

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1342332

05/15/2012

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

FILED Date Stamp

DEC 30 2013

CITY OF SANTA MARIA

BY: *MBA*

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Patino for Mayor 2016

STREET ADDRESS (NO P.O. BOX)
2624 Airpark Drive

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-------|----------|-----------------|
| Santa Maria, CA | 93455 | | 805-934-5737 |

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
tom@martinezassoc.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tom Martinez

STREET ADDRESS (NO P.O. BOX)
2624 Air Park Dr.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------------|-------|----------|-----------------|
| Santa Maria, CA | 93455 | | 805-934-5737 |

NAME OF ASSISTANT TREASURER, IF ANY

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 | | |

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 10-15-13 By _____ TREASURER

Executed on 12-30-2013 By _____ STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Patino for Mayor 2016

I.D. NUMBER

1342332

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

| | | |
|---|---------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION Heritage Oaks Bank | AREA CODE/PHONE 805-346-8000 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS 2339 South Broadway | CITY Santa Maria | STATE CA |
| | | ZIP CODE 93455 |

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 |
|--|---|------------------|---|
| Alice Patino | | 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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

**Statement of Organization
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INSTRUCTIONS ON REVERSE

| |
|--------------------------------|
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| I.D. NUMBER 1342332 |

COMMITTEE NAME

Patino for Mayor 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.