

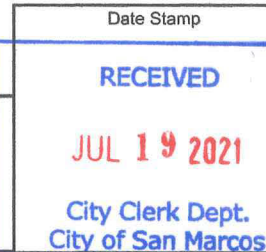
Recipient Committee Campaign Statement – Short Form

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 01, 2021
through June 30, 2021

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
<u>San Marcos</u>	<u>CA</u>	<u>92078</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Marcos</u>	<u>CA</u>	<u>92069</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Marcos</u>	<u>CA</u>	<u>92069</u>	

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

Executed on July 14, 2021
DATE

Executed on July 19, 2021
DATE

Executed on _____
DATE

Executed on _____
DATE

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, 2021</u> through <u>June 30, 2021</u>		CALIFORNIA FORM 450
Page <u>2</u> of <u>3</u>		
NAME OF COMMITTEE <u>SAN MARCOS MOBILIZING RESIDENTS ASSOCIATION POLITICAL ACTION COMMITTEE</u>		I.D. NUMBER <u>950884</u>

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..... <i>Add Lines 1 + 2</i> | \$ <u>8.00</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>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 <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>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

Statement covers period
from January, 2021
through June 30, 2021

CALIFORNIA
FORM **450**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Residents Associatin 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*
			<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.

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 City Clerk Department City of San Marcos	CALIFORNIA FORM 450	
	Page <u>1</u> of <u>3</u>	For Official Use Only

1. Type of Recipient Committee:

- | | |
|--|--|
| <input type="checkbox"/> Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored | <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee |
| <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
<u>San Marcos</u>	<u>CA</u>	<u>92078</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Marcos</u>	<u>CA</u>	<u>92069</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Victoria De Prez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Marcos</u>	<u>CA</u>	<u>92069</u>	

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

Recipient Committee Campaign Statement Summary Page

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2021</u> through <u>December 31, 2021</u>		CALIFORNIA FORM	450
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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 *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 *Previous Summary Page, Line 15* \$ 3,364.05
12. Cash receipts this period *Line 7 above* 0
13. Miscellaneous increases to cash 0
14. Cash expenditures this period *Line 3 above* 54.00
15. ENDING CASH BALANCE THIS PERIOD *Add Lines 11 + 12 + 13, then subtract Line 14* \$ 3,310.05

**Recipient Committee
Campaign Statement – Short Form**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>July 1, 2021</u> through <u>December 31, 2021</u>		CALIFORNIA FORM	450
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NAME OF COMMITTEE San Marcos Mobilehome Residents Association Political Action Committee		I.D. NUMBER	

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 \$ _____
SUBTOTAL \$					

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