

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1342814
Date qualified as committee
10 / 25 / 11
(If applicable)

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

Date of Termination
____ / ____ / ____

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
DEC 12 2011
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
Official Use Only

1. Committee Information

NAME OF COMMITTEE
Californians for Parental Rights,
committee to support Parental Notification Initiative,
sponsored/major funding by Don Sebastiani
and others to Reform Child Protection Laws in CA

STREET ADDRESS (NO P.O. BOX)
1

CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92101 (619) 235-3000

MAILING ADDRESS (IF DIFFERENT)
La Mesa, CA 91942

OPTIONAL: MAIL ADDRESS
Long Beach CA 90807

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
San Diego (Statewide initiative)

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Fred Clark

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92101 (619) 235-3000

NAME OF ASSISTANT TREASURER, IF ANY
William Baber

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
La Mesa CA 91942 619-698-4333

NAME OF PRINCIPAL OFFICER(S)
James Holman (VP for Development)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92101 (619) 235-3000

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 12/7/11 By William Baber
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Californians for Parental Rights

Page 3

I.D. NUMBER

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

Don Sebastiani

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Citizens who want to reform Child Protection Laws in California

STREET ADDRESS

Sonoma, CA 95476

CITY

STATE

ZIP CODE

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.