

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 12 / 9 / 2019	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED
JAN 21 2020
City of Del Mar
Administrative Services Dept.

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	I.D. Number (if applicable) 4122710	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Friends of Del Mar North Bluff Against Measure G

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Del Mar CA 92014 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Diego City of Del Mar

NAME OF TREASURER
Dr. John H. Weare, PhD

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Del Mar CA 92014 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Terry Gaasterland, PhD

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Del Mar CA 92014 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Dr. John Morse, MD

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Del Mar CA 92014 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

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 1/21/2020 By [REDACTED]

Executed on 1/21/2020 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 4122710

COMMITTEE NAME Friends of Del Mar North Bluff Against Measure G

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY Del Mar	STATE CA	ZIP CODE 92014

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 "nonpartisan." Stating "No party preference" is acceptable.
- 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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Measure G - The Marisol Specific Plan Initiative	City of Del Mar	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Friends of Del Mar North Bluff Against Measure G

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	AREA CODE/PHONE

Small Contributor Committee

Date qualified

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.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.