

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

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 <u>1 January 2010</u> through <u>30 June 2010</u>	Date of election (if applicable): (Month, Day Year) _____
--	---

 Date Stamp  
**RECEIVED**

JUL 15 2010

CITY OF SAN MARCOS  
CITY CLERK DEPT
 CALIFORNIA  
 FORM **450**
Page 1 of 2

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  
☐ Amendment (Explain) \_\_\_\_\_  
 (Also check type of statement you are amending)
- ☐ Quarterly Statement  
☐ Special Odd-year Report  
☐ Supplemental Pre-election Statement - Attach Form 495

## 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

PO Box 4104

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Marcos

CA

92079

OPTIONAL FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Edward L. Bridges

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

britax@sbcglobal.net

## 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 13 July 2010

DATE

By Edward L. Bridges

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 13 July 2010

DATE

By Robert P. Brown

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPOSER, OR RESPONSIBLE OFFICER OF SPONSOR

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

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPOSER

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

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPOSER

FPPC Form 450 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Recipient Committee  
Campaign Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>January 2010</u> through <u>30 June 2010</u>		<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>2</u>		
NAME OF COMMITTEE  San Marcos Mobilehome Residents Association Political Action Committee		ID. 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>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	Add Lines 1 + 2 \$ <u>0</u>
4. Nonmonetary Adjustment..... <u>BANK ERROR ADJUSTMENT</u>	From Line 8 Below <u>1533.23</u>
5. Total expenditures made from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 6 \$ <u>0</u>
6. TOTAL EXPENDITURES MADE TO DATE .....	Add Lines 3 + 4 + 5 \$ <u>1533.23</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$ <u>75.00</u>
8. Non-monetary contributions received this period .....	<u>0</u>
9. Total contributions received from previous statement..... (If this is the first statement for the calendar year, enter zero.)	Previous Summary Page, Line 10 \$ <u>0</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	Add Lines 7 + 8 + 9 \$ <u>75.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	Previous Summary Page, Line 15 \$ <u>7860.16</u>
12. Cash receipts this period .....	Line 7 above <u>75.00</u>
13. Miscellaneous increases to cash .....	\$ <u>0</u>
14. Cash expenditures this period..... <u>BANK ERROR ADJUSTMENT</u>	Line 3 above <u>1533.23</u>
15. ENDING CASH BALANCE THIS PERIOD .....	Add Lines 11 + 12 + 13, then subtract Line 14 \$ <u>6401.93</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.

Type or print in ink.

SHORT FORM

Date Stamp <b>RECEIVED</b> OCT 14 2010 CITY OF SAN MARCOS CITY CLERK DEPT.	<b>CALIFORNIA FORM 450</b> Page <u>1</u> of <u>3</u> For Official Use Only
--	--

Statement covers period from <u>1 July 2010</u> through <u>16 October 2010</u>	Date of election if applicable: (Month, Day, Year) <u>2 November 2010</u>
--	---

## 1. Type of Recipient Committee:

- |  |   |
|--|---|
| <input type="checkbox"/> Ballot Measure Committee                              | <input checked="" type="checkbox"/> General Purpose Committee   |
| <input type="checkbox"/> Primarily Formed                                      | <input type="checkbox"/> Sponsored                              |
| <input type="checkbox"/> Controlled  | <input checked="" type="checkbox"/> Small Contributor Committee |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee |   |

## 2. Type of Statement:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Pre-election Statement  | <input type="checkbox"/> Quarterly Statement                                      |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-year Report                                  |
| <input type="checkbox"/> Termination Statement  | <input type="checkbox"/> Supplemental Pre-election<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain) _____<br>(Also check type of statement you are amending) |   |

## 3. Committee Information

I.D. NUMBER  
950884

COMMITTEE NAME

San Marcos Mobilehome Resident 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

PO Box 4104

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos CA 92079

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Edward L. Bridges

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 15 October 2010  
DATE

Executed on 15 October 2010  
DATE

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

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

By Edward L. Bridges  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert J. D. Brown  
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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>1 July 2010</u> through <u>16 October 2010</u>		<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>3</u>		
NAME OF COMMITTEE  San Marcos Mobilehome Resident Association Political Action Committee		I.D. NUMBER  950884

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$ <u>512.26</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$ <u>512.26</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>	<u>0</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>512.26</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>75.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>75.00</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$ <u>6401.93</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>512.26</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>5889.67</u>

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>1 July 2010</u> through <u>16 October 2010</u>	<b>CALIFORNIA FORM 450</b>
	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

San Marcos Mobilehome Resident 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*
09/25/10	Ed Bridges	Forum Materials	Forum for local candidates on 25 September 2010  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	108.52	Calendar Year \$ 108.52 Other \$
9/25/10	Bob Bowen	Forum Materials	Forum for local candidates on 25 September 2010  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	332.32	Calendar Year \$ 332.32 Other \$
9/25/10	CindyStrieff	Forum Materials	Forum for local candidates on 25 September 2010  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	71.39	Calendar Year \$ 71.39 Other \$
<b>SUBTOTAL \$</b>				<b>512.23</b>	

\* 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.

Type or print in ink.

SHORT FORM

Date Stamp <b>RECEIVED</b> OCT 25 2010 CITY OF SAN MARCOS CITY CLERK DEPT	<b>CALIFORNIA FORM 450</b> Page <u>1</u> of <u>3</u> For Official Use Only
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Statement covers period from <u>1 July 2010</u> through <u>30 September 2010</u>	Date of election if applicable: (Month, Day, Year) <u>2 November 2010</u>
--	---

## 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  
☐ Supplemental Pre-election Statement - Attach Form 495
- ☒ Amendment (Explain) Date Correction for covered period and  
(Also check type of statement you are amending)  
correction of expenditures.

## 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

P.O. Box 4104

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos CA 92069

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Edward L. Brigges

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

ROBERT D. BOWEN

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 24 October 2010  
DATE

Executed on 24 October 2010  
DATE

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

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

By Robert D. Bowen  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert D. Bowen  
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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>1 July 2010</u> through <u>30 September 2010</u>		CALIFORNIA FORM <b>450</b>
Page <u>2</u> of <u>3</u>		
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>440.84</u>
2. Expenditures under \$100 made this period (Not itemized.) .....	<u>71.39</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$ <u>512.23</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>	<u>0</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>512.23</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>75.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$ <u>75.00</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$ <u>6401.93</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>512.23</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>5889.70</u>

**Recipient Committee  
Campaign Statement – Short Form**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1 July 2010  
through 30 September 2010

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

**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*
09/25/10	Ed Birdges	Forum Materials	Forum for local candidates on 25 September 2010  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	108.52	<b>Calendar Year</b> \$ <u>108.52</u> <b>Other</b> \$ _____
9/25/10	Bob Bowen	Forum Materials *Flyer reproduction	Forum for local candidates on 25 September 2010  <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	332.32	<b>Calendar Year</b> \$ <u>332.32</u> <b>Other</b> \$ _____
~			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
<b>SUBTOTAL \$</b>				440.84	

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



# Recipient Committee Campaign Statement – Short Form

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Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **450**

Page 1 of 3

For Official Use Only

Date Stamp

**RECEIVED**

OCT 25 2010

CITY OF SAN MARCOS  
CITY CLERK DEPT

Statement covers period

from 1 October 2010

through 16 October 2010

Date of election if applicable:

(Month, Day, Year)

2 November 2010

## 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

☐ Supplemental Pre-election  
Statement - Attach Form 495

☒ Amendment (Explain) Date Correction for covered period and  
(Also check type of statement you are amending)  
correction of expenditures.

## 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

P.O. Box 4104

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos

CA

92069

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Edward L. Briggs

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

ROBERT D. BOWEN

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 24 October 2010  
DATE

Executed on 24 October 2010  
DATE

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

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

By Robert D. Bowen  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert D. Bowen  
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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>1 October 2010</u> through <u>16 October 2010</u>		<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>3</u>		
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>0</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$	<u>0</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>		<u>0</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>                    </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>5889.70</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>0</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>5889.70</u>

**Recipient Committee  
Campaign Statement – Short Form**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1 October 2010  
through 16 October 2010

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

**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.	0	<b>Calendar Year</b> \$ <u>0</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ <u>0</u> <b>Other</b> \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ _____ <b>Other</b> \$ _____
<b>SUBTOTAL \$</b>				0	

\* 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.

Type or print in ink.

SHORT FORM

Date Stamp  
**RECEIVED**

**JAN 19 2011**  
CITY OF SAN MARCOS  
CITY CLERK DEPT.

CALIFORNIA  
FORM **450**

Page 1 of 2  
For Official Use Only

Statement covers period  
from 1 October 2010  
through 31 December 2010

Date of election if applicable:  
(Month, Day, Year)  
2 November 2010

## 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  
☐ Supplemental Pre-election  
Statement - Attach Form 495
- ☐ 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

PO Box 4104

CITY STATE ZIP CODE AREA CODE/PHONE

San Marcos

CA

92069

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Edward Bridges

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 15 January 2011  
DATE

Executed on 15 January 2011  
DATE

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

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

By Edward Bridges  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert D. Brown  
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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period from <u>1 October 2010</u> through <u>31 December 2010</u>		<b>CALIFORNIA FORM 450</b>
Page <u>2</u> of <u>2</u>		
NAME OF COMMITTEE		I.D. NUMBER  950884

**Expenditures Made**

- |   |                  |
|---|------------------|
| 1. Expenditures of \$100 or more made this period .....   | \$ <u>80.54</u>  |
| 2. Expenditures under \$100 made this period (Not itemized.) .....  | _____            |
| 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>  | \$ _____         |
| 4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>  | _____            |
| 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>512.23</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>   | \$ <u>592.77</u> |

**Contributions Received**

- |   |               |
|---|---------------|
| 7. Monetary contributions received this period .....  | \$ <u>187</u> |
| 8. Non-monetary contributions received this period .....  | _____         |
| 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>75</u>  |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>   | \$ <u>262</u> |

**Current Cash Statement**

- |  |                   |
|--|-------------------|
| 11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>                         | \$ <u>5964.70</u> |
| 12. Cash receipts this period ..... <i>Line 7 above</i>  | <u>187</u>        |
| 13. Miscellaneous increases to cash .....  | \$ <u>5.54</u>    |
| 14. Cash expenditures this period ..... <i>Line 3 above</i>                                    | <u>80.54</u>      |
| 15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i> | \$ <u>6076.70</u> |