

NC1

Statement of Organization Recipient Committee

Statement Type  Initial  Amendment

Not yet qualified  or  qualified as committee

Date qualified as committee 12/19/2016

Date qualified as committee (# applicable) \_\_\_\_\_

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

# \_\_\_\_\_

Date of Termination \_\_\_\_\_

1393232

CALIFORNIA FORM 410

For Official Use Only City of Grover Beach

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

JAN 11 2017

DEC 27 2016

RECEIVED

Committee Information

NAME OF COMMITTEE

Jeff Lee for Grover Beach Mayor 2020

Treasurer and Other Principal Officers

NAME OF TREASURER

Lori Sterling

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY

Pismo Beach

STATE

CA

AREA CODE/PHONE

93449

NAME OF ASSISTANT TREASURER, IF ANY

Clint Weirick

MAILING ADDRESS (IF DIFFERENT)

PO Box 257 Grover Beach, CA 93483

FAX / E-MAIL ADDRESS

JeffLee4GBCC@gmail.com

COUNTY OF DOMICILE

San Luis Obispo

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Grover Beach

CITY

Grover Beach

STATE

CA

AREA CODE/PHONE

93433

STREET ADDRESS (NO P.O. BOX)

CITY

Grover Beach

STATE

CA

AREA CODE/PHONE

93433

Attach additional information on appropriately labeled continuation sheets.

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 12-19-16 By [Redacted]

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/19/2016 By [Redacted]

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Jeff Lee for Grover Beach Mayor 2020

I.D. NUMBER

PENDING

- 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 [REDACTED]
ADDRESS <b>1001 Marsh Street</b>	CITY <b>San Luis Obispo</b>	STATE <b>CA</b>
		ZIP CODE <b>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
Jeff Lee	Mayor, City of Grover Beach	2020	<input checked="" type="checkbox"/> Nonpartisan not applicable
not applicable	not applicable		<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
not applicable	not applicable	<input type="checkbox"/>	<input type="checkbox"/>
not applicable	not applicable	<input type="checkbox"/>	<input type="checkbox"/>

