

37

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

2009 MAY 26 AM 10:11
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

Date Stamp
RECEIVED
in the office of _____
of the _____
MAY 18 2009
REC'D S.D. CO. ROV
DEBRA _____
Secretary of _____

CALIFORNIA FORM **410**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT
SPONSORED BY OCEANSIDE FIRE FIGHTERS ASSOCIATION PAC

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 15, 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

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

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COMMITTEE NAME

I.D. NUMBER

CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT SPONSORED BY OCEANSIDE FIRE FIGHTERS ASSC

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

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

OCEANSIDE FIRE FIGHTERS ASSOCIATION PAC #923161

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

P.O. Box 537

Oceanside

CA

92049

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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Termination - See Part 5
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Date Stamp	CALIFORNIA FORM 410
RECEIVED MAY 18 2009	For Official Use Only
OCEANSIDE CITY CLERK	

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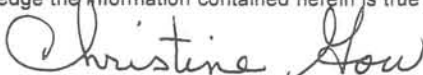
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By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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