

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	Date qualification threshold met 01 / 17 / 1997	
		Date of termination ____ / ____ / ____

Date Stamp

RECEIVED
JUL 03 2019
City Clerk Dept. City of San Marcos

CALIFORNIA FORM **410**

For Official Use Only

1. Committee Information

**I.D. Number
(if applicable)**

950884

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
SAN MARCOS MOBILE HOME RESIDENTS ASSN
POLITICAL ACTION COMMITTEE (SMMRA - PAC)

NAME OF TREASURER

VICTORIA S DEPREZ

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN MARCOS	CA	92078	

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
SAN DIEGO

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN MARCOS	CA	92078	

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

TIM SHEAHAN

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN MARCOS	CA	92078	

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 07/05/2019 By _____

EASURER OR ASSISTANT TREASURER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Mailed to Dept of State 07/01/2019

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 3

I.D. NUMBER

950884

COMMITTEE NAME
SAN MARCOS MOBILE HOME RESIDENTS ASSN
POLITICAL ACTION COMMITTEE (SMMRA - PAC)

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

A broad based Political Committee that concerns itself with Mobilehome Residents' rights, etc.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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 January 1, 2019
through June 30, 2019

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

SHORT FORM

CALIFORNIA FORM 450

Date Stamp	RECEIVED
JUL 03 2019	
City Clerk Dept. City of San Marcos	
Page <u>1</u>	of <u>3</u>
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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="checkbox"/> Small Contributor Committee
<input type="radio"/> Sponsored	
<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee	

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"/> 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 San Marcos STATE CA ZIP CODE 92078 AREA CODE/PHONE

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

CITY San Marcos STATE CA ZIP CODE 92069 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Victoria De Prez

MAILING ADDRESS

CITY San Marcos STATE CA ZIP CODE 92069 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 July 3, 2019 DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ 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

FPPC Form 450 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>January 1, 2019</u>	CALIFORNIA FORM	450
through <u>June 30, 2019</u>	Page <u>2</u>	of <u>3</u>

NAME OF COMMITTEE San Marcos Mobilehome Residents Association - Political Action Committee	I.D. NUMBER 950884
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Expenditures Made

1. Expenditures of \$100 or more made this period	\$ <u>1,275.00</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>56.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>Add Lines 1 + 2</u> <u>\$ 1,331.00</u>
4. Nonmonetary Adjustment.....	<u>From Line 8 Below</u>
5. Total expenditures made from previous statement	<u>Previous Summary Page, Line 6</u> <u>\$ 0</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	<u>Add Lines 3 + 4 + 5</u> <u>\$ 1,331.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>35.00</u>
8. Non-monetary contributions received this period.....	<u> </u>
9. Total contributions received from previous statement	<u>Previous Summary Page, Line 10</u> <u>\$ 0</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<u>Add Lines 7 + 8 + 9</u> <u>\$ 35.00</u>

Current Cash Statement

11. Beginning cash balance	<u>Previous Summary Page, Line 15</u> <u>\$ 4,774.05</u>
12. Cash receipts this period.....	<u>Line 7 above</u> <u>\$ 35.00</u>
13. Miscellaneous increases to cash	<u> </u>
14. Cash expenditures this period.....	<u>Line 3 above</u> <u>\$ 1,331.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<u>Add Lines 11 + 12 + 13, then subtract Line 14</u> <u>\$ 3,478.05</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

450

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

Statement covers period
from January 1, 2019

through June 30, 2019

CALIFORNIA
FORM

Page 3 of 3

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*
	Secretary of State/State of California 1500 11th Street, Room 495 Sacramento, CA 95814	Fine for 2018 filing after the legal deadline		\$1,275.00	Calendar Year \$ 1,275.00 Other \$ _____
					Calendar Year \$ _____ Other \$ _____
					Calendar Year \$ _____ Other \$ _____
					Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$ 1,275.00	

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

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met
01 / 17 / 1997

Termination – See Part the
office of the Secretary of State
of the State of California

Date of termination

Date Stamp

**CALIFORNIA
FORM**

410

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JUL 05 2019

REC'D S.D. CO. ROV

RECEIVED

JUL 29 2019

City Clerk Dept.
City of San Marcos

1. Committee Information

**I.D. Number
(if applicable)**

950884

2. Treasurer and Other Principal Officers

NAME OF TREASURER

VICTORIA S DEPREZ

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE
SAN MARCOS CA 92078

FULL MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE AREA CODE/PHONE
SAN MARCOS CA 92078

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
SAN DIEGO

NAME OF PRINCIPAL OFFICER(S)

TIM SHEAHAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SAN MARCOS CA 92078

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing 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 07/01/2019 By _____

RETR OR ASSISTANT TREASURER

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

950884

COMMITTEE NAME
SAN MARCOS MOBILE HOME RESIDENTS ASSN
POLITICAL ACTION COMMITTEE (SMMRA - PAC)

4. Type of Committee (Continued)

General Purpose Committee

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CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

A broad based Political Committee that concerns itself with Mobilehome Residents' rights, etc.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
			AREA CODE/PHONE	

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

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**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

450

Statement covers period
from July 1, 2019
through December 31, 2019

**CALIFORNIA
FORM**

Page 2 of 3

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	\$ <u>0</u>
2. Expenditures under \$100 made this period (Not itemized.).....	<u>2.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	\$ <u>2.00</u>
4. Nonmonetary Adjustment.....	<i>From Line 8 Below</i>
5. Total expenditures made from previous statement	<i>Previous Summary Page, Line 6</i> \$ <u>1331.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	\$ <u>1331.00</u>

Contributions Received

7. Monetary contributions received this period.....	\$ <u>0</u>
8. Non-monetary contributions received this period.....	<u>0</u>
9. Total contributions received from previous statement.....	<i>Previous Summary Page, Line 10</i> \$ <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$ <u>0</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$ <u>3,478.05</u>
12. Cash receipts this period.....	<u>0</u>
13. Miscellaneous increases to cash	\$ <u>0</u>
14. Cash expenditures this period.....	<i>Line 3 above</i> <u>2.00</u>
15. ENDING CASH BALANCE THIS PERIOD	\$ <u>3,476.05</u>
<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

450

Statement covers period
from July 1, 2019

**CALIFORNIA
FORM**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action 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*
					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 _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		\$ _____
				SUBTOTAL \$	

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