

Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SHORT FORM

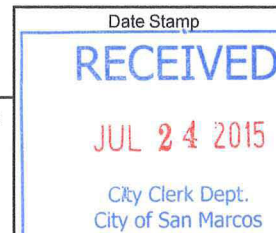
SEE INSTRUCTIONS ON REVERSE

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.

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

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

N/A



CALIFORNIA
FORM **450**

Page 1 of 1

For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☒ General Purpose Committee
☐ Sponsored
☒ Broad Based
- ☐ Primarily Formed Candidate/
Officeholder 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 Residence Assoc.
Political Action Committee

[REDACTED ADDRESS]

AND STREET OR P.O. BOX

(Same)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Roz E. Tague

MAILING ADDRESS

[REDACTED 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. Nochembean

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

FPPC Form 450 (12/99)
For Technical Assistance: 916/322-5660
State of California