

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE

Ed Bottorff for City Council 2016

STREET ADDRESS (NO P.O. BOX)

106 Sacramento Ave.

CITY STATE ZIP CODE AREA CODE/PHONE

Capitola CA 95010 (831)247-8111

MAILING ADDRESS (IF DIFFERENT)

PO Box 1361 Capitola CA 95010

FAX / E-MAIL ADDRESS

ebottorff167@yahoo.com

COUNTY OF DOMICILE

Santa Cruz

JURISDICTION WHERE COMMITTEE IS ACTIVE

Capitola

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Troy S. Welch Jr.

STREET ADDRESS (NO P.O. BOX)

101 Escalona Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Capitola CA 95010 (831)332-1661

NAME OF ASSISTANT TREASURER, IF ANY

Edward A. Bottorff

STREET ADDRESS (NO P.O. BOX)

106 Sacramento Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Capitola Ca 95010 (831)247-8111

NAME OF PRINCIPAL OFFICER(S)

Edward A. Bottorff

STREET ADDRESS (NO P.O. BOX)

106 Sacramento Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Capitola CA 95010 (831)247-8111

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 07/27/2016 By Troy S. Welch Jr.
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/27/2016 By Edward A. Bottorff
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

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COMMITTEE NAME
Ed Bottorff for City Council 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (831)464-6622	BANK ACCOUNT NUMBER 0073986804
ADDRESS 601 Bay Ave.	CITY Capitola	STATE ZIP CODE CA 95010

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
Edward A. Bottorff	Capitola City Council	2016	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME
Ed Bottorff for City Council 2016

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

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the 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.