

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # 1342332

 05 / 15 / 2012
 Date qualified as committee
 (if applicable)

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

 Date of Termination

Date Stamp

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

CALIFORNIA FORM 410
 For Official Use Only

APR 03 2017

2017 APR 17 AM 10

CITY CLERK'S OFFICE
 CITY OF SANTA MARIA

1. Committee Information

NAME OF COMMITTEE
 Patino for Mayor 2020
 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 information provided is true and correct.

Executed on 3-24-2017 By _____
DATE
 Executed on 3-24-2017 By _____
DATE
 Executed on _____ By _____
DATE
 Executed on _____ By _____
DATE

 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

I.D. NUMBER

Patino for Mayor 2020

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	Mayor	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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME
Patino for Mayor 2020

I.D. NUMBER
1342332

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.