

**Statement of Organization
Recipient Committee**

37

Type or print in ink

STATEMENT OF ORGANIZATION

2009 MAY 20 AM 11:00
Statement Type Initial

REC'D S.D. CO. ROV

Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1315209

03 / 28 / 2009

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED AND FILED
in the office of the Secretary of
of the State of California

DATE STAMP: MAY 08 2009

SECRETARY OF STATE: DEBRA BOWEN

CALIFORNIA FORM 410
For Official Use Only

REC'D S.D. CO. ROV
RECEIVED
MAY 22 2009
OCEANSIDE CITY CLERK

1. Committee Information

NAME OF COMMITTEE

CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT
SPONSORED BY CITIZENS FOR THE PRESERVATION OF PARKS AND
BEACHES

STREET ADDRESS (NO P.O. BOX)

900 N. Cleveland Street, #159

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oceanside	CA	92054	760-529-0777

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 1848, Oceanside, CA. 92051-1848

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Diego County

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Christine Gow

STREET ADDRESS

122 Sherri Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oceanside	CA	92054	760-433-1077

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Jim Sullivan, President

MAILING ADDRESS

900 N. Cleveland Street, #159

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oceanside	CA	92054	760-529-0777

3. Verification

I have used all reasonable diligence in preparing 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 May 6, 2009
DATE

By Christine Gow
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

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CALIFORNIA **410**
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COMMITTEE NAME

CITIZENS TO RECALL KERN FOR FAIR & BALANCED GOVERNMENT SPONSORED BY CITIZENS FOR THE PRESERVATION

I.D. NUMBER

1315209

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Jerome Kern (Recall)	Oceanside City Council Member	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

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I.D. NUMBER

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1315209

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

CITIZENS FOR THE PRESERVATION OF PARKS AND BEACHES

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

904Leonard Ave.

Oceanside

CA

92054

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

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