

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 July 1, 2014
through December 31, 2014

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

City of San Marcos
Date Stamp
RECEIVED
JAN 26 2015
City Clerk Dept.
San Marcos, CA 92069

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
San Marcos, CA CA 92069

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

Roz Tague

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

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 January 20, 2015
DATE

Executed on January 20, 2015
DATE

Executed on _____
DATE

Executed on _____
DATE

By Roz Tague
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Lloyd L. Nochamson
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>July 1, 2014</u> through <u>December 31, 2014</u>		CALIFORNIA FORM 450
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	\$ <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>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>6,686.70</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>13.00</u>
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ <u>6,673.70</u>

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

950884

01 / 03 / 1996

Date qualified as committee

Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

MAR 05 2014

**CALIFORNIA
FORM 410**

2014 MAR 10 PM 3:18

REC'D S.D. CO. ROV

1. Committee Information

NAME OF COMMITTEE

San Marcos Mobilehome Residents Association Political Action C

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Ellen J Amburgey

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Lloyd Rochambeau

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 03/02/2014

DATE

By

Ellen J Amburgey
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

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

I.D. NUMBER

950884

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Bank of America

AREA CODE/PHONE

(760)471-3165

BANK ACCOUNT NUMBER

ADDRESS

CITY

San Marcos

STATE

CA

ZIP CODE

92078

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

☐ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

☐

OPPOSE

☐

SUPPORT

☐

OPPOSE

☐

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Page 3

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

I.D. NUMBER

950884

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☒ 01 / 03 / 1996
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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 Jan. 1, 2014
through June 30, 2014

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

Date Stamp
RECEIVED

JUL 30 2014

City Clerk Dept.
City of San Marcos

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

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 92069

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

Roz Tague

MAILING ADDRESS

P.O. Box 4104

CITY STATE ZIP CODE AREA CODE/PHONE
San Marcos CA 92069 760-471-0914

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 July 30, 2014

DATE

By _____

RER

Executed on July 30, 2014

DATE

By _____

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**

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

SHORT FORM

Statement covers period from <u>Jan. 1, 2014</u> through <u>June 30, 2014</u>		CALIFORNIA FORM 450
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 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
(If this is the first statement for the calendar year, enter zero.) | \$ <u>0.00</u> |
| 6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 | \$ <u>0.00</u> |

Contributions Received

- | | |
|---|-----------------|
| 7. Monetary contributions received this period | \$ <u>22.00</u> |
| 8. Non-monetary contributions received this period | <u>0</u> |
| 9. Total contributions received from previous statement Previous Summary Page, Line 10
(If this is the first statement for the calendar year, enter zero.) | \$ <u>0</u> |
| 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 | \$ <u>22.00</u> |

Current Cash Statement

- | | |
|---|--------------------|
| 11. Beginning cash balance Previous Summary Page, Line 15 | \$ <u>6,664.70</u> |
| 12. Cash receipts this period Line 7 above | <u>22.00</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>6,686.70</u> |