

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 01-01-2017
through 06-30-2017

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



SHORT FORM
CALIFORNIA FORM 450
Page 1 of 2
For Official Use Only

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☒ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee
- ☐ Primarily Formed Candidate/Officeholder 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 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

Michael Duncan

MAILING ADDRESS

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 07-31-2017
DATE

Executed on 07-31-2017
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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>01-01-2017</u> through <u>06-30-2017</u>	CALIFORNIA FORM 450
Page <u>2</u> of <u>2</u>	I.D. NUMBER <u>950884</u>

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>0.00</u>
2. Expenditures under \$100 made this period (Not itemized.)	<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... Add Lines 1 + 2	\$ <u>0.00</u>
4. Nonmonetary Adjustment..... From Line 8 Below	<u>0.00</u>
5. Total expenditures made from previous statement Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5	\$ <u>0.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0.00</u>
8. Non-monetary contributions received this period.....	<u>0.00</u>
9. Total contributions received from previous statement Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$ <u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9	\$ <u>0.00</u>

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15	\$ <u>6,889.76</u>
12. Cash receipts this period..... Line 7 above	<u>0.00</u>
13. Miscellaneous increases to cash	\$ <u>0.00</u>
14. Cash expenditures this period..... Line 3 above	<u>0.00</u>
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14	\$ <u>6,889.76</u>

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 7/01/17
through 12/31/17

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

Date Stamp		RECEIVED		CALIFORNIA FORM 450	
FEB 13 2018		Page 1 of 3		For Official Use Only	
City Clerk Dept. City of San Marcos					

1. Type of Recipient Committee:

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
- ☒ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee
- ☐ Primarily Formed Candidate/
Officeholder 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)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Michael Duncan

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 2/11/2018

DATE

Executed on 2/11/2018

DATE

Executed on _____

DATE

Executed on _____

DATE

By _____ JRER

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>7/01/17</u> through <u>12/31/17</u>		CALIFORNIA FORM 450
Page <u>1</u> of <u>3</u>		
NAME OF COMMITTEE		I.D. NUMBER 950884

Expenditures Made

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

Contributions Received

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

Current Cash Statement

- | | | |
|--|----|---------|
| 11. Beginning cash balance <i>Previous Summary Page, Line 15</i> | \$ | 6891.70 |
| 12. Cash receipts this period..... <i>Line 7 above</i> | | 00.00 |
| 13. Miscellaneous increases to cash | \$ | 00.00 |
| 14. Cash expenditures this period..... <i>Line 3 above</i> | | 00.00 |
| 15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ | 6891.70 |

Recipient Committee Campaign Statement – Short Form

Amounts may be rounded
to whole dollars.

Statement covers period
from 7/01/17
through 12/31/17

SHORT FORM
CALIFORNIA FORM 450

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

I.D. NUMBER

950884

5. Payments Made *(If more space is needed, use additional copies of this page for continuation sheets.)*

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL \$					

* Required only for payments which are contributions or independent expenditures.