

**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>	CALIFORNIA FORM	450
through <u>December 31, 2014</u>	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> <u>0.</u> (If this is the first statement for the calendar year, enter zero.)
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>0.</u> (If this is the first statement for the calendar year, enter zero.)
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

____/____/____
Date qualified as committee

Amendment

List I.D. number:

950884

01 / 03 / 1996

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
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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
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MAILING ADDRESS (IF DIFFERENT)			
--------------------------------	--	--	--

FAX / E-MAIL ADDRESS			
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COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego	

Attach additional information on appropriately labeled continuation sheets.

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
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NAME OF ASSISTANT TREASURER, IF ANY			
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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)

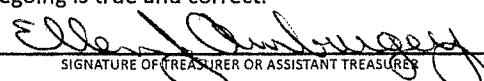
CITY	STATE	ZIP CODE	AREA CODE/PHONE
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3. Verification

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

By _____


SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM**

410

Page 2

I.D. NUMBER
950884

COMMITTEE NAME	San Marcos Mobilehome Residents Association Political Action Committee (SMMRA-PAC)		
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- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER
950884

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

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

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.

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

CALIFORNIA
FORM **450**

Page 1 of 2

For Official Use Only

1. Type of Recipient Committee:

Ballot Measure Committee General Purpose Committee
 Primarily Formed Sponsored
 Controlled Small Contributor Committee
 Sponsored
 Primarily Formed Candidate/
Officeholder Committee

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

2. Type of Statement:

Pre-election Statement Quarterly Statement
 Semi-annual Statement Special Odd-year Report
 Termination Statement Supplemental Pre-election
 Amendment (Explain) _____ Statement - Attach Form 495
(Also check type of statement you are amending)

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

By _____

RER _____

Executed on July 30, 2014

By _____

OR RESPONSIBLE OFFICER OF SPONSOR _____

Executed on _____

By _____

CANDIDATE, STATE MEASURE PROPOSER _____

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

**Recipient Committee
Campaign Statement
Summary Page**

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

Statement covers period
from Jan. 1, 2014
through June 30, 2014

CALIFORNIA
FORM

450

Page 2 of 2

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	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>30.00</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>30.00</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 <u>0</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>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	<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>