

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualification threshold met Date qualification threshold met Date of termination

20 JAN 2021 10:00
CITY CLERK'S OFFICE

CALIFORNIA FORM **410**
CITY CLERK'S OFFICE

1. Committee Information I.D. Number (if applicable) **1407086** **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Gloria Soto for Santa Maria City Council District 3 2022

STREET ADDRESS (NO P.O. BOX)
226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Barbara, CA 93101 805-709-0595

MAILING ADDRESS (IF DIFFERENT)
PO Box 5252 Santa Maria, CA 93456

FAX / E-MAIL ADDRESS
monica@cicsb.com

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

NAME OF TREASURER
Monica Intaglietta

STREET ADDRESS (NO P.O. BOX)
226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Barbara, CA 93101 8057090595

NAME OF ASSISTANT TREASURER, IF ANY
Jennifer Cooper

STREET ADDRESS (NO P.O. BOX)
226 East Canon Perdido Street #D

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Barbara, CA 93101 805-448-9470

NAME OF PRINCIPAL OFFICER(S)


STREET ADDRESS (NO P.O. BOX)

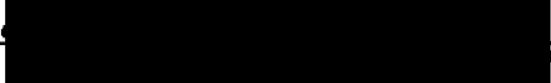
CITY STATE ZIP CODE AREA CODE/PHONE

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 1/14/20 By  ASSISTANT TREASURER

Executed on 1/14/21 By  CANDIDATE, OR 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



**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|--|-------------------------|
| COMMITTEE NAME Gloria Soto for Santa Maria City Council District 3 2022 | I. D. NUMBER 1407086 |
|--|-------------------------|

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 South Broadway | CITY Santa Maria, CA 93454 | 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."
- 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 |
|--|---|------------------|---|
| Gloria Soto | City Council Member DISTRICT NO.: 3 | 2022 | <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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Gloria Soto for Santa Maria City Council District 3 2022

I. D. NUMBER

1407086

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 OF 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.