Statement of Organization Recipient Committee 200 Statement Type	★ Amendment List LD number			TECEIVED AND the office of the Secreta of the State of Colife MAY 0 8 2005	FIL CALIF	STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM 410 CO S.D. CRECEIVED	
Date qualified as comm	03 _ 28 _ j Date qualified as c	ommittee Da	te of Termination	DEBRA SOW Secretary of S		MAY 2 2 2009	
1. Committee Information NAME OF COMMITTEE CITIZENS TO RECALL KERN FOR SPONSORED BY CITIZENS FOR BEACHES		GOVERNMENT	NAME OF TREASURER Christine Gow STREET ADDRESS 122 Sherri Lane	Other Principal Offic	ers	OCEANSIDE CITY CLERK	
STREET ADDRESS (NO P.O. BOX) 900 N. Cleveland Street, #159			CITY Oceanside	STATE CA	ZIP CODE 92054	AREA CODE/PHONE 760-433-1077	
Oceanside MAILING ADDRESS (IF DIFFERENT) P.O. Box 1848, Oceanside, CA. 92		AREA CODE/PHONE 760-529-0777	NAME OF ASSISTANT TRE	STATE	ZIP CODE	AREA CODE/PHONE	
	UNTY WHERE COMMITTEE IS ACT AN COUNTY OF DOMICILE	TIVE IF DIFFERENT	NAME AND POSITION OF Jim Sullivan, Presid MAILING ADDRESS 900 N. Cleveland S	A MATASACT	APPLICABLE		
Attach additional information on appropriate	ely labeled continuation sheets.		CITY Oceanside	STATE CA	ZIP CODE 92054	AREA CODE/PHONE 760-529-0777	
3. Verification I have used all reasonable diligence in perjury under the laws of the State of C Executed on	California that the foregoing is		SIGNATURE OF CONTROLLING	E OFFICEHOLDER, CANDIDATE, OR STA	SURER TE MEASURE PROF TE MEASURE PROF	PONENT	

FPPC Form 410 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Statement of Organization Recipient Committee			Type or print in ink				Date Stamp CALIFORNIA 410			
Statement Type	☐ Initial Not yet qualified ☐	or	Amendme List I.D. number # 1315209		Name of the last	ermination – See Part 5 D. number:	RECEIVE MAY 0 6 200	ED	For Official Use Only	
		nmittee	03 / 28 Date qualified a	s committee	#	J	DOEANSIDE CITY O	-		
1. Committee	Information					2. Treasurer and C	Other Principal Offi	cers		
	TEE O RECALL KERN FO D BY CITIZENS FOI					Christine Gow STREET ADDRESS 122 Sherri Lane				
STREET ADDRESS	6 (NO P.O. BOX)					CITY	STATE	ZIP CODE	AREA CODE/PHONE	
900 N. Clevel	and Street, #159					Oceanside	CA	92054	760-433-1077	
Oceanside MAILING ADDRESS	C //E DIFFEDENTS	STATE	ZIP CODE 92054	760-529-07		NAME OF ASSISTANT TREA	ASURER, IF ANY		9	
	2	20054 404								
OPTIONAL: FAX /	8, Oceanside, CA. 9	2051-184	0			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMI	ICILE C	OUNTY WHEF	RE COMMITTEE IS	ACTIVE IF DIFFERE	ENT	NAME AND POSITION OF C	OTHER PRINCIPAL OFFICER(S), I	F APPLICABLE		
San Diego Co		HAN COUNTY	OF DOMICILE			MAILING ADDRESS 900 N. Cleveland S	treet, #159			
Attach additional	information on appropria	tely labeled (continuation shee	ts.		Oceanside	STATE CA	ZIP CODE 92054	760-529-0777	
	reasonable diligence i he laws of the State of	California t				owledge the information co	ntained herein is true and	complete. I ce	rtify under penalty of	
Executed on	May 6, 200)9		Ву		Kristine SIGNATURE	OF TREASURER OR ASSISTANT TRE	ASURER		
Executed on				Ву						
Executed on	100 Maria			Ву			OFFICEHOLDER, CANDIDATE, OR ST			
	DATE			A-100		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PRO	PONENT	
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PRO	PONENT	

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME CITIZENS TO RECALL KERN FOR FAIR & BALANCED GOVERNMENT SPONSORED BY CITIZENS FOR THE PRESERVATION STATEMENT OF ORGANIZATION CALIFORNIA 410 Page 2 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 HEL (INCLUDE DISTRICT NUMBER IF APPLIC		PARTY	
			☐ Non-Partisan	
			☐ Non-Partisan	
List the financial institution where the campaign bank account is located (controlled "candidate election" committee	s only)		
IAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE ZIP CODE		
Primarily Formed Committee Primarily formed to support or oppose spec	ific condidates or measures in a single elect	on List helow:		
Primarily Formed Committee Primarily formed to support or oppose spec CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTI	CANDIDATE(S) OFFICE SOUGH	HT OR HELD OR MEASURE(S) JURISDICTIC	DN CHEC	V ONE
	(INDEDDE DIOTNIOT IN	19-011-1	SUPPORT	OPPOSE
Jerome Kern (Recall)	Oceanside City Council Men	nber	×	
			SUPPORT	OPPOSE

Statement of Organization Recipient Committee				CALIFORNIA 410
INSTRUCTIONS ON REVERSE				Page 3
COMMITTEE NAME CITIZENS TO RECALL KERN FOR FAIR	& BALANCED GOVERNMEN	T SPONSORED BY CITIZENS FOR THE	PRESERVATION	1.D. NUMBER 1315209
4. Type of Committee (Continued)				
General Purpose Committee Not formed	마다 아이들이 아이트로 그 모든 아이에게 하는데 아이는데 하는데 하다.	tes or measures in a single election. Check only o	ne box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List additional spo	nsors on an attachment.			
NAME OF SPONSOR CITIZENS FOR THE PRESERVATION C		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE	
904Leonard Ave.	Oceans	ide CA	92054	
Small Contributor Committee		provide the date this committee qualified as a small or r committee on January 1, 2001, enter 1/1/01.	ontributor committee. If t	he 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:
 - · 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			Type or print in ink			Date Stamp CALIFORNIA 410			
Statement Type	☐ Initial Not yet qualified ☐	or	Amendm List I.D. number # 1315209		_	ermination – See Part 5 D. number:	RECEIVE MAY 0 6 200	ED	For Official Use Only
	Date qualified as co	mmittee	03 , 28 Date qualified a		D	ate of Termination	OGEANS/DE CITY C	LEAK	
1. Committee	Information					2. Treasurer and C	ther Principal Offi	cers	
NAME OF COMMITT	TEE					NAME OF TREASURER			
CITIZENS TO	RECALL KERN F	OR FAIR A	AND BALANC	ED GOVERNI	MENT	Christine Gow			
	BY CITIZENS FO	R THE PR	ESERVATION	OF PARKS	AND	STREET ADDRESS			
BEACHES						122 Sherri Lane			
STREET ADDRESS	(NO P.O. BOX)					CITY	STATE	ZIP CODE	AREA CODE/PHONE
900 N. Clevela	and 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	760-529-0	777	STREET ADDRESS			
MAILING ADDRESS	(IF DIFFERENT)					STREET ADDRESS			
P.O. Box 1848	3, Oceanside, CA.	92051-184	8			CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E	-MAIL ADDRESS								
						NAME AND POSITION OF O	THER PRINCIPAL OFFICER(S), I	FAPPLICABLE	
COUNTY OF DOMIC		COUNTY WHE	RE COMMITTEE IS	ACTIVE IF DIFFER	RENT	Jim Sullivan, Preside	ent		
San Diego Co	1	THAN COUNTY	OF DOMICILE			MAILING ADDRESS	#150		
San Diego Co	unty					900 N. Cleveland St	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional i	information on appropria	ately labeled	continuation shee	ets.		Oceanside	CA	92054	760-529-0777
						Oceanside	CA	92054	700-329-0777
	easonable diligence e laws of the State of	f California t				owledge the information cor	ntained herein is true and	complete. I ce	rtify under penalty of
Executed on	May 6, 20	09		Ву		Kris line SIGNATURE	OF TREASURER OR ASSISTANT TRE	ASURER	
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING	DFFICEHOLDER, CANDIDATE, OR ST.	ATE MEASURE PRO	PONENT
Executed on	DATE			Ву			DFFICEHOLDER, CANDIDATE, OR ST.		
Executed on	-			D.		SIGNAL OF CONTROLLING	on our order		(31)2511V
LAGORIEG OII	DATE			Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR ST	ATE MEASURE PRO	PONENT

Statement of Organization			STATEMENT OF ORGANIZATION
Recipient Committee			CALIFORNIA 410
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COMMITTEE NAME			I.D. NUMBER
CITIZENS TO RECALL KERN FOR FAIR & BALANCED GOVER	RNMENT SPONSORED BY C	ITIZENS FOR THE PRESER	VATION 1315209
4. Type of Committee Complete the applicable sections.			
Controlled Committee			
 List the name of each controlling officeholder, candidate, or state mediatrict number, if any, and the year of the election. 	easure proponent. If candidate of	r officeholder controlled, also list	t the elective office sought or held, and
 List the political party with which each officeholder or candidate is affili 	ated or check "non-partisan."		
• If this committee acts jointly with another controlled committee, list t	he name and identification number	er of the other controlled committ	tee.
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUG (INCLUDE DISTRICT NUMBER		OF ELECTION PARTY
			☐ Non-Partisan
			☐ Non-Partisan
List the financial institution where the campaign bank account is locate	ed (controlled "candidate election"	committees only)	
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	ę
ADDRESS	CITY	STATE ZIP (CODE
Primarily Formed Committee Primarily formed to support or oppose s	pecific candidates or measures in a s	ingle election. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LI		ICE SOUGHT OR HELD OR MEASURE(
	(INCLUDE D	ISTRICT NO., CITY OR COUNTY, AS API	PLICABLE) CHECK ONE SUPPORT OPPOSE

Oceanside City Council Member

Jerome Kern (Recall)

SUPPORT

OPPOSE