SHORT FORM

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 1/01/15
through 6/30/15

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

Date Stamp
RECEIVED
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CALIFORNIA FORM 450

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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: 1377930

COMMITTEE NAME: Ask Belmont Citizens

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Belmont | STATE: CA | ZIP CODE: 94002 | AREA CODE/PHONE: [redacted]

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: Tran Tran

MAILING ADDRESS: [redacted]

CITY: Belmont | STATE: CA | ZIP CODE: 94002 | AREA CODE/PHONE: [redacted]

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 7/30/15 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 7/30/15 (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.

Statement covers period
from 1/01/15
through 6/30/15

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NAME OF COMMITTEE
Ask Belmont Citizens

I.D. NUMBER
1377930

Expenditures Made

1.	Expenditures of $100 or more made this period		$ 336.42
2.	Expenditures under $100 made this period (Not itemized.)		431.20
3.	SUBTOTAL EXPENDITURES MADE THIS PERIOD	*Add Lines 1 + 2*	$ 767.62
4.	Nonmonetary Adjustment	*From Line 8 Below*	201.14
5.	Total expenditures made from previous statement *(If this is the first statement for the calendar year, enter zero.)*	*Previous Summary Page, Line 6*	$ 0
6.	TOTAL EXPENDITURES MADE TO DATE	*Add Lines 3 + 4 + 5*	$ 968.76

Contributions Received

7.	Monetary contributions received this period		$ 772.06
8.	Non-monetary contributions received this period		201.14
9.	Total contributions received from previous statement *(If this is the first statement for the calendar year, enter zero.)*	*Previous Summary Page, Line 10*	$ 0
10.	TOTAL CONTRIBUTIONS RECEIVED TO DATE	*Add Lines 7 + 8 + 9*	$ 973.20

Current Cash Statement

11.	Beginning cash balance	*Previous Summary Page, Line 15*	$ 0
12.	Cash receipts this period	*Line 7 above*	772.06
13.	Miscellaneous increases to cash		$ 0
14.	Cash expenditures this period	*Line 3 above*	767.62
15.	**ENDING CASH BALANCE THIS PERIOD**	*Add Lines 11 + 12 + 13, then subtract Line 14*	$ 4.44

Recipient Committee Campaign Statement – Short Form

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Ask Belmont Citizens

I.D. NUMBER

1377930

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 I.D. 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*
5/20/15	Kristin Mercer [redacted] Belmont, CA 94002 Office of the Chief Election Officer 555 County Center Redwood City, CA 94063	Reimburse for registered voter list	Referendum petition - no ballot measure ☐ Support ☒ Oppose ☐ Contribution ☒ Ind. Exp.	125.00	Calendar Year $ 155.29 Other $
6/1/15	Birgit Merian [redacted] Belmont, CA 94002 FedexOffice 4060A S El Camino Real San Mateo, CA 94403	Reimburse petition/flyer copies	Referendum petition - no ballot measure ☐ Support ☒ Oppose ☐ Contribution ☒ Ind. Exp.	211.42	Calendar Year $ 491.30 Other $
			☐ Support ☐ Oppose ☐ Contribution ☐ Ind. Exp.		Calendar Year $ Other $
				SUBTOTAL $ 336.42	

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