

**Statement of Organization
Recipient Committee**

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

CALIFORNIA FORM 410

For Official Use Only

AUG 16 2024

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

08 / 13 / 2024

Termination - See Part 5

Date of termination

| 1. Committee Information | | | | I.D. Number 1470856 | | | | 2. Treasurer and Other Principal Officers | | | |
|---|--|---|--|---|--|-------------------|--|--|--|-------------------------------|--|
| NAME OF COMMITTEE John Spelich for Del Mar City Council 2024 | | | | NAME OF TREASURER Jas Grewal | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | CITY Del Mar | | STATE CA | | ZIP CODE 92014 | | AREA CODE/PHONE [REDACTED] | |
| CITY Del Mar | | | | STATE CA | | ZIP CODE 92014 | | NAME OF ASSISTANT TREASURER, IF ANY Lacey Logan | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) same | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | CITY Del Mar | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED] | | | | STATE CA | | ZIP CODE 92014 | | AREA CODE/PHONE [REDACTED] | | | |
| COUNTY OF DOMICILE San Diego | | JURISDICTION WHERE COMMITTEE IS ACTIVE Del Mar, CA | | NAME OF PRINCIPAL OFFICER(S) Lacey Logan | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| CITY Del Mar | | | | STATE CA | | ZIP CODE 92014 | | AREA CODE/PHONE [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 information provided is true and correct.

Executed on 8/13/24 By [REDACTED]

Executed on 8-13-24 By [REDACTED]

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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| | |
|--|------------------------|
| COMMITTEE NAME John Spelich for Del Mar City Council 2024 | I.D. NUMBER 1470656 |
|--|------------------------|

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

| | | |
|---|-------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION [REDACTED] | 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 | |
| John Spelich | City Council | 2024 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | (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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

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COMMITTEE NAME

John Spelch for Del Mar City Council 2024

I.D. NUMBER

1470656

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 this verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.