

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 <u>07-01-2016</u> through <u>12-31-2016</u>
--

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



CALIFORNIA
FORM

SHORT 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
☐ 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)

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

MAILING ADDRESS

!
=
C
!

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

roztague@att.net

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

Executed on 01-17-2017
DATE

By _____

Executed on 01-17-2017
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____

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	07-01-2016
through	12-31-2016

**CALIFORNIA
FORM 450**

Page 2 of 2

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

I.D. NUMBER

950884

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	0.00
2. Expenditures under \$100 made this period (Not itemized.)		3.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2	\$ 3.00
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	\$ 0.00

Contributions Received

7. Monetary contributions received this period	\$	0.00
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	\$ 0.00

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15	\$ 6,992.70
12. Cash receipts this period	Line 7 above	0.00
13. Miscellaneous increases to cash		\$ 0.00
14. Cash expenditures this period	Line 3 above	3.00
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14	\$ 6,889.70