

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

_____/_____/_____
Date qualified as committee

Termination – See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

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

Date Stamp	CALIFORNIA FORM 410
For Official Use Only	
RECEIVED AND FILED in the office of the Secretary of State of the State of California	
SEP 26 2016	

1. Committee Information

NAME OF COMMITTEE

Sam Storey for Capitola Council 2016

STREET ADDRESS (NO P.O. BOX)
705 Escalona Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Capitola CA 95010 (831)607-1037

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
Samforcapitola@yahoo.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Santa Cruz City of Capitola

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Susan Westman

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Capitola CA 95010 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Sam Storey

STREET ADDRESS (NO P.O. BOX)
705 Escalona Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Capitola CA 95010 (831)607-1037

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 09/22/2016 By [Signature: Susan Westman]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/22/2016 By [Signature: Sam Storey]
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Sam Storey for Capitola 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 0041906315
ADDRESS 601 Bay Avenue	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
			<input 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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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Sam Storey for Capitola Council 2016

Page 3

I.D. NUMBER

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.