

**Recipient Committee**  
**Campaign Statement – Short Form**

SEE INSTRUCTIONS ON REVERSE

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

Type or print in ink.

Statement covers period  
from Jan. 1, 2015  
through June 30, 2015

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

SHORT FORM

Date Stamp	CALIFORNIA FORM	450
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JUL 24 2015	For Official Use Only	
City Clerk Dept. 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 checked="" type="radio"/> Broad Based
<input type="radio"/> Sponsored	
<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

**3. Committee Information**

I.D. NUMBER  
950884

COMMITTEE NAME  
San Marcos Mobilehome Residence Assoc.  
Political Action Committee

  
AND STREET OR P.O. BOX

  
(Same) CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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"/> Supplemental Pre-election Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain) _____ (Also check type of statement you are amending)	

**Treasurer(s)**

NAME OF TREASURER

Roz E. Tague

MAILING ADDRESS

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 7-21-15  
DATE

Executed on 7-21-15  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Roz E. Tague  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Lloyd L. Nochambeam  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER