

# 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

RECEIVED  
JUL 17 2012  
CITY OF SAN MARCOS  
CITY CLERK DEPT

CALIFORNIA  
FORM 450

Page 1 of 2

For Official Use Only

Statement covers period  
from 1 January 2012  
through 31 July 2012

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

## 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

92079-1015

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

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 7/16/2012  
DATE

Executed on 7-16/2012  
DATE

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

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

By Ed Bridges  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert R. 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 January 2012</u> through <u>31 July 2012</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>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>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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>285</u>
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 – 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> JUL 23 2012 CITY OF SAN MARCOS CITY CLERK DEPT.	<b>CALIFORNIA FORM 450</b>
	Page <u>1</u> of <u>2</u> For Official Use Only

Statement covers period from <u>1 January 2012</u> through <u>30 June 2012</u>	Date of election if applicable: (Month, Day, Year) _____
--	--

## 1. Type of Recipient Committee:

- |  |   |
|--|---|
| <input type="checkbox"/> Ballot Measure Committee<br><input type="radio"/> Primarily Formed<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored | <input checked="" type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input checked="" type="checkbox"/> Small Contributor Committee |
| <input type="checkbox"/> Primarily Formed Candidate/<br>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"/> Supplemental Pre-election<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain) <u>period correction</u><br>(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 92079-1015

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 7/18/2012  
DATE

Executed on 7/18/2012  
DATE

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

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

By Edward Bridges  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert R. 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 January 2012</u> through <u>30 June 2012</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>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>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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>285</u>
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 – 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.

<b>Statement covers period</b> from <u>7/1/12</u> through <u>9/30/12</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/6/12</u>	Date Stamp  	<b>CALIFORNIA FORM 450</b> Page <u>1</u> of <u>2</u> For Official Use Only
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## 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 92079-1015

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

Executed on 10/5/12

DATE

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

DATE

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

DATE

By Edward Bridges  
SIGNATURE OF TREASURER OR ASSISTANT TREASURERBy Robert D. Brown  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSORBy \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponentBy \_\_\_\_\_  
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>7/1/12</u> through <u>9/30/12</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>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>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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$ <u>306</u>
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>

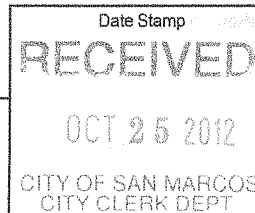
# Recipient Committee Campaign Statement – Short Form

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

## 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 92079-1015**

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

**Edward Bridges**

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

**760-591-4877**

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 24 October 2012  
DATE

Executed on 24 October 2012  
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**

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

SHORT FORM

Statement covers period from <u>1 October 2012</u> through <u>20 October 2012</u>		CALIFORNIA FORM <b>450</b> Page <u>2</u> of <u>2</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>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>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> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>306</u>
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 OF ORGANIZATION

**Statement Type**

☐ Initial

Not yet qualified ☐ or

\_\_\_\_\_  
Date qualified as committee

☒ Amendment

List I.D. number:

# 950884

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

Date Stamp

**RECEIVED**

NOV 01 2012

CITY OF SAN MARCOS  
CITY CLERK DEPT.

**CALIFORNIA  
FORM 410**

For Official Use Only

**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

San Diego

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

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

Executed on 10/30/2012  
DATE

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

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

By

*Ellen Amburgey*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

*Robert D. Bowen*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# 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> NOV - 6 2012 CITY OF SAN MARCOS CITY CLERK DEPT	<b>CALIFORNIA FORM 450</b> Page <u>1</u> of <u>2</u> For Official Use Only
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Statement covers period from <u>10/21/2012</u> through <u>10/28/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>
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## 1. Type of Recipient Committee:

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

## 2. Type of Statement:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-year Report<br><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 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 92069-1015

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Ellen Amburgey

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 11/06/2012  
DATE

Executed on 11/06/2012  
DATE

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

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

By Ellen Amburgey  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert T. 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 10/21/2012 through 10/28/2012		<b>CALIFORNIA FORM 450</b>
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* \$ 306  
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... *Add Lines 7 + 8 + 9* \$ 306

**Current Cash Statement**

11. Beginning cash balance ..... *Previous Summary Page, Line 15* \$ 6376.70
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* \$ 6376.70

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**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

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California NOV 05 2012 DEBRA BOWEN Secretary of State	For Official Use Only NOV 12 AM 9:50 REC'D S.O. OF CAL. 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)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

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

**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

Executed on 10/30/2012  
DATE

Executed on  
DATE

Executed on  
DATE

By Ellen Amburgey  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Robert D. Bowen  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# 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 30 2013

CITY OF SAN MARCOS  
CITY CLERK DEPT.

CALIFORNIA  
FORM 450

Page 1 of 2

For Official Use Only

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

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

## 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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Ellen Amburgey

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 01/26/2013  
DATE

Executed on 01/26/2013  
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**

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

SHORT FORM

Statement covers period from <u>10/29/2012</u> through <u>12/31/2012</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		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 ..... \$ 70.00
8. Non-monetary contributions received this period ..... \_\_\_\_\_
9. Total contributions received from previous statement ..... *Previous Summary Page, Line 10* \$ 306.00  
(If this is the first statement for the calendar year, enter zero.)
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... *Add Lines 7 + 8 + 9* \$ 376.00

**Current Cash Statement**

11. Beginning cash balance ..... *Previous Summary Page, Line 15* \$ 6376.70
12. Cash receipts this period ..... *Line 7 above* 70.00
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* \$ 6446.70