

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  
or

Date qualification threshold met

Amendment

Date of termination

04 / 22 / 2022

Termination - See Part 5

For Official Use Only

DATE STAMP

**RECEIVED**

MAR 01 2023

CITY OF SIERRA MADRE

CALIFORNIA 410  
FORM

**1. Committee Information**

I.D. Number  
(if applicable)

1448017

NAME OF COMMITTEE YES ON MEASURE M, SIERRA MADRE NEIGHBORS FOR FAIRNESS, A COALITION OF LOCAL RESIDENTS, TAXPAYERS, AND WATER DOLORESA PASSIONIST RETREAT CENTER; COMMITTEE MAJOR FUNDING FROM NEW URBAN WEST

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

SEAN P. WELCH

STREET ADDRESS (NO P.O. BOX)

2350 KERNER BLVD., STE 250

AREA CODE/PHONE

(415) 389-6800

STATE

CA

ZIP CODE

94901

CITY

SAN RAFAEL

NAME OF ASSISTANT TREASURER, IF ANY

EVANN WHITELAM

STREET ADDRESS (NO P.O. BOX)

2350 KERNER BLVD., STE 250

AREA CODE/PHONE

(415) 389-6800

STATE

CA

ZIP CODE

94901

CITY

SAN RAFAEL

NAME OF PRINCIPAL OFFICER(S)

ADAM BROWNING

STREET ADDRESS (NO P.O. BOX)

2001 WILSHIRE BLVD., STE 401

AREA CODE/PHONE

(310) 556-6390

STATE

CA

ZIP CODE

90403

CITY

SANTA MONICA

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.

Digitally signed by Sean P. Welch  
Date: 2023.03.01 14:12:23 -08'00'

Executed on 3/1/2023 By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME YES ON MEASURE M, SIERRA MADRE NEIGHBORS FOR FAIRNESS, A COALITION OF LOCAL RESIDENTS, TAXPAYERS, AND WATER DOLOROSA PASSIONIST RETREAT CENTER; COMMITTEE MAJOR FUNDING FROM NEW URBAN WEST	I.D. NUMBER 1448017
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 927-8905	BANK ACCOUNT NUMBER 01894040	STATE CA	ZIP CODE 94925
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA			

## 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." Stating "No party preference" is acceptable.
- 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 CHECK ONE
			Nonpartisan (list political party below)
			Nonpartisan (list political party below)

### 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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
MEASURE M: REFERENDUM ON SIERRA MADRE CITY COUNCIL ORDINANCE NO. 1461 : M	CITY OF SIERRA MADRE	SUPPORT <input checked="" type="checkbox"/> OPPOSE
		SUPPORT OPPOSE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
YES ON MEASURE M, SIERRA MADRE NEIGHBORS FOR FAIRNESS, A COALITION OF LOCAL RESIDENTS, TAXPAYERS, AND MAYER DOLOROSA  
PASSIONIST RETREAT CENTER; COMMITTEE MAJOR FUNDING FROM NEW URBAN WEST

I.D. NUMBER

1448017

## 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

NEW URBAN WEST

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

REAL ESTATE/DEVELOPMENT

STREET ADDRESS

2001 WILSHIRE BLVD., STE 401

NO. AND STREET

CITY

SANTA MONICA

STATE

CA

ZIP CODE

90403

AREA CODE/PHONE

(310) 566-6390

## 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.

**Additional Comments  
For Form 410**

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CALIFORNIA 410  
FORM**

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1448017

COMMITTEE NAME YES ON MEASURE M, SIERRA MADRE NEIGHBORS FOR FAIRNESS, A COALITION OF LOCAL RESIDENTS, TAXPAYERS, AND WATER DOLOROSA PASSIONIST RETREAT CENTER; COMMITTEE MAJOR FUNDING FROM NEW URBAN WEST

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 1221, SIERRA MADRE, CA 91025