

COPY ORIGINAL COPY

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

03 / 27 / 13

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

Date Stamp

2013 APR -11 AM 9:52

REC'D S.D. CO. ROV

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Robert Brewer for District Attorney 2014

[Redacted]

PHONE

Encinitas, CA 92024

[Redacted]

FAX / E-MAIL ADDRESS

San Diego, CA 92101

COUNTY OF DOMICILE

San Diego

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Nancy R. Haley

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Encinitas, CA 92024

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Robin Stephen

[Redacted]

CITY

Encinitas, CA 92024

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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

MAR 28 2013

By

Nancy R. Haley

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

MAR 28 2013

DATE

By

Robert Brewer

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Robert Brewer for District Attorney 2014

I.D. NUMBER

Pending

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Torrey Pines Bank	AREA CODE/PHONE 760-444-8400	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 2760 Gateway Road	CITY Carlsbad	STATE ZIP CODE CA 92009

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 "nonpartisan."
- 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
Robert Brewer	County of San Diego District Attorney	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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FORM 410**

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I.D. NUMBER

Pending

COMMITTEE NAME

Robert Brewer for District Attorney 2014

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

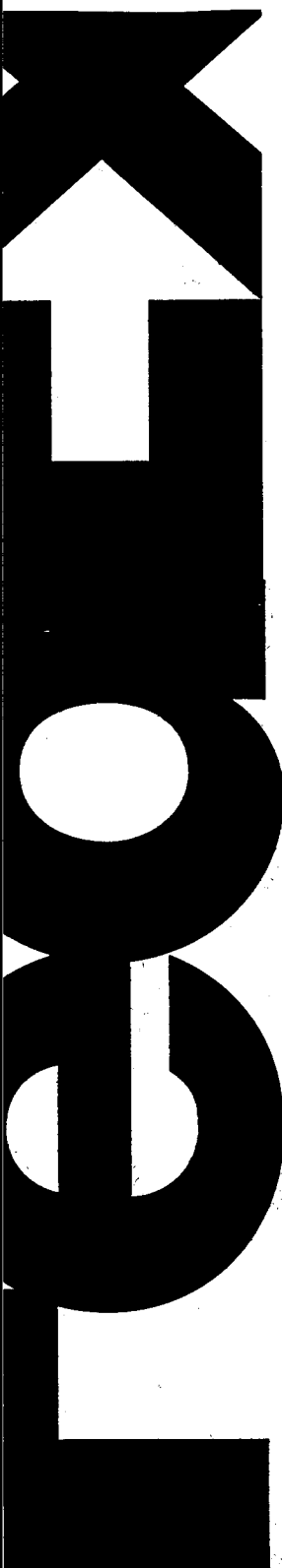
Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By filing this declaration, the recipient committee 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.
- 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.



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envelope shipping

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2422
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From: (760) 632-3600
SUSAN DOBSON
[REDACTED]
ENCINITAS, CA 92024

Origin ID: CLDA



Ship Date: 03APR13
ActWgt 1.0 LB
CAD: 5920558/INET3370

Delivery Address Bar Code

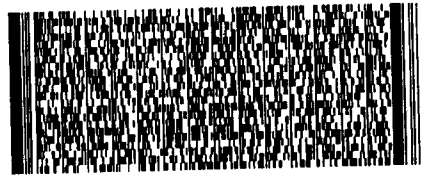


SHIP TO: (654) 565-5800
ATTN: CAMPAIGN DISCLOSURE
SAN DIEGO REGISTRAR OF VOTERS
[REDACTED]
SAN DIEGO, CA 92123

BILL SENDER

J13111302120326

Ref # 2732P
Invoice #
PO #
Dept #

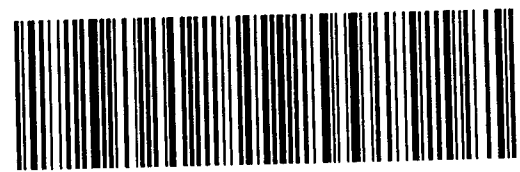


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After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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