

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 31 / 2024

Date Stamp  
**RECEIVED**  
JAN 02 2025  
City of Del Mar  
Administrative Services Dept

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>				<b>2. Treasurer and Other Principal Officers</b>			
I.D. Number (if applicable) 1474442				NAME OF TREASURER Alan Wittgrove			
NAME OF COMMITTEE Tracy Martinez for Del Mar City Council 2024				STREET ADDRESS (NO P.O. BOX)		CITY Del Mar	STATE CA
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED)		AREA CODE/PHONE	
CITY Del Mar				STATE CA		ZIP CODE 92014	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE
COUNTY OF DOMICILE San Diego		JURISDICTION WHERE COMMITTEE IS ACTIVE Del Mar, CA		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) Alan Wittgrove			
				STREET ADDRESS (NO P.O. BOX)		CITY Del Mar	STATE CA
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		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 information is true and correct.

Executed on 31 Dec 2024 By \_\_\_\_\_  
DATE TREASURER OR ASSISTANT TREASURER

Executed on 31 Dec 2024 By \_\_\_\_\_  
DATE CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT