

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1391331
10 / 10 / 2016
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp
City of Grover Beach

OCT 12 2016
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CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Yes on Grover Beach Measure L-16

STREET ADDRESS (NO P.O. BOX)
1375 East Grand Avenue, Suite 103 #305

CITY STATE ZIP CODE AREA CODE/PHONE
Arroyo Grande CA 93420 (805)265-5401

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
888-385-9120

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Luis Obispo Grover Beach

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Cory Black

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

CITY STATE ZIP CODE AREA CODE/PHONE
Arroyo Grande CA 93420 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Cory Black

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

CITY STATE ZIP CODE AREA CODE/PHONE
Arroyo Grande CA 93420 [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 foregoing is true and correct.

Executed on 10-11-16 By _____
DATE

Executed on 10-11-16 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME
Yes on Grover Beach Measure L-16

I.D. NUMBER
1391331

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

NAME OF FINANCIAL INSTITUTION Umpqua Bank	AREA CODE/PHONE (805)400-6031	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 624 South Main Street	CITY Templeton	STATE ZIP CODE CA 93465

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
			<input 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
Measure L-16	Grover Beach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>