

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	<input type="radio"/> Date qualification threshold met
____/____/____	____/____/____	Date of termination 12 / 31 / 2022

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

JAN 09 2023

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number <small>(if applicable)</small> 1451426	NAME OF TREASURER JEAN ROSS
NAME OF COMMITTEE COMMITTEE TO RE-ELECT STEVE MARTIN PASO ROBLES MAYOR 2022	STREET ADDRESS (NO P.O. BOX) [REDACTED]
STREET ADDRESS (NO P.O. BOX) [REDACTED]	CITY PASO ROBLES STATE CA ZIP CODE 93446 AREA CODE/PHONE [REDACTED]
CITY PASO ROBLES STATE CA ZIP CODE 93446 AREA CODE/PHONE [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY
FULL MAILING ADDRESS (IF DIFFERENT)	STREET ADDRESS (NO P.O. BOX)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]	CITY STATE ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE SAN LUIS OBISPO JURISDICTION WHERE COMMITTEE IS ACTIVE PASO ROBLES, CA	NAME OF PRINCIPAL OFFICER(S)
<i>Attach additional information on appropriately labeled continuation sheets.</i>	STREET ADDRESS (NO P.O. BOX)
	CITY STATE ZIP CODE AREA CODE/PHONE

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 information provided is true and correct.

Executed on 12-31-2022 DATE _____ ASSISTANT TREASURER

Executed on 12-31-2022 DATE _____ DATE, OR STATE MEASURE PROONENT

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

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

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COMMITTEE NAME COMMITTEE TO RE-ELECT STEVE MARTIN PASO ROBLES MAYOR 2022		
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 		
NAME OF FINANCIAL INSTITUTION COMMUNITY WEST BANK	AREA CODE/PHONE 805-597-7778	BANK ACCOUNT NUMBER 101502443
ADDRESS 541 SPRING STREET, BUILDING A	CITY PASO ROBLES	STATE ZIP CODE CA 93446

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." 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		
STEVE MARTIN	MAYOR CITY OF EL PASO DE ROBLES	2022	Nonpartisan XXX	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
		SUPPORT	OPPOSE

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COMMITTEE NAME
COMMITTEE TO RE-ELECT STEVE MARTIN PASO ROBLES MAYOR 2022

I.D. NUMBER
1451426

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

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

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.