

**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.



SHORT FORM

CALIFORNIA FORM 450

Page 1 of 3

For Official Use Only

Statement covers period from <u>January 1, 2022</u> through <u>June 30, 2022</u>	Date of election if applicable: (Month, Day, Year) <u> </u>	Date Stamp City Clerk Department City of San Marcos
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1. Type of Recipient Committee:

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

**CALIFORNIA
FORM 450**

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

Page 2 of 3

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

Contributions Received

7. Monetary contributions received this period.....	\$ <u>30.00</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> (If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	<u>Add Lines 7 + 8 + 9</u> \$ <u>30.00</u>

Current Cash Statement

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

**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 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action 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*
					Calendar Year \$ _____ Other _____
					\$ _____ Other _____
					Calendar Year \$ _____ Other _____
					\$ _____ Other _____
					Calendar Year \$ _____ Other _____
					\$ _____ 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 <u>07/01/22</u> through <u>09/24/22</u>	Date of election if applicable: (Month, Day, Year) <u> </u>
Date Stamp Received <u>SEP 26 2022</u> City Clerk Department City of San Marcos	
Page <u>1</u> of <u>3</u> For Official Use Only	

1. Type of Recipient Committee:

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

3. Committee InformationI.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
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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

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 TREASURERExecuted on _____
DATE _____By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSORExecuted on _____
DATE _____By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSERExecuted on _____
DATE _____By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
07/21/2022
from _____
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> \$ 0 <i>(If this is the first statement for the calendar year, enter zero.)</i>
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> \$ 0 <i>(If this is the first statement for the calendar year, enter zero.)</i>
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.

SHORT FORM

Statement covers period
from 07/21/2022

through 09/24/2022

CALIFORNIA
FORM

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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*
					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.

**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.

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 type="radio"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

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
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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 11/01/2022
DATE

By _____
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

SHORT FORM

CALIFORNIA FORM **450**

Received

NOV 1 2022

City Clerk Department
City of San Marcos

Page 1 of 3

For Official Use Only

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
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			

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

CALIFORNIA
FORM **450**

Statement covers period
from 10/23/22
through 10/30/22

Page 2 of 3

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>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> \$ <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
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> \$ <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
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

450

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

Statement covers period
from 10/23/22

through 10/30/22

CALIFORNIA
FORM

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*
					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.

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)

Date Stamp

Received

OCT 25 2022

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 type="radio"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

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
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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
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 _____

SURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

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

450

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

CALIFORNIA
FORM

Page 2 of 3

NAME OF COMMITTEE

I.D. NUMBER

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>2.00</u>
4. Nonmonetary Adjustment.....	<u>0</u>
5. 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>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>
(If this is the first statement for the calendar year, enter zero.)	<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

450

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Statement covers period
09/25/2022
from _____

through 10/22/22

CALIFORNIA
FORM

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

**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)

SHORT FORM

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

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 type="radio"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<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
<u>San Marcos</u>	<u>CA</u>	<u>9278</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Marcos</u>	<u>CA</u>	<u>92069</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Marcos</u>	<u>CA</u>	<u>92069</u>	

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 _____

RECEIVER OR ASSISTANT TREASURER

Executed on January 09, 2023 By -
DATE _____

STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____
DATE _____

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>	CALIFORNIA FORM	450
through <u>12/31/22</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>400.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>52.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>452.00</u>
4. Nonmonetary Adjustment.....	<u>0</u>
5. 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>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> <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	

10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... *Add Lines 7 + 8 + 9* 0

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

CALIFORNIA
FORM

450

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

Statement covers period
from 10/30/22

through 12/31/22

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*
12/02/22	California Secretary of State POLITICAL REFORM DIVISION 1500 11TH STREET, ROOM 495 SACRAMENTO, CA 95814	Nonfiler penalties (4) @ \$100.00 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		\$400.00	Calendar Year \$ _____ Other _____
					\$ _____ Other _____
					Calendar Year \$ _____ Other _____
					\$ _____ Other _____
					Calendar Year \$ _____ Other _____
					\$ _____ Other _____
				SUBTOTAL \$ 400.00	

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