

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.

Statement covers period
 from 4-1-2018
 through 6-30-2018

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

RECEIVED
 Date Stamp
JUL 31 2018
mal
 City of Banning
 City Clerk's Office

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
- Amendment (Explain) _____
 (Also check type of statement you are amending)

3. Committee Information

I.D. NUMBER
1369931

COMMITTEE NAME
Banning citizens Against Corruption

STREET ADDRESS (NO P.O. BOX)

324 Meadowlark Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Banning	CA	92220	951 849-2991

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

Pos tOffice Box 1236

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Banning	CA	92220	

OPTIONAL: FAX / E-MAIL ADDRESS
ellisco@hotmail.com

Treasurer(s)

NAME OF TREASURER

Ruth Ellis

MAILING ADDRESS

324 Meadowlark Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Banning	CA	92220	951 849-2991

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 7-20-2018
DATE

By Ruth Ellis
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**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>4-1-2018</u> through <u>6-30-2018</u>	CALIFORNIA FORM	450
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NAME OF COMMITTEE

Banning Citizens Against Corruption

I.D. NUMBER

1369931

Expenditures Made

1. Expenditures of \$100 or more made this period	\$ _____
2. Expenditures under \$100 made this period (Not itemized.).....	_____ 20.50
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$ _____
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>	_____
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>	\$ _____
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$ _____ 15.39

Contributions Received

7. Monetary contributions received this period.....	\$ _____
8. Non-monetary contributions received this period.....	_____
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>	\$ _____
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$ _____ 0

Current Cash Statement

11. Beginning cash balance <i>Previous Summary Page, Line 15</i>	\$ _____ 239.17
12. Cash receipts this period..... <i>Line 7 above</i>	_____ 0
13. Miscellaneous increases to cash	\$ _____
14. Cash expenditures this period..... <i>Line 3 above</i>	_____ 15.39
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$ _____ 218.28