

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 5

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

TIM SHEAHAN

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN MARCOS

CA

92078

CITY STATE ZIP CODE AREA CODE/PHONE

SAN MARCOS

CA

92078

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF RESIDENCE

SAN DIEGO

JURISDICTION WHERE COMMITTEE IS ACTIVE

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 \_\_\_\_\_  
DATE

TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

Mailed to Sec 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**

Page 1 of 3

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 Mobilehome Residents Association  
Political Action Committee**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
**San Marcos CA 92078**

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
**Victoria De Prez**

MAILING ADDRESS

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

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

Executed on \_\_\_\_\_  
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>January 1, 2019</u> through <u>June 30, 2019</u>	<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>3</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>1,275.00</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>56.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	<u>1,331.00</u>
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		<u>                    </u>
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>	\$	<u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	<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 ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	<u>35.00</u>

**Current Cash Statement**

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



# Recipient Committee Campaign Statement – Short Form

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>January 1, 2019</u> through <u>June 30, 2019</u>	<b>CALIFORNIA FORM 450</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>950884</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

## 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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	\$1,275.00	Calendar Year \$ <u>1,275.00</u> 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 \$ _____
<b>SUBTOTAL \$</b>				<b>1,275.00</b>	

\* 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 6

Date of termination

Date Stamp

**RECEIVED AND FILED**

Office of the Secretary of State  
of the State of California

JUL 05 2019

**CALIFORNIA  
FORM**

**410**

For Official Use Only

2019 JUL 17 PM 4:22

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**RECEIVED**

JUL 29 2019

City Clerk Dept.  
City of San Marcos

**1. Committee Information**

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

950884

NAME OF COMMITTEE

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

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

JURISDICTION WHERE COMMITTEE IS ACTIVE

SAN DIEGO

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

VICTORIA S DEPREZ

STREET ADDRESS (NO P.O. BOX)

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

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

TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov

**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 July 1, 2019  
through December 31, 2019

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

Date Stamp  
RECEIVED

JAN 16 2020

City Clerk Dept.  
City of San MarcosCALIFORNIA  
FORM

450

Page 1 of 3

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)

CITY STATE ZIP CODE AREA CODE/PHONE  
San Marcos CA 92078

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

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

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

Executed on January 16, 2020  
DATE

By

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



# **Recipient Committee Campaign Statement Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2019</u> through <u>December 31, 2019</u>	<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>3</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</u>          |
| 2. Expenditures under \$100 made this period (Not itemized.) .....                                                                                                          |    | <u>2.00</u>       |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>                                                                                                       | \$ | <u>2.00</u>       |
| 4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>                                                                                                                     |    | <u>          </u> |
| 5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i><br><i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | <u>1331.00</u>    |
| 6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>                                                                                                         | \$ | <u>          </u> |

## **Contributions Received**

- |                                                                                                                                                                                   |    |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------|
| 7. Monetary contributions received this period.....                                                                                                                               | \$ | <u>0</u>          |
| 8. Non-monetary contributions received this period.....                                                                                                                           |    | <u>          </u> |
| 9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i><br><i>(If this is the first statement for the calendar year, enter zero.)</i> | \$ | <u>0</u>          |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>                                                                                                         | \$ | <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..... <i>Line 7 above</i>                                         |    | <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 ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ | <u>3,476.05</u> |

**Recipient Committee  
Campaign Statement – Short Form**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2019</u> through <u>December 31, 2019</u>	<b>CALIFORNIA FORM 450</b>
Page <u>3</u> of <u>3</u>	I.D. NUMBER <b>950884</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

**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 \$ _____
<b>SUBTOTAL \$</b>					

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

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

or 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, 2020  
through June 30, 2020

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



CALIFORNIA FORM 450

Page 1 of 3

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 Mobilehome Residents Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

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

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 Jan 19, 2021  
DATE

By \_\_\_\_\_

ASSISTANT TREASURER

Executed on Jan 19, 2021  
DATE

By L

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**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period	
from	January 1, 2020
through	June 30, 2020

**CALIFORNIA  
FORM 450**

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 .....	\$	_____
2. Expenditures under \$100 made this period (Not itemized.) .....		54.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....		54.00
4. Nonmonetary Adjustment.....		_____
5. Total expenditures made from previous statement .....		0
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE .....		54.00

**Contributions Received**

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

**Current Cash Statement**

11. Beginning cash balance .....		3,476.05
12. Cash receipts this period.....		0
13. Miscellaneous increases to cash .....		0
14. Cash expenditures this period.....		54.00
15. ENDING CASH BALANCE THIS PERIOD .....		3,422.05



# Recipient Committee Campaign Statement – Short Form

Amounts may be rounded  
to whole dollars.

Statement covers period  
from January 1, 2020  
through June 30, 2020

SHORT FORM  
**CALIFORNIA FORM 450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

I.D. NUMBER

950884

## . 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 \$ _____
<b>SUBTOTAL \$</b>					

Required only for payments which are contributions or independent expenditures.

# Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

or 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 July 1, 2020  
through December 31, 2020

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

Date Stamp  
RECEIVED

JAN 19 2021

City Clerk Dept.  
City of San Marcos

CALIFORNIA FORM 450

Page 1 of 3  
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)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078	

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

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

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 under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify

Executed on Jan 19, 2021  
DATE

By \_\_\_\_\_

Executed on Jan 19, 2021  
DATE

By \_\_\_\_\_  
SIGNATURE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

information contained herein is true and complete. I certify

\_\_\_\_\_  
VICE ASSISTANT TREASURER

\_\_\_\_\_  
STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2020</u> through <u>December 31, 2020</u>	<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>3</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 .....	\$	_____
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....		<u>50.00</u>
4. Nonmonetary Adjustment .....		<u>_____</u>
5. Total expenditures made from previous statement .....		<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE .....		<u>.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 .....		<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....		<u>0</u>

**Current Cash Statement**

11. Beginning cash balance .....	\$	<u>3,422.05</u>
12. Cash receipts this period .....		<u>0</u>
13. Miscellaneous increases to cash .....		<u>0</u>
14. Cash expenditures this period .....		<u>50.00</u>
15. ENDING CASH BALANCE THIS PERIOD .....		<u>3,372.05</u>

# Recipient Committee Campaign Statement – Short Form

Amounts may be rounded  
to whole dollars.

Statement covers period  
from July 1, 2020  
through December 31, 2020

SHORT FORM

CALIFORNIA  
FORM **450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association - Political Action Committee

I.D. NUMBER

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			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>					

Required only for payments which are contributions or independent expenditures.