

Statement of Organization Recipient Committee

Type or print in ink

Statement Type Initial Not yet qualified or

Amendment List I.D. number:

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

_____ Date qualified as committee _____
 _____ Date qualified as committee _____
 _____ Date of Termination _____

1280762 Date of Termination 12/30/2006

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
 For Official Use Only

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 CITY OF JALISCO

1. Committee Information

NAME OF COMMITTEE

C.A.R.E. Dana Point/Community Awareness for Revitalization Effort in Dana Point
 STREET ADDRESS (NO PO BOX)
 24843 Del Prado, #269

CITY STATE ZIP CODE AREA CODE/PHONE
 Dana Point, CA 92629 949-903-8717

OPTIONAL FAX/E-MAIL ADDRESS

ibartlett@aol.com
 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Orange

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Betty Presley

STREET ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE
 30151 Tomas Pancho Santa Margarita, CA 92688 949-858-7448

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

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 1-14-07 DATE

By Betty Presley SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICER/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

C.A.R.E., Dana Point/Community Awareness for Revitalization Effort in Dana Point

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

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ID NUMBER

1280762

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
		OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

C.A.R.E. Dana Point/Community Awareness for Revitalization Effort in Dana Point

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

A grass roots organization involved in local issues in the City of Dana Point.

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, officer/holder, or proponent certifies 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.