

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 1/1/18
 through 3/31/18

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

Date Stamp
RECEIVED
 MAY 10 2018
 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
13699931

COMMITTEE NAME
Banning Citizens Against Corruption

STREET ADDRESS (NO P.O. BOX)
324 Meadowlark Lane
CITY
Banning STATE CA ZIP CODE 92220 AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P. O. Box 1236
CITY Banning STATE CA ZIP CODE 92220 AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS
elijah@hotmail.com

Treasurer(s)

NAME OF TREASURER
Ruth Ellis
MAILING ADDRESS
324 Meadowlark Lane
CITY Banning STATE CA ZIP CODE 92220 AREA CODE/PHONE 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 5-1-18 DATE
 Executed on _____ DATE
 Executed on _____ DATE
 Executed on _____ DATE

By Ruth Ellis SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
 By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT
 By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/18</u> through <u>3/31/18</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE
Banning Citizens Against Corruption

Expenditures Made

1. Expenditures of \$100 or more made this period \$ 504.94
2. Expenditures under \$100 made this period (Not itemized) 246.85
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 751.79
4. Nonmonetary Adjustment From Line 8 Below _____
5. Total expenditures made from previous statement Previous Summary Page, Line 6 \$ 0
(If this is the first statement for the calendar year, enter zero.)
6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ 751.79

Contributions Received

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

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15 \$ 990.96
12. Cash receipts this period Line 7 above _____
13. Miscellaneous increases to cash \$ 751.79
14. Cash expenditures this period Line 3 above _____
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 239.17

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SHORT FORM
CALIFORNIA
FORM
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NAME OF COMMITTEE

Banning Citizens Against Corruption

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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 *
1/2/18	Premium Tech Support 877-3278914 CA	Computer tech support	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	504.94	Calendar Year _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year _____ Other \$ _____
SUBTOTAL \$					

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