

# Recipient Committee Campaign Statement – Short Form

Type or print in Ink.

Date Stamp

**CALIFORNIA FORM 450**

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 01/01/2015  
 through 06/30/2015

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

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 For Official Use Only

## 1. Type of Recipient Committee:

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

## 2. Type of Statement:

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

## 3. Committee Information

I.D. NUMBER  
1249700

COMMITTEE NAME  
Lompoc Firefighters PAC

STREET ADDRESS (NO P.O. BOX)  
115 South G Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lompoc</u>	<u>Ca</u>	<u>93436</u>	<u>8055884861</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
iaff1906@yahoo.com

## Treasurer(s)

NAME OF TREASURER  
Carl Edward

MAILING ADDRESS  
115 South G Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lompoc</u>	<u>CA</u>	<u>93436</u>	<u>8055884861</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

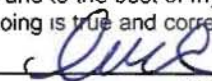
CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
iaff1906@yahoo.com

## 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 07/01/2015  
 DATE

By   
 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 <u>01/01/2015</u> through <u>06/30/2015</u>	<b>CALIFORNIA FORM</b>	<b>450</b>
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NAME OF COMMITTEE

Lompoc Firefighters PAC

I.D. NUMBER

1249700

**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 .....	\$	<u>0</u>
4. Nonmonetary Adjustment .....		<u>0</u>
5. Total expenditures made from previous statement .....	\$	<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
6. TOTAL EXPENDITURES MADE TO DATE .....	\$	<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 .....	\$	<u>0</u>
(If this is the first statement for the calendar year, enter zero.)		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	\$	<u>0</u>

**Current Cash Statement**

11. Beginning cash balance .....	\$	<u>0</u>
12. Cash receipts this period .....		<u>0</u>
13. Miscellaneous increases to cash .....	\$	<u>0</u>
14. Cash expenditures this period .....		<u>0</u>
15. ENDING CASH BALANCE THIS PERIOD .....	\$	<u>0</u>

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1249700

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NAME OF COMMITTEE

Lompoc Firefighters 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 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*
					Calendar Year \$ <u>0</u> Other \$ <u>0</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ <u>0</u> Other \$ <u>0</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ <u>0</u> Other \$ <u>0</u>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ <u>0</u> Other \$ <u>0</u>
<b>SUBTOTAL \$</b>				<b>0</b>	

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