

COPY

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

Amendment

Date qualification threshold met

06 / 25 / 2014

Termination - See Part 5

Date of termination

12 / 15 / 2020

Date Stamp

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

FEB 01 2021

CALIFORNIA FORM 410

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I.D. Number

(If applicable)

1367298

NAME OF COMMITTEE

Re-Elect Etta Waterfield for City Council 2022

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

FULL MAILING ADDRESS (IF DIFFERENT)

2151 S. College Dr Ste 101 Santa Maria, CA 93455

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

trentb@benedetticpa.com / (805) 922-7953

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Santa Barbara

Santa Maria

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.

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

1/25/2021

By

[Redacted Signature]

TREASURER OR ASSISTANT TREASURER

Executed on

1-29-2021

By

OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2 of 3

COMMITTEE NAME

Re-Elect Etta Waterfield for City Council 2022

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 [REDACTED]
ADDRESS 1421 South Broadway	CITY Santa Maria	STATE AND ZIP CODE CA 93458

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	PARTY CHECK ONE		
Etta Waterfield	City Council Member Santa Maria	2022	Nonpartisan X	Partisan	(list political party below)
			Nonpartisan	Partisan	(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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3 of 3

COMMITTEE NAME

Re-Elect Etta Waterfield for City Council 2022

I.D. NUMBER

1367298

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

AREA CODE/PHONE

Small Contributor Committee

____/____/____
Date qualified

- 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.