

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

_____/_____/_____
Date qualified as committee

☒ Amendment

List I.D. number:

950884

01/03/1996
Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

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

NOV 30 2015

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

2015 DEC -7 PM 3:21

REC'D S.D. CO. ROV

1. Committee Information

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association PAC (SMMRA) 

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 4104 San Marcos CA 92079-4104

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Roz Tague (Rosetta E)

STREET ADDRESS (NO P.O. BOX)

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

STREET ADDRESS (NO P.O. BOX)

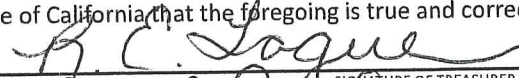
Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/23/2015
DATE

By



SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/23/2015
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

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I.D. NUMBER

950884

COMMITTEE NAME

San Marcos Mobilehome Residents Association PAC (SMMRA-PAC)

- 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 Amercia	(760)471-3465	2195107873
ADDRESS	CITY	STATE ZIP CODE
601 South Rancho Santa Fe Road	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."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			☐ Nonpartisan
			☐ Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT ☐ OPPOSE ☐
		SUPPORT ☐ OPPOSE ☐

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I.D. NUMBER

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COMMITTEE NAME

San Marcos Mobilehome Residents Association PAC (SMMRA-PAC)

4. Type of Committee

(Continued)

General Purpose Committee

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

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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

Small Contributor Committee

☒ 01 / 03 / 1996
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.