

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.

Date of election if applicable:

(Month, Day, Year)

11/5/13

Statement covers period

from 7/1/13

through 10/24/13

Date Stamp

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OFFICE OF THE CITY CLERK CITY OF VALLEJO

CALIFORNIA FORM 450

Page 1 of 3

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME

VEA-PAC

I.D. NUMBER

931476

STREET ADDRESS (NO P.O. BOX)

701 Southampton Rd., #103

CITY

Benicia

STATE

CA

ZIP CODE

94510

AREA CODE/PHONE

(707)745-3372

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

Treasurer(s)

NAME OF TREASURER

Christal Watts

MAILING ADDRESS

701 Southampton Rd., #103

CITY

Benicia

STATE

CA

ZIP CODE

94510

AREA CODE/PHONE

(707)945-3372

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 10/17/13

DATE

By *Christal Watts*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

DATE

By _____

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

**Recipient Committee
Campaign Statement
Summary Page**

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

SHORT FORM

| | |
|--------------------------------------------------------|----------------------------|
| Statement covers period from _____ through _____ | CALIFORNIA FORM |
| | 450 |
| | Page <u>2</u> of <u>3</u> |
| I.D. NUMBER <u>931476</u> | |

NAME OF COMMITTEE

VEA-PAC

Expenditures Made

- Expenditures of \$100 or more made this period \$ 1360.00
- Expenditures under \$100 made this period (Not itemized.) 0
- SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 1360.00
- Nonmonetary Adjustment From Line 8 Below 0
- Total expenditures made from previous statement Previous Summary Page, Line 6 \$ 0
(If this is the first statement for the calendar year, enter zero.)
- TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ 1360.00

Contributions Received

- Monetary contributions received this period \$ 317.79
- Non-monetary contributions received this period 0
- Total contributions received from previous statement Previous Summary Page, Line 10 \$ 0
(If this is the first statement for the calendar year, enter zero.)
- TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 \$ 317.79

Current Cash Statement

- Beginning cash balance Previous Summary Page, Line 15 \$ 15,630.81
- Cash receipts this period Line 7 above 317.79
- Miscellaneous increases to cash \$ 0
- Cash expenditures this period Line 3 above 1360.00
- ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 14588.60

**Recipient Committee
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SHORT FORM
**CALIFORNIA
FORM 450**

Statement covers period
from 7/1/13
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Page 3 of 3
I.D. NUMBER
931476

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NAME OF COMMITTEE

VEA-PAC

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 ID. 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* |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------|
| 9/3/13 | Jump Start Vallejo - Supporting Malgogo Verder-Aliga, Dew + Summers 644 Tennessee St. Vallejo, CA 94590 #1360302 | Cell phones for phone banking + list | Jump Start Vallejo <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 810. ⁰⁰ | Calendar Year \$ _____ Other \$ _____ |
| 10/10/13 | Jump Start Vallejo (Same as above) #1360302 | Cell phones for phone banking | Jump Start Vallejo <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp. | 550. ⁰⁰ | Calendar Year \$ _____ Other \$ _____ |
| SUBTOTAL | | | | \$ 1360.⁰⁰ | |

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