

Statement of Organization
Recipient Committee

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2008 MAY 22 8:40
REC'D S.D. CO. ROV

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
For Official Use Only

Statement Type Initial
Not yet qualified or

Date qualified as committee

Amendment
List I.D. number:
1296992
9 / 13 / 06
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

1. Committee Information

NAME OF COMMITTEE
East County Democratic Club

STREET ADDRESS (NO PO. BOX)
1010 Old Chase Ave

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| El Cajon | CA | 92020 | 619 447-3246 |

MAILING ADDRESS (IF DIFFERENT)
PO Box 252 El Cajon, CA 92022

OPTIONAL: FAX / E-MAIL ADDRESS
info@ecdcweb.org

| COUNTY OF DOMICILE | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE |
|--------------------|---|
| San Diego | |

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Linda Newsum

STREET ADDRESS
13703 Whispering Meadows Lane

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------|-------|----------|-----------------|
| Jamul | CA | 91935 | 619 669-1847 |

NAME OF ASSISTANT TREASURER, IF ANY
Kristy Mundt

STREET ADDRESS
741 Pelican Way

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| El Cajon | CA | 92020 | 619 590-1640 |

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

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 5-21-200 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By Linda Newsum SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

East County Democratic Club

I.D. NUMBER

1296992

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 HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---------------------------------------|
| | | | <input type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | | |
|-------------------------------|-----------------|---------------------|----------|--|
| Union Bank of California | 800-238-4486 | 0081706491 | | |
| ADDRESS | CITY | STATE | ZIP CODE | |
| 580 North Second Street | El Cajon | CA | 92021 | |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

East County Democratic Club

I.D. NUMBER

1296992

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

error line

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

Small Contributor Committee

9 / 13 / 06
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

**Statement of Organization
Recipient Committee**

COPY

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1296992
Date qualified as committee
9 / 13 / 2006
(if applicable)

Termination - See Part 1 of the
List I.D. number:

Date of Termination
____/____/____

RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
 DEC 14 2007
 DEBRA BOWEN
 Secretary of State

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11: 09
ROV

1. Committee Information

NAME OF COMMITTEE
East County Democratic Club

STREET ADDRESS (NO P.O. BOX)
1010 Old Chase Ave.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| El Cajon | CA | 92020 | 619-447-3246 |

MAILING ADDRESS (IF DIFFERENT)
PO Box 252 El Cajon, CA 92022

OPTIONAL: FAX / E-MAIL ADDRESS
info@ecdcweb.org

| COUNTY OF DOMICILE | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE |
|--------------------|---|
| San Diego | |

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Rosalie Star

STREET ADDRESS
1405 Fuerte Heights Lane

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| El Cajon | CA | 92019 | 619-441-9400 |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
| | | | |

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 12/11/07
DATE

Executed on 12/11/07
DATE

Executed on _____
DATE

Executed on _____
DATE

By Rosalie J. Star
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
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COMMITTEE NAME

East County Democratic Club

I.D. NUMBER

1296992

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 HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---------------------------------------|
| | | | <input type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
|-------------------------------|-----------------|---------------------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
| | | | |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|-------|
| | | SUPPORT | OPOSE |
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COMMITTEE NAME

East County Democratic Club

I.D. NUMBER

1296992

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

Small Contributor Committee



9 / 13 / 2006

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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- 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

37 Type or print in ink 2007 MAR 14 7:56 COPY REC'D S.D. CO. REG.

Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California MAR 22 2007 DEBRA BOWEN

CALIFORNIA FORM 410 For Official Use Only

Statement Type [X] Initial Not yet qualified [] or Date qualified as committee

[] Amendment List I.D. number: # Date qualified as committee (if applicable)

[] Termination - See Part 5 List I.D. number: # Date of Termination

1. Committee Information

NAME OF COMMITTEE: East County Democratic Club
STREET ADDRESS (NO P.O. BOX): 1010 Old Chase Ave.
CITY: El Cajon STATE: CA ZIP CODE: 92020 AREA CODE/PHONE: 619-820-5321
MAILING ADDRESS (IF DIFFERENT): PO Box 252, El Cajon, CA 92022
OPTIONAL: FAX / E-MAIL ADDRESS: info@EastCountyDemocraticClub.org
COUNTY OF DOMICILE: San Diego COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Rosalie Star
STREET ADDRESS: 1405 Fuerte Heights Lane
CITY: El Cajon STATE: CA ZIP CODE: 92020 AREA CODE/PHONE: 619-401-8900
NAME OF ASSISTANT TREASURER, IF ANY:
STREET ADDRESS:
CITY: STATE: ZIP CODE: AREA CODE/PHONE:
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE: Raymond Lutz, President
MAILING ADDRESS: PO Box 252
CITY: El Cajon STATE: CA ZIP CODE: 92022 AREA CODE/PHONE: 619-820-5321

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 3/19/07 DATE
Executed on DATE
Executed on DATE
Executed on DATE

By Rosalie Star SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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| | | |

| ADDRESS | CITY | STATE | ZIP CODE |
|---------|------|-------|----------|
| | | | |

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|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| | | | |
| | | | |

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Page 3

COMMITTEE NAME

East County Democratic Club

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

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CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Democratic Club provides citizen oversight of governmental bodies, helps Democratic candidates in a variety of races, provides information to membership.

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

Small Contributor Committee

____/____/____
Date qualified

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