

**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.

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	

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 92079-1015

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 7/16/2012

DATE

By Edward Bridges

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-16/2012

DATE

By Robert R. Bridges

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

Type or print in ink.

SHORT FORM

RECEIVED

CALIFORNIA
FORM

450

JUL 17 2012

CITY OF SAN MARCOS
CITY CLERK DEPT.

Page 1 of 2

For Official Use Only

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"/> Supplemental Pre-election Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain) _____ (Also check type of statement you are amending)	

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

britax@sbcglobal.net

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

**CALIFORNIA
FORM 450**

Statement covers period
from 1 January 2012

through 31 July 2012

Page 2 of 2

NAME OF 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> <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> <u>0</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>21</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>285</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE.....	<i>Add Lines 7 + 8 + 9</i> <u>306</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> <u>6355.70</u>
12. Cash receipts this period	<i>Line 7 above</i> <u>21</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>6376.70</u>

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

450

CALIFORNIA
FORM

Statement covers period
from 1 January 2012
through 30 June 2012

Page 2 of 2

NAME OF 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> <u>0</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> <u>0</u>

Contributions Received

7. Monetary contributions received this period	\$ <u>21</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>285</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> <u>306</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> <u>6355.70</u>
12. Cash receipts this period	<u>21</u>
13. Miscellaneous increases to cash	<u>0</u>
14. Cash expenditures this period	<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> <u>6376.70</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

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only

Statement covers period from <u>7/1/12</u>	Date of election if applicable: (Month, Day, Year) <u>11/6/12</u>
through <u>9/30/12</u>	

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 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 Statement - Attach Form 495
<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 92079 AREA CODE/PHONE

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

PO Box 4104

CITY San Marcos STATE CA ZIP CODE 92079-1015 AREA CODE/PHONE

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 10/5/12

DATE

By Edward Bridges

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/5/12

DATE

By Robert D. Bridges

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 10/5/12

DATE

By Robert D. Bridges

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 10/5/12

DATE

By Robert D. Bridges

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

450

Statement covers period from <u>7/1/12</u>	CALIFORNIA FORM
through <u>9/30/12</u>	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>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	From Line 8 Below <u>0</u>
5. Total expenditures made from previous statement	Previous Summary Page, Line 6 <u>0</u>
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5 <u>0</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	Previous Summary Page, Line 10 <u>306</u>
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	Add Lines 7 + 8 + 9 <u>306</u>

Current Cash Statement

11. Beginning cash balance	Previous Summary Page, Line 15 <u>6376.70</u>
12. Cash receipts this period	Line 7 above <u>0</u>
13. Miscellaneous increases to cash	<u>0</u>
14. Cash expenditures this period	Line 3 above <u>0</u>
15. ENDING CASH BALANCE THIS PERIOD	Add Lines 11 + 12 + 13, then subtract Line 14 <u>6376.70</u>

**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 2012</u>	CALIFORNIA FORM 450
through <u>20 October 2012</u>	Page <u>2</u> of <u>2</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>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> <u>0</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
6. TOTAL EXPENDITURES MADE TO DATE	<i>Add Lines 3 + 4 + 5</i> <u>0</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>306</u> <i>(If this is the first statement for the calendar year, enter zero.)</i>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	<i>Add Lines 7 + 8 + 9</i> <u>306</u>

Current Cash Statement

11. Beginning cash balance	<i>Previous Summary Page, Line 15</i> <u>6376.70</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>6376.70</u>

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

950884

Termination – See Part 5

List I.D. number:

____/____/____ Date qualified as committee

____/____/____ Date qualified as committee
(If applicable)

____/____/____ Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

Date Stamp

RECEIVED

NOV 01 2012

CITY OF SAN MARCOS
CITY CLERK DEPT.

1. Committee Information

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association
Political Action Committee (SMMRA-PAC)

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT)

PO Box 4104 San Marcos CA 92079

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

San Diego

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Ellen Amburgey

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Robert D. Bowen (President)

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CA

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 10/30/2012

DATE

By Ellen Amburgey
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/30/2012

DATE

By Robert D. Bowen
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

DATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____

DATE

By _____
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Recipient Committee
Campaign Statement
Summary Page**

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

Statement covers period		CALIFORNIA FORM	450
from	10/21/2012		
through	10/28/2012	Page	2 of 2
NAME OF 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.)
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	Add Lines 1 + 2 \$
4. Nonmonetary Adjustment	From Line 8 Below
5. Total expenditures made from previous statement	Previous Summary Page, Line 6 \$
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	Add Lines 3 + 4 + 5 \$

Contributions Received

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

Current Cash Statement

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

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

**CALIFORNIA
FORM**

450

Statement covers period
from 10/29/2012
through 12/31/2012

Page 2 of 2

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

Contributions Received

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

Current Cash Statement

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