

JAN 30 2025

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 24

Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
JAN 27 2025	37
City of Del Mar Administrative Services Dept.	YAA

1. Committee Information		2. Treasurer and Other Principal Officers	
i.D. Number (if applicable) [REDACTED]		NAME OF TREASURER Alan Wittgrove	
NAME OF COMMITTEE Tracy Martinez for Del Mar City Council 2024		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Del Mar CA 92014	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE Del Mar CA 92014 [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) [REDACTED]		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE	
COUNTY OF DOMICILE San Diego	JURISDICTION WHERE COMMITTEE IS ACTIVE Del Mar, CA	NAME OF PRINCIPAL OFFICER(S) Alan Wittgrove	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Del Mar CA 92014	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE [REDACTED] [REDACTED]	
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 is true and correct.

Executed on 12/31/2024 By [REDACTED]
DATE TREASURER OR ASSISTANT TREASURER

Executed on 12/31/2024 By [REDACTED]
DATE OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT