

**Statement of Organization
Recipient Committee**

Date Stamp

**CALIFORNIA
FORM 410**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Page
List I.D. number:

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

For Official Use Only

2016 OCT 31 AM 11 41
CITY CLERK'S OFFICE
CITY OF SANTA MARIA

RECEIVED

OCT 14 2016

Date qualified as committee

1390966
10 / 05 / 2016
Date qualified as committee
(If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE
Mike Cordero for Council 2016

STREET ADDRESS (NO P.O. BOX)
2151 S College Dr Ste 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805)922-4881

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Maria

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Trent Benedetti

STREET ADDRESS (NO P.O. BOX)
2151 S College Dr Ste 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805)922-4881

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	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 10-10-16 By _____
DATE

Executed on 10-10-16 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

TREASURER OR ASSISTANT TREASURER

OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Mike Cordero for Council 2016	I.D. NUMBER 1390966
---	------------------------

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

NAME OF FINANCIAL INSTITUTION Community Bank of Santa Maria	AREA CODE/PHONE (805) 922-2900	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1421 S. Broadway	CITY Santa Maria	STATE CA
		ZIP CODE 93454

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
Mike Cordero	City Council Member	2016	<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
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Mike Cordero for Council 2016

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 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.