

**Statement of Organization Recipient Committee**

37

2009 MAY 11 A 10:47

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
 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 the State of California  
 Date Stamp  
 MAY 06 2009  
 DEBRA BOWEN  
 Secretary of State

CALIFORNIA FORM 410  
 For Official Use Only  
 RECEIVED  
 MAY 12 2009  
 OCEANSIDE CITY CLERK

**1. Committee Information**

NAME OF COMMITTEE  
 CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT

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	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
San Diego County	

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 April 30, 2009  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

Executed on \_\_\_\_\_  
 DATE

By Christine Gow  
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**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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Recipient Committee**

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Not yet qualified  or

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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	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b>	For Official Use Only
MAY 04 2009	
OCEANSIDE CITY CLERK	

**1. Committee Information**

NAME OF COMMITTEE  
CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT

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	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
San Diego County	

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**

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Executed on April 30, 2009  
DATE  
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DATE  
Executed on \_\_\_\_\_  
DATE

By Christine Gow  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
By \_\_\_\_\_  
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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** (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

CITIZENS FOR THE PRESERVATION OF PARKS AND BEACHES

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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:

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  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
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  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
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COMMITTEE NAME

CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOVERNMENT

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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**4. Type of Committee** (Continued)

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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

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

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