

Santa Barb

Statement of Organization Recipient Committee

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1367298

06/25/2014

Date qualified as committee

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

#

Date of Termination

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

JUL 10 2014

1. Committee Information

NAME OF COMMITTEE Committee to Elect Etta Waterfield for City Council 2014

STREET ADDRESS (NO P.O. BOX) 2151 S. College Dr Ste 101

CITY STATE ZIP CODE AREA CODE/PHONE Santa Maria, CA 93455 805-922-4881

MAILING ADDRESS (IF DIFFERENT) 2151 S. College Dr Ste 101 Santa Maria, CA 93455

FAX / E-MAIL ADDRESS 805-922-7953 trentb@benedetticpa.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Santa Maria

2. Treasurer and Other Principal Officers

NAME OF TREASURER Mr. 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 805-922-4881

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 6-30-14 By [Redacted] TREASURER OR ASSISTANT TREASURER

Executed on 7-2-14 By [Redacted] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
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COMMITTEE NAME
Committee to Elect Etta Waterfield for City Council 2014

I.D. NUMBER
1367298

- 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	
ADDRESS 1421 South Broadway	CITY Santa Maria	STATE CA	ZIP CODE 93458

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
Etta Waterfield	Santa Maria City Council Member	2014	<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
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER 1367298

COMMITTEE NAME
Committee to Elect Etta Waterfield for City Council 2014

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.