

**Statement of Organization  
Recipient Committee**

1424210

Statement Type

Initial  
 Amendment  
 Termination - See Part 2

Not yet qualified  
 or  
 Date qualification threshold met

Date qualification threshold met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of termination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**JAN 13 2020**

**CALIFORNIA FORM 410**  
 For Official Use Only  
**30 JAN 2020 9:58 AM**  
**CITY CLERK'S OFFICE**

**1. Committee Information** **I.D. Number (if applicable)** **2. Treasurer and Other Principal Officers**

**NAME OF COMMITTEE**  
 Carlos Escobedo for Santa Maria City Council District 1 2020

**STREET ADDRESS (NO P.O. BOX)**  
 124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93458	[REDACTED]

**FULL MAILING ADDRESS (IF DIFFERENT)**

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  
 carlosforsmcitycouncil@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Barbara	City of Santa Maria

**NAME OF TREASURER**  
 Oscar Alejandro Escobedo

**STREET ADDRESS (NO P.O. BOX)**  
 124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93458	[REDACTED]

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO P.O. BOX)**

CITY	STATE	ZIP CODE	AREA CODE/PHONE

**NAME OF PRINCIPAL OFFICER(S)**  
 Carlos Escobedo

**STREET ADDRESS (NO P.O. BOX)**  
 124 W. Main Street, Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93458	805-619-0566

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 January 9, 2020 By \_\_\_\_\_

Executed on January 9, 2020 By \_\_\_\_\_

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

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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Carlos Escobedo for Santa Maria City Council District 1 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

**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		(list political party below)
			Nonpartisan	Partisan	
Carlos Escobedo	Santa Maria City Council District 1	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>