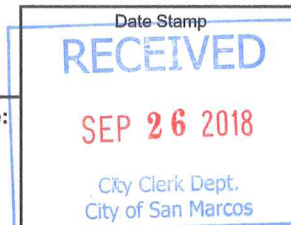
Recipient Committee Campaign Statement – Short Form

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.

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

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



| | |
|-----------------------|--------|
| SHORT FORM | |
| CALIFORNIA FORM 450 | |
| Page | 1 of 3 |
| For Official Use Only | |

1. 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 | |

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) | |

3. Committee Information

I.D. NUMBER
950884

COMMITTEE NAME

San Marcos Mobile 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

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

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 Sept 25, 2018
DATE

Executed on Sept 25, 2018
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
ASSISTANT TREASURER

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

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Amounts may be rounded
to whole dollars.

SHORT FORM

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 450 |
| from | 07/01/2018 | |
| through | 09/22/2018 | Page <u>2</u> of <u>3</u> |
| NAME OF COMMITTEE | | I.D. NUMBER 950884 |

Expenditures Made

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

Contributions Received

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

Current Cash Statement

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

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

SHORT FORM

CALIFORNIA
FORM **450**

Statement covers period
from 07/01/2018

through 09/22/2018

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

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) Mayorial <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 210.00 | Calendar Year \$ _____ Other \$ _____ |
| 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 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 1,846.00 | Calendar Year \$ _____ Other \$ _____ |
| | | | <input 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

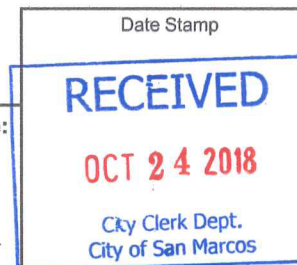
Recipient Committee Campaign Statement – Short Form

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 09/23/2018
through 10/20/2018

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



SHORT FORM

CALIFORNIA FORM **450**

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee:

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

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
- ☐ Quarterly Statement
☐ Special Odd-year Report
- ☐ 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

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

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 October 23, 2018

DATE

Executed on October 23, 2018

DATE

Executed on _____

DATE

Executed on _____

DATE

By _____

TREASURER OR ASSISTANT TREASURER

By _____

SIC

MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

| | | | |
|--|--|----------------------------|------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM | 450 |
| | | Page <u>2</u> of <u>3</u> | |
| NAME OF COMMITTEE | | I.D. NUMBER 950884 | |

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..... <i>Add Lines 1 + 2</i> | \$ | <u>128.98</u> |
| Nonmonetary Adjustment..... <i>From Line 8 Below</i> | | <u> </u> |
| Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | <u>3,347.18</u> |
| TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ | <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> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | <u>1,355.51</u> |
| TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i> | \$ | <u>1,355.51</u> |

Current Cash Statement

| | | |
|---|----|-----------------|
| 1. Beginning cash balance <i>Previous Summary Page, Line 15</i> | \$ | <u>4900.03</u> |
| 2. Cash receipts this period..... <i>Line 7 above</i> | | <u>0</u> |
| 3. Miscellaneous increases to cash | \$ | <u>0</u> |
| 4. Cash expenditures this period..... <i>Line 3 above</i> | | <u>128.98</u> |
| 5. 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.

SHORT FORM

| | | | |
|--|--|----------------------------|------------|
| Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u> | | CALIFORNIA FORM | 450 |
| | | Page <u>3</u> of <u>3</u> | |
| | | I.D. NUMBER 950884 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

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 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 124.98 | 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 | | | | \$ 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 <u>10/21/2018</u> through <u>10/28/2018</u> | Date of election if applicable: (Month, Day, Year) _____ | Date Stamp RECEIVED OCT 31 2018 City Clerk Dept. City of San Marcos | CALIFORNIA FORM 450 Page <u>1</u> of <u>3</u> For Official Use Only |
|---|---|--|--|

1. Type of Recipient Committee:

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

2. Type of Statement:

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

I. 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

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
DATE

Executed on October 31, 2018
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
TANT TREASURER

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

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Summary Page

Amounts may be rounded
to whole dollars.

SHORT FORM

| | |
|--|------------------------|
| Statement covers period from 10/21/2018 through 10/28/2018 | CALIFORNIA FORM 450 |
| | Page 2 of 3 |
| 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 | \$ 0 |
| Expenditures under \$100 made this period (Not itemized.) | 0 |
| SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2 | \$ 0 |
| Nonmonetary Adjustment..... From Line 8 Below | 0 |
| Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.) | \$ 3,476.16 |
| TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 | \$ 3,476.16 |

Contributions Received

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

Current Cash Statement

| | |
|--|-------------|
| 1. Beginning cash balance Previous Summary Page, Line 15 | \$ 4,771.05 |
| 2. Cash receipts this period..... Line 7 above | 0 |
| 3. Miscellaneous increases to cash | \$ 0 |
| 4. Cash expenditures this period..... Line 3 above | 0 |
| 5. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 | \$ 4,771.05 |

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 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action 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* |
|--------------------|---|------------------------|--|-----------------------|--|
| | | | <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. | | Calendar Year \$ _____ Other \$ _____ |
| SUBTOTAL \$ | | | | | |

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

Date Stamp

CALIFORNIA
FORM

410

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

DEC 17 2018

For Official Use Only

2019 JAN 10 AM 8:51

REC'D S.D. CO. ROV

1. Committee Information

I.D. Number
(if applicable) 950884

2. Treasurer and Other Principal Officers

RECEIVED

JAN 17 2019

City Clerk Dept.
City of San Marcos

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

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 Cali

Executed on

DATE

By

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

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

CALIFORNIA
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 | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| U S Bank | 760-471-0351 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 675 S. Rancho Santa Fe Rd | San Marcos | CA | 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 | CHECK ONE | | PARTY (list political party below) |
|--|---|---------------------|---|--------------------------------------|---------------------------------------|
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | |
| | | | Nonpartisan <input type="checkbox"/> | Partisan <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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

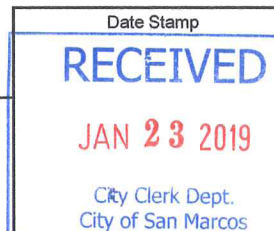
Recipient Committee Campaign Statement – Short Form

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.

Statement covers period
from 10/29/2018
through 12/31/2018

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



SHORT FORM

CALIFORNIA
FORM **450**

Page 1 of 3

For Official Use Only

1. Type of Recipient Committee:

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

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
- ☐ Quarterly Statement
☐ Special Odd-year Report
- ☐ 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
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

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 I

Executed on January 22, 2019
DATE

By _____

ASSISTANT TREASURER

Executed on January 22, 2019
DATE

X 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**

Amounts may be rounded
to whole dollars.

SHORT FORM

| | | |
|---|--|---|
| Statement covers period from <u>10/29/2018</u> through <u>12/31/2018</u> | | CALIFORNIA FORM 450 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..... <i>Add Lines 1 + 2</i> | \$ | <u>2.00</u> |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i> | | <u>0</u> |
| 5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | <u>3,476.16</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ | <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> <i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | <u>5.00</u> |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i> | \$ | <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..... <i>Line 7 above</i> | | <u>5.00</u> |
| 13. Miscellaneous increases to cash | \$ | <u>0</u> |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | | <u>2.00</u> |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ | <u>4,774.05</u> |

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

SHORT FORM

| | |
|--|--------------------------------|
| Statement covers period from <u>10/29/2018</u> through <u>12/31/2018</u> | CALIFORNIA FORM 450 |
| Page <u>3</u> of <u>3</u> | I.D. NUMBER <u>950884</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

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* |
|--------------------|---|------------------------|--|-----------------------|--|
| | | | <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. | | Calendar Year \$ _____ Other \$ _____ |
| SUBTOTAL \$ | | | | | |

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