

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 07-01-2016
through 09-24-2016

Date of election if applicable:
(Month, Day, Year)
11-08-2016

Date Stamp
RECEIVED
OCT 03 2016
City Clerk Dept.
City of San Marcos

CALIFORNIA FORM **450**
Page 1 of 2
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
- ☐ 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)

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Roz Tague

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 09-30-2016
DATE

Executed on 09-30-2016
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____

By _____
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

Recipient Committee Campaign Statement Summary Page

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>07-01-2016</u> through <u>09-24-2016</u>		CALIFORNIA FORM 450 Page <u>2</u> of <u>2</u>
I.D. NUMBER 950884		

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	<u>\$103.00</u>
2. Expenditures under \$100 made this period (Not itemized.)		<u>00.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<i>Add Lines 1 + 2</i>	\$ <u>\$103.00</u>
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i>	<u>00.00</u>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i>	\$ <u>00.00</u>
<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>	\$ <u>\$103.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$	<u>00.00</u>
8. Non-monetary contributions received this period.....		<u>00.00</u>
9. Total contributions received from previous statement	<i>Previous Summary Page, Line 10</i>	\$ <u>\$40.00</u>
<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>	\$ <u>\$40.00</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i>	\$ <u>\$6,992.70</u>
12. Cash receipts this period.....	<i>Line 7 above</i>	<u>00.00</u>
13. Miscellaneous increases to cash		\$ <u>00.00</u>
14. Cash expenditures this period.....	<i>Line 3 above</i>	<u>\$103.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>\$6,889.70</u>