



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 <u>January 1, 2022</u> through <u>June 30, 2022</u>	Date of election if applicable: (Month, Day, Year) _____	Page <u>1</u> of <u>3</u> For Official Use Only
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SHORT FORM
CALIFORNIA FORM 450

1. Type of Recipient Committee:

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

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" 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 Mobilehome Residents Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

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

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92069	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92069	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 July 12, 2022
DATE

By _____

ASSISTANT TREASURER

Executed on _____
DATE

By [Signature]
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

FPPC Form 450 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>January 1, 2022</u> through <u>June 30, 2022</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	\$	4.00
2. Expenditures under \$100 made this period (Not itemized.)		4.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ 4.00
4. Nonmonetary Adjustment	From Line 8 Below	
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ 0
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ 4.00

Contributions Received

7. Monetary contributions received this period	\$	30.00
8. Non-monetary contributions received this period		0
9. Total contributions received from previous statement	Previous Summary Page, Line 10	\$ 0
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9	\$ 30.00

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$ 3,310.05
12. Cash receipts this period	Line 7 above	30.00
13. Miscellaneous increases to cash		0
14. Cash expenditures this period	Line 3 above	4.00
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 3,336.05

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

Statement covers period
from January 1, 2022
through June 30, 2022

SHORT FORM

CALIFORNIA FORM	450
Page <u>3</u> of <u>3</u>	
I.D. NUMBER 950884	

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.

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 07/01/22
through 09/24/22

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

Date Stamp
Received
SEP 26 2022
City Clerk Department
City of San Marcos

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)

650-92 S Rancho Santa Fe Road

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	619-977-4254

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

P O Box 2285

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92069	619-977-4254

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 _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
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	07/21/2022
through	09/24/2022

CALIFORNIA FORM		450
Page	2	of 3

NAME OF COMMITTEE

I.D. NUMBER

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ 0
2. Expenditures under \$100 made this period (Not itemized.)	0
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ 0
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	0
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>	\$ 0
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ 0

Contributions Received

7. Monetary contributions received this period.....	\$ 0
8. Non-monetary contributions received this period.....	0
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>	\$ 0
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... <i>Add Lines 7 + 8 + 9</i>	\$ 0

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ 3,336.05
12. Cash receipts this period..... <i>Line 7 above</i>	0
13. Miscellaneous increases to cash	\$ 0
14. Cash expenditures this period..... <i>Line 3 above</i>	0
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 3,336.05

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/21/2022
through 09/24/2022

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

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.

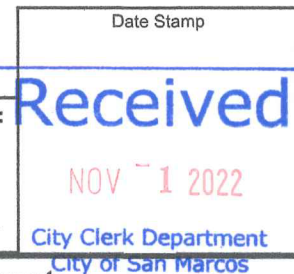
Recipient Committee Campaign Statement – Short Form

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 10/23/22
through 10/30/22

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
San Marcos	CA	92078	619-977-4254

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
San Marcos	CA	92069	619-977-4254

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 11/01/2022
DATE

Executed on _____
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 from <u>10/23/22</u> through <u>10/30/22</u>		CALIFORNIA FORM 450 Page <u>2</u> of <u>3</u>
I.D. NUMBER 950884		

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

Expenditures Made

- | | |
|---|-------------|
| 1. Expenditures of \$100 or more made this period | \$ <u>0</u> |
| 2. Expenditures under \$100 made this period (Not itemized.) | <u>0</u> |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i> | \$ <u>0</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>0</u> |

Contributions Received

- | | |
|--|-------------|
| 7. Monetary contributions received this period..... | \$ <u>0</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>0</u> |

Current Cash Statement

- | | |
|--|--------------------|
| 11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i> | \$ <u>3,334.05</u> |
| 12. Cash receipts this period..... <i>Line 7 above</i> | <u>0</u> |
| 13. Miscellaneous increases to cash | \$ <u>0</u> |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | <u>0</u> |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ <u>3,334.05</u> |

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>10/23/22</u> through <u>10/30/22</u>	CALIFORNIA FORM 450
	Page <u>3</u> of <u>3</u>
I.D. NUMBER	

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.

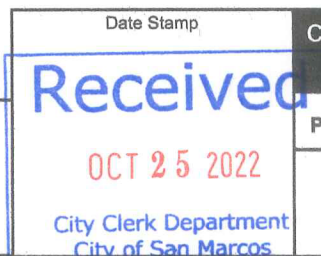
Recipient Committee Campaign Statement – Short Form

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 09/25/22
through 10/22/22

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
San Marcos	CA	92078	619-977-4254

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
San Marcos	CA	92069	619-977-4254

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 10/25/2022
DATE

By _____

TREASURER OR ASSISTANT TREASURER

Executed on _____
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>09/25/2022</u> through <u>10/22/22</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>	I.D. NUMBER

NAME OF COMMITTEE

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>0</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i> | \$ <u>2.00</u> |

Contributions Received

- | | |
|---|-------------|
| 7. Monetary contributions received this period..... | \$ <u>0</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>0</u> |

Current Cash Statement

- | | |
|--|--------------------|
| 11. Beginning cash balance <i>Previous Summary Page, Line 15</i> | \$ <u>3,334.05</u> |
| 12. Cash receipts this period..... <i>Line 7 above</i> | <u>0</u> |
| 13. Miscellaneous increases to cash | \$ <u>0</u> |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | <u>0</u> |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ <u>3,334.05</u> |

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/25/2022
through 10/22/22

SHORT FORM

CALIFORNIA
FORM

450

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Page 3 of 3

I.D. NUMBER

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.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<p>Calendar Year</p> <p>\$ _____</p> <p>Other</p> <p>\$ _____</p>
SUBTOTAL \$					

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

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 10/30/22
through 12/31/22

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

Date Stamp	CALIFORNIA FORM 450
Received	Page 1 of 3
JAN 09 2023	For Official Use Only
City Clerk Department City of San Marcos	

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
San Marcos	CA	9278	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92069	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92069	

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
under penalty of perjury under the laws of the State of California that

the information contained herein is true and complete. I certify

Executed on January 09, 2023 By _____
DATE

Executed on January 09, 2023 By _____
DATE SIG

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

PRESIDENT OR ASSISTANT TREASURER

STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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>10.30/22</u> through <u>12/31/22</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>400.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>52.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ <u>452.00</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>452.00</u>
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ <u>452.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0</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>0</u>

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ <u>3,334.05</u>
12. Cash receipts this period..... <i>Line 7 above</i>	<u>0</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period..... <i>Line 3 above</i>	<u>452.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>2,882.05</u>

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from 10/30/22 through 12/31/22		CALIFORNIA FORM 450
Page 3 of 3		
NAME OF COMMITTEE San Marcos Mobilehome Residents Association Political Action Committee		I.D. NUMBER 950884

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*
12/02/22	California Secretary of State POLITICAL REFORM DIVISIONS 1500 11th STREET, ROOM 495 SACRAMENTO, CA 95814	Nonfiler penalties (4) @ \$100 each 01/01/20 - 06/30/20 01/01/21 - 06/30/21 07/01/21 - 12/31/21 01/01/22 - 06/30/22	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$400.00	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 \$ 400.00					

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