

COPY

Statement of Organization Recipient Committee

Statement Type [] Initial [] Not yet qualified [] or

[X] Amendment

List I.D. number:

1342307

10/06/2011

Date qualified as committee

Date qualified as committee (if applicable)

[] Termination - See Part 5

List I.D. number:

#

Date of Termination

Date Stamp

FILED

CALIFORNIA FORM 410

For Official Use Only

JAN 29 2014

CITY OF SANTA MARIA

BY [Signature] City Clerk

1. Committee Information

NAME OF COMMITTEE Mike Cordero for Mayor 2012

Committee address form with fields for City, State, ZIP Code, Area Code/Phone, Mailing Address, Fax/E-mail Address, County of Domicile, and Jurisdiction.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Trent Benedetti

STREET ADDRESS (NO P.O. BOX)

2151 S. College Dr. Ste. 101

Treasurer contact information form with fields for City, State, ZIP Code, Area Code/Phone, and Name of Assistant Treasurer.

STREET ADDRESS (NO P.O. BOX)

Principal Officer contact information form with fields for City, State, ZIP Code, and Area Code/Phone.

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

Principal Officer contact information form with fields for City, State, ZIP Code, and 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.

Verification signature lines with dates (9-30-2013, 1-6-14) and fields for By (Signature of Controlling Officeholder, Candidate, or State Measure Proponent).

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Mike Cordero for Mayor 2012

I.D. NUMBER
1342307

- 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 805-347-7745	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	Mayor	2012	<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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ID NUMBER

1342307

COMMITTEE NAME

Mike Cordero for Mayor 2012

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.