

COPY

Statement of Organization Recipient Committee

Statement Type

Initial [X] Not yet qualified [] or Date qualification threshold met [X] 08 / 08 / 2019

Amendment [] Date qualification threshold met

Termination - See Part 5 [X] Date of termination 08 / 17 / 2020

RECEIVED AND FILED in the office of the Secretary of State of the State of California AUG 24 2020 CALIFORNIA FORM 410 For Official Use Only 2020 SEP 10 PM 3: 51 REC'D S.D. CO. ROV

1. Committee Information I.D. Number (if applicable) 1420284

NAME OF COMMITTEE Yes on Measure G, Marisol for Public Access and Community Amenities, sponsored by the Robert Green Company and Zephyr Partners. Committee major funding from Robert Green and Brad Termini. STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Encinitas CA 92024 FULL MAILING ADDRESS (IF DIFFERENT) E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) COUNTY OF DOMICILE San Diego JURISDICTION WHERE COMMITTEE IS ACTIVE City of Del Mar

2. Treasurer and Other Principal Officers

NAME OF TREASURER Nancy Haley STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Encinitas CA 92024 NAME OF ASSISTANT TREASURER, IF ANY Danielle Stephen STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Encinitas CA 92024 NAME OF PRINCIPAL OFFICER(S) Brad Termini STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Encinitas CA 92024

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

Executed on 8/19/2020 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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I.D. NUMBER

1420284

2a. Additional Officers / Assistant Treasurers

NAME

Robert Green

MAILING ADDRESS

CITY

San Diego

STATE

CA

ZIP CODE

92119

AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

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

NAME OF FINANCIAL INSTITUTION Torrey Pines Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]		
ADDRESS [REDACTED]	CITY Carlsbad	STATE CA	ZIP CODE 92009	

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		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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
Marisol Specific Plan Initiative : G	City of Del Mar	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

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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

Zephyr Partners

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Real Estate

STREET ADDRESS

NO. AND STREET

CITY

Encinitas

STATE

CA

ZIP CODE

92024

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.

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STATEMENT OF ORGANIZATION

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Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR Robert Green Company	INDUSTRY GROUP OR AFFILIATION OF SPONSOR Real Estate
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MAILING ADDRESS [REDACTED]	NO. AND STREET	CITY San Diego	STATE CA	ZIP CODE 92119	[REDACTED]
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NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
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MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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