Recipient Committee
Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

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

Type or print in ink.

Statement covers period	
from	1-1-2015
through	6-30-2015

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

Date Stamp

RECEIVED

NOV 2 4 2015

City Clerk Dept.
City of San Marcos

For Official Use Only

1. Type of Recipient Committee:

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 950884

COMMITTEE NAME
San Marcos Mobilehome Residents Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

███████████ STATE ███████ ████████
███████ CA ███████ ███████
███████████████ P.O. BOX

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Roz Tague

MAILING ADDRESS
███████████

CITY   STATE   ██████ ██████████
Sar████ CA ████████ ████████████
   IF ANY

MAILING ADDRESS

CITY   STATE   ZIP CODE   AREA CODE/PHONE

███████████████
███████████

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	11-23-15	By	_R. C. Tague_
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	11-23-15	By	_Lloyd Nochamber_
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, 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

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

SHORT FORM

Statement covers period

from ___1-1-2015___

through ___6-30-2015___

CALIFORNIA FORM **450**

Page __2__ of __2__

NAME OF COMMITTEE	I.D. NUMBER
San Marcos Mobilehome Residents Association Political Action Committee	950884

Expenditures Made

1.	Expenditures of $100 or more made this period	$ 0.00
2.	Expenditures under $100 made this period (Not itemized.)	53.00
3.	SUBTOTAL EXPENDITURES MADE THIS PERIOD .... *Add Lines 1 + 2*	$ 53.00
4.	Nonmonetary Adjustment .... *From Line 8 Below*	0.00
5.	Total expenditures made from previous statement .... *Previous Summary Page, Line 6*	$ 0.00
	(If this is the first statement for the calendar year, enter zero.)	
6.	TOTAL EXPENDITURES MADE TO DATE .... *Add Lines 3 + 4 + 5*	$ 53.00

Contributions Received

7.	Monetary contributions received this period	$ 245.00
8.	Non-monetary contributions received this period	0.00
9.	Total contributions received from previous statement .... *Previous Summary Page, Line 10*	$ 0.00
	(If this is the first statement for the calendar year, enter zero.)	
10.	TOTAL CONTRIBUTIONS RECEIVED TO DATE .... *Add Lines 7 + 8 + 9*	$ 245.00

Current Cash Statement

11.	Beginning cash balance .... *Previous Summary Page, Line 15*	$ 6,673.70
12.	Cash receipts this period .... *Line 7 above*	245.00
13.	Miscellaneous increases to cash	$ 0.00
14.	Cash expenditures this period .... *Line 3 above*	53.00
15.	**ENDING CASH BALANCE THIS PERIOD** .... *Add Lines 11 + 12 + 13, then subtract Line 14*	$ 6,865.70