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Statement o Recipient C	f Organization ommittee	, ,	Type or p	orint in ink			EC'3 S.D. (A	DEC	Date S DEIVEL Office of the	Stamp AND	FI CAL	MENT OF O	rganization 410
Statement Type	Initial Not yet qualified	or	List I.D. number		List	Termi I.D. nu	ination – See Part 5 umber:	in the	of the Sta	0 6 20	III OI I I	REC	EIVED
		mmittee	# 1315209 03		#_	Date o	/ of Termination		5500	ARC	WEN	MAY	1 2 2009 ECITY CLER
1. Committee	e Information					2.	Treasurer and	Othe	r Princip	al Offic	ers		
NAME OF COMMI	TTEE O RECALL KERN FO	OR FAIR A	ND BALANCE	D GOVERNM	ENT	-	NAME OF TREASURER Christine Gow STREET ADDRESS 122 Sherri Lane						
STREET ADDRES	SS (NO P.O. BOX)					-	CITY			STATE	ZIP CODE	AREA	CODE/PHONE
900 N. Cleve	eland Street, #159						Oceanside			CA	92054	(760)	433-1077
CITY		STATE	ZIP CODE	AREA CODE/F	PHONE	-	NAME OF ASSISTANT TR	EASURE	R, IF ANY				
Oceanside		CA	92054	(760) 529-07	777								
MAILING ADDRES	SS (IF DIFFERENT)					-	STREET ADDRESS						
P. O. Box 18	348, Oceanside, CA.	92051-184	8				CITY			STATE	ZIP CODE	ADE	CODE/PHONE
	/ E-MAIL ADDRESS					-	CITY			SIMIE	ZIP CODE	AKEA	CODE/PHONE
COUNTY OF DOM			E COMMITTEE IS A	CTIVE IF DIFFERE	NT		NAME AND POSITION OF Jim Sullivan, Pres		PRINCIPAL OFF	FICER(S), IF	APPLICABLE		
San Diego C		HAN COUNTY	OF DOMICILE				MAILING ADDRESS 900 N. Cleveland	Street,	#159				
Attach additiona	al information on appropria	ately labeled o	ontinuation sheet	S.			CITY			STATE	ZIP CODE		CODE/PHONE
		,					Oceanside			CA	92054	(760)	529-0777
3. Verification I have used all perjury under the Executed on Executed on Executed on	I reasonable diligence in the laws of the State of April 30, 20 DATE	California th	this statement a nat the foregoing	ByByBy	of my l	knowle	Christin	RE OF TREA	ASURER OR ASSI	STANT TREA	SURER	OPONENT	penalty of
Executed on	DATE			Ву									

Statement of Organia Recipient Committee	CALIFORNIA 410 FORM			
INSTRUCTIONS ON REVERSE	Page 3			
COMMITTEE NAME CITIZENS TO RECALL KEF	RN FOR FAIR AND B	ALANCED GOVERNMENT		I.D. NUMBER 1315209
4. Type of Committee	(Continued)			
General Purpose Committee	☐ CITY Committee	t or oppose specific candidates or measures in COUNTY Committee STATE Com		box:
PROVIDE BRIEF DESCRIPTION OF AC	TIVITY			
Sponsored Committee	t additional sponsors on	an attachment.		
NAME OF SPONSOR		INDUSTRY GROUP C	R AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND	STREET	CITY	STATE	ZIP CODE
Small Contributor Committee	Date qual	Check box and provide the date this small contributor committee on Janu	committee qualified as a small contr ary 1, 2001, enter 1/1/01.	ributor committee. If the committee qualified as a
5. Termination Require	ments By signing the	verification, the treasurer, assistant treasurer and/or	candidate, officeholder, or proponen	t 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.

Statement of Organization Recipient Committee							STATEMENT OF ORGANIZATION			
			Type or	print in ink			CALIFORNIA 410			
Statement Type	☐ Initial Not yet qualified ☐	l or	Amendme List I.D. number		_	rmination – See Part 5 . number:	RECEIV	ED '	For Official Use Only	
	noryer deamer _		# 1315209		#		MAY 0 4 20	09		
	Date qualified as co	ommittee	03 , 28 Date qualified a		Da	te of Termination	OCEANSIDE CITY	CLERK		
1. Committee	Information					2. Treasurer and C	ther Principal Off	icers		
NAME OF COMMIT	O RECALL KERN F	FOR FAIR F	AND BALANCE	ED GOVERNI	MENT	Christine Gow STREET ADDRESS 122 Sherri Lane				
STREET ADDRESS	S (NO P.O. BOX)					CITY	STATE	ZIP CODE	AREA CODE/PHONE	
900 N. Cleve	land Street, #159					Oceanside	CA	92054	(760) 433-1077	
CITY		STATE	ZIP CODE	AREA CODE	E/PHONE	NAME OF ASSISTANT TREA	SURER, IF ANY			
Oceanside		CA	92054	(760) 529-	0777					
	S (IF DIFFERENT)					STREET ADDRESS				
P. O. Box 18	48, Oceanside, CA	92051-184	48			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	E-MAIL ADDRESS					OIT	UNIL	Eli GOGE	7.1.0.1.0.000.1.110110	
						NAME AND POSITION OF O	THER PRINCIPAL OFFICER(S),	IF APPLICABLE		
COUNTY OF DOM	ICILE	COUNTY WHE	RE COMMITTEE IS	ACTIVE IF DIFFER	RENT	Jim Sullivan, Preside	ent			
San Diego C	ounty	THAN COUNTY	Y OF DOMICILE			MAILING ADDRESS 900 N. Cleveland St	reet, #159			
A 10 10 VANCO 0			(PR) H21 (DR)			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional	I information on appropr	iately labeled	continuation shee	ts.		Oceanside	CA	92054	(760) 529-0777	
perjury under t	reasonable diligence he laws of the State of April 30, 2	of California	this statement that the foregoin	ig is true and c	t of my kno correct.	owledge the information con	ntained herein is true and		rtify under penalty of	
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR S	TATE MEASURE PRO	PONENT	
Executed on	DATE		n	Ву			DFFICEHOLDER, CANDIDATE, OR S			
Executed on				Bv						
	DATE			-,		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR S	TATE MEASURE PRO	PONENT	

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA 41

TIONS ON REVERSE				Page 3				
OMMITTEE NAME CITIZENS TO RECALL KERN FOR FAIR & BALANCED GOVERNMENT SPONSORED BY CITIZENS FOR THE PRESERVATION								
e of Committee (Continued)								
Not formed to support of CITY Committee	or oppose specific candidates or measures in a		box:					
BRIEF DESCRIPTION OF ACTIVITY								
ored Committee List additional sponsors on an	attachment.							
SPONSOR	INDUSTRY GROUP OR	AFFILIATION OF SPONSOR						
NS FOR THE PRESERVATION OF PARKS	S AND BEACHES							
ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE					
onard Ave.	Oceanside	CA	92054					
Contributor Committee Date qualifie	Check box and provide the date this commended small contributor committee on Januar		ributor committee. I	if the committee qualified as a				
Date qualifie	small contributor committee on Januar	ry 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
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Statement of Organization Recipient Committee					STATEMENT OF ORG CALIFORNIA FORM	410
NSTRUCTIONS ON REVERSE		Page 2				
COMMITTEE NAME					I.D. NUMBER	
CITIZENS TO RECALL KERN FOR FAIR AND BALANCED GOV	ERNM	ENT			1315209	
Type of Committee Complete the applicable sections.						
Controlled Committee						
 List the name of each controlling officeholder, candidate, or state med district number, if any, and the year of the election. 	asure pr	oponent. If candidate or	officeholder controlled,	also list the elective	office sought or held	d, and
List the political party with which each officeholder or candidate is affiliant	ted or ch	neck "non-partisan."				
· If this committee acts jointly with another controlled committee, list the	e name	and identification number	of the other controlled	committee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTIVE					
					☐ Non-Partisan	
					☐ Non-Partisan	
List the financial institution where the campaign bank account is located	d (contro	lled "candidate election" co	ommittees only)			
NAME OF FINANCIAL INSTITUTION	ARE	A CODE/PHONE	BANK ACCOUNT	NUMBER		
ADDRESS	CIT	Y	STATE	ZIP CODE		
Primarily Formed Committee Primarily formed to support or oppose spe	ecific can	ididates or measures in a sin	gle election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET	TTER)		CE SOUGHT OR HELD OR M		CHEC	K ONE
Jerome Kern (Recall)		Oceanside City Coun	cil Member		SUPPORT	OPPOSE

SUPPORT OPPOSE

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA 410

INSTRUCTIONS ON REVERSE			
Submitted to the Control of the Cont			Page 3
COMMITTEE NAME			I.D. NUMBER
CITIZENS TO RECALL KERN FOR FAIR AND	BALANCED GOVERNMENT		1315209
4. Type of Committee (Continued)			
	port or oppose specific candidates or measures in ee COUNTY Committee STATE Com	레크(1)[1][1][1] [1] [1] [1] [1] [1] [1] [1] [1	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors of	on an attachment,		
NAME OF SPONSOR	INDUSTRY GROUP O	R AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CO	DE
Small Contributor Committee	Check box and provide the date this small contributor committee on Janu	committee qualified as a small contributor com ary 1, 2001, enter 1/1/01.	mittee. If the committee qualified as a

- 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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