

Statement of Organization  
Recipient Committee

**ORIGINAL**

Type or print in ink

K  
L 37

1337511

STATEMENT OF ORGANIZATION

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

**CALIFORNIA FORM 410**

For Official Use Only

Statement Type  Initial  
Not yet qualified \_ or

Amendment  
List I.D. number:

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

# 1337511

#

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

DEC 12 2011

**DEBRA BOWEN**  
Secretary of State

*RE*

**1. Committee Information**

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Ron Roberts for Supervisor 2014

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas, CA 92024 760-632-3600

MAILING ADDRESS (IF DIFFERENT)  
Rancho Santa Fe, CA 92067

OPTIONAL: FAX / E-MAIL ADDRESS  
760-632-3611

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

NAME OF TREASURER  
Nancy Haley

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas, CA 92024 760-632-3600

NAME OF ASSISTANT TREASURER, IF ANY  
Robin Stephen

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas, CA 92024 760-632-3600

NAME OF PRINCIPAL OFFICER(S)

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 DEC 08 2011 DATE

Executed on 6 DEC 2011 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By Nancy Haley SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Ron Roberts 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**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

2 of 4

COMMITTEE NAME  
Ron Roberts for Supervisor 2014

I.D. NUMBER  
1337511

**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
Ron Roberts	County Supervisor District 4	2014	<input checked="" 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	
Torrey Pines Bank	760-444-8400		
ADDRESS	CITY	STATE	ZIP CODE
	Carlsbad	CA	92009

**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

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA  
FORM 410

3 of 4

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Ron Roberts for Supervisor 2014

I.D. NUMBER  
1337511

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**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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.

**Additional Comments  
for Form 410**

STATEMENT OF ORGANIZATION

<b>CALIFORNIA FORM</b>	<b>410</b>
4 of 4	
I.D. NUMBER	1337511

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Ron Roberts for Supervisor 2014

Change name of assistant treasurer