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CITY OF PASO ROBLES

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CITY OF PASO ROBLES

CALIFORNIA
FORM 410

For Official Use Only

Statement of Organization Recipient Committee

Statement Type

| | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination - See Part 5 |
| <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| ____/____/____ | ____/____/____ | ____/____/____ |

| 1. Committee Information | | I.D. Number | | 2. Treasurer and Other Principal Officers | | | |
|---|--|----------------------------|--|---|--|--|--|
| NAME OF COMMITTEE MICHAEL RIVERA FOR MAYOR | | (if applicable) 88-3718422 | | NAME OF TREASURER MICHAEL RIVERA | | | |
| STREET ADDRESS (NO P.O. BOX) | | [REDACTED] | | STREET ADDRESS (NO P.O. BOX) | | | |
| CITY STATE ZIP CODE AREA CODE/PHONE | | PASO ROBLES CA 93446 | | CITY STATE ZIP CODE AREA CODE/PHONE PASO ROBLES CA 93446 | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | [REDACTED] | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | [REDACTED] | | STREET ADDRESS (NO P.O. BOX) | | | |
| COUNTY OF DOMICILE | | SAN LUIS OBISPO | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| JURISDICTION WHERE COMMITTEE IS ACTIVE | | PASO ROBLES CA 93446 | | NAME OF PRINCIPAL OFFICER(S) | | | |
| [REDACTED] | | [REDACTED] | | STREET ADDRESS (NO P.O. BOX) | | | |
| [REDACTED] | | [REDACTED] | | 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 8/16/2022 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT