

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.

Date Stamp	CALIFORNIA FORM 450	
RECEIVED		
JUL 19 2021		
City Clerk Dept. City of San Marcos		
Page <u>1</u> of <u>3</u>	For Official Use Only	

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 type="radio"/> 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	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
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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

Executed on July 14, 2021

DATE

Executed on July 19, 2021

DATE

Executed on _____

DATE

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

DATE

By _____ SIGNATURE OF CONTROLLING OFFICER, 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, 2021
through June 30, 2021

CALIFORNIA
FORM

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NAME OF COMMITTEE

SAN MARCOS MOBILE HOME 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>8.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	<u>8.00</u> Add Lines 1 + 2
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>8.00</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> <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.....	<u>Add Lines 7 + 8 + 9</u> \$ <u>0</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> \$ <u>3,372.05</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>8.00</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$ <u>3,364.05</u>

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

Statement covers period
from January, 2021

through June 30, 2021

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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.

**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, 2021
through December 31, 2021

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

Date Stamp
Received
JAN 27 2022
Page 1 of 3
For Official Use Only

CALIFORNIA FORM 450

1. Type of Recipient Committee:

<input type="checkbox"/> Ballot Measure Committee	<input type="checkbox"/> General Purpose Committee
<input type="radio"/> Primarily Formed	<input type="radio"/> Sponsored
<input type="radio"/> Controlled	<input type="radio"/> Small Contributor Committee
<input type="radio"/> Sponsored	
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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	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
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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 01/21/2022
DATE

By –

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.

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Statement covers period
July 1, 2021

through December 31, 2021

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950884

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.).....		54.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD.....	Add Lines 1 + 2	\$ 54.00
4. Nonmonetary Adjustment.....	From Line 8 Below	
5. Total expenditures made from previous statement	Previous Summary Page, Line 6	\$ 8.00
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5	\$ 62

Contributions Received

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

Current Cash Statement

11. Beginning cash balance.....	<i>Previous Summary Page, Line 15</i>	\$ 3,364.05
12. Cash receipts this period.....	<i>Line 7 above</i>	0
13. Miscellaneous increases to cash		\$ 0
14. Cash expenditures this period.....	<i>Line 3 above</i>	54.00
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ 3,310.05

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period
from July 1, 2021

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action Committee

through December 31, 2021

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I.D. NUMBER

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 _____
			<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.