

**Statement of Organization  
Recipient Committee**

Date Stamp

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type  Initial  
Not yet qualified  or  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# 1390966  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

**MAR 22 2017**

**1. Committee Information**

NAME OF COMMITTEE  
Mike Cordero for Council 2020  
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 JURISDICTION WHERE COMMITTEE IS ACTIVE  
Santa Barbara 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 3-15-17 By \_\_\_\_\_  
DATE  
Executed on 3-13-17 By \_\_\_\_\_  
DATE  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE  
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Mike Cordero for Council 2020

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	2020	<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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Mike Cordero for Council 2020

I.D. NUMBER  
1390966

**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.