Statement of Organization
Recipient Committee

Statement Type ☐ Initial Not yet qualified ☑ or ☑ Amendment List I.D. number: # 1377604 ☐ Termination – See Part 5 List I.D. number: #

Date qualified as committee: ____/____/____

Date qualified as committee (if applicable): ____/____/____

Date of Termination: ____/____/____

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
APR 21 2016

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Jeff Lee for Grover Beach City Council Re-Election 2016

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Grover Beach | CA | 93433 | [redacted]

MAILING ADDRESS (IF DIFFERENT)
P.O Box 257, Grover Beach, CA 93483-0257

FAX / E-MAIL ADDRESS
jefflee4gbcc@gmail.com

COUNTY OF DOMICILE: San Luis Obispo

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Grover Beach

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lori Sterling

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Pismo Beach | CA | 93449 | [redacted]

NAME OF ASSISTANT TREASURER, IF ANY
Clint Weirick

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Grover Beach | CA | 93433 | [redacted]

NAME OF PRINCIPAL OFFICER(S)
Not Applicable (N/A)

STREET ADDRESS (NO P.O. BOX)
Not Applicable (N/A)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Not Applicable (N/A)

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 [redacted]rnia that the foregoing is true and correct.

Executed on 4-14-16 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 4.15.16 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____/____/____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ____/____/____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
Jeff Lee for Grover Beach City Council Re-Election 2016

I.D. NUMBER
1377604

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
Pacific Western Bank	(805)541-9200	[redacted]		
ADDRESS	**CITY**	**STATE**	**ZIP CODE**	
1001 Marsh Street	San Luis Obispo	CA	93401	

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
Jeff Lee	Council Member, City of Grover Beach	2016	☑ Nonpartisan Not Applicable (N/A)
Not Applicable (N/A)	Not Applicable (N/A)		☐ Nonpartisan Not Applicable (N/A)

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
Not Applicable (N/A)	Not Applicable (N/A)	☐	☐
Not Applicable (N/A)	Not Applicable (N/A)	☐	☐

Statement of Organization
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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Jeff Lee for Grover Beach City Council Re-Election 2016

I.D. NUMBER
1377604

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
Not Applicable (N/A)

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Not Applicable (N/A)	Not Applicable (N/A)

STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE
Not Applicable (N/A)	Not Applicable (N/A)		

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.

City of Grover Beach

MAY -2 2016

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