

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 1393232

11 / 15 / 2017

Date qualified as committee

Date qualified as committee (if applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date of Termination

Date Stamp

City of Grover Beach

NOV 17 2017  
RECEIVED

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Jeff Lee for Grover Beach Mayor 2018

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Grover Beach CA 93433

MAILING ADDRESS (IF DIFFERENT)

PO Box 257 Grover Beach, CA 93483

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

San Luis Obispo

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Grover Beach

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

~~LOREI STERLING~~ LOREI STERLING

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Pismo Beach CA 93449

NAME OF ASSISTANT TREASURER, IF ANY

Clint Weirick

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Grover Beach CA 93433

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 11-16-17

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11-16-17

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Jeff Lee for Grover Beach Mayor 2018**

I.D. NUMBER  
**1393232**

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

NAME OF FINANCIAL INSTITUTION <b>Pacific Western Bank</b>	AREA CODE/PHONE <b>(805)541-9200</b>	BANK ACCOUNT NUMBER <b>1001538931</b>
ADDRESS <b>1001 Marsh Street</b>	CITY <b>San Luis Obispo</b>	STATE ZIP CODE <b>CA 93401</b>

**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
<b>Jeff Lee</b>	<b>Mayor, City of Grover Beach</b>	<b>2018</b>	<input checked="" type="checkbox"/> Nonpartisan not applicable
<b>not applicable</b>	<b>not applicable</b>		<input type="checkbox"/> Nonpartisan not applicable

**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
<b>not applicable</b>	<b>not applicable</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>not applicable</b>	<b>not applicable</b>	<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
**Jeff Lee for Grover Beach Mayor 2018**

I.D. NUMBER  
**1393232**

**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

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

not applicable

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

not applicable

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

not applicable

not applicable

**Small Contributor Committee**

Date qualified

**5. Termination Requirements**

By signing this 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.