

**Statement of Organization  
Recipient Committee**

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**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
JUN 27 2018

**CALIFORNIA FORM 410**  
For Official Use Only

R/S

Statement Type  Initial  Amendment  Termination - See Part 5

Not yet qualified or  Date qualified as committee \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of termination

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

NAME OF COMMITTEE  
Gloria Soto for Santa Maria City Council, District 3, 2018

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

MAILING ADDRESS (IF DIFFERENT)  
P.O. Box 5252, Santa Maria, CA 93456

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
gloriafordistrict3@gmail.com

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

NAME OF TREASURER  
Juan Pablo Anguiano

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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)  
Gloria Soto

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

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

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 complete.

Executed on 6/22/18 By [REDACTED]

Executed on 6/22/18 By [REDACTED] TREASURER 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

Page 2

J.D. NUMBER

COMMITTEE NAME

Gloria Soto for Santa Maria City Council, District 3

- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
Gloria Soto	Santa Maria City Council, District 3	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

**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"/>