Statement of Organization
Recipient Committee

Statement Type  □ Initial  □ Amendment  □ Termination - See Part 5
List I.D. number:  # 1393232
Date qualified as committee 11/15/2017
Date qualified as committee 11/15/2017
Date of Termination

1. Committee Information
NAME OF COMMITTEE
Jeff Leg for Grover Beach Mayor 2018

STREET ADDRESS (NO PO BOX)

CITY
Grover Beach
CA
93433

STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS OF DIFFERENT)
PO Box 257 Grover Beach, CA 93483

FAX / E-MAIL ADDRESS

COUNTY OR CITY WHERE COMMITTEE IS ACTIVITY
San Luis Obispo
City of Grover Beach

2. Treasurer and Other Principal Officers
NAME OF TREASURER
LOEI STEBBING

STREET ADDRESS (NO PO BOX)

CITY

STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

CITY

STATE ZIP CODE AREA CODE/PHONE

NAME OF CONTROLLING OFFICER, CANDIDATE, EMPORER MEASURE PROponent

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 foregoing is true and correct.

Executed on 11-19-17 By
SIGNATURE OF TREASURER, DEPUTY TREASURER

Executed on 11-15-17 By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 11-10-17 By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 11-06-17 By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Jeff Lee for Grover Beach Mayor 2018

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Western Bank</td>
<td>(805)541-9200</td>
<td>1001538931</td>
</tr>
</tbody>
</table>

1001 Marsh Street
San Luis Obispo, CA 93401

- 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE Sought or Held (Include District Number if Applicable)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Lee</td>
<td>Mayor, City of Grover Beach</td>
<td>2018</td>
<td>☐ Nonpartisan not applicable</td>
</tr>
<tr>
<td>not applicable</td>
<td>not applicable</td>
<td></td>
<td>☐ Nonpartisan not applicable</td>
</tr>
</tbody>
</table>

- Primarily Formed Committee

  - Primarily formed to support or oppose specific candidates or measures in a single election. List below.

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME or MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. or LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT or HELD or MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY or COUNTY, AS APPLICABLE)</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>not applicable</td>
<td>not applicable</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>not applicable</td>
<td>not applicable</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

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4. Type of Committee:
   - 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
Not applicable

Sponsored Committee: List additional sponsors on an attachment.

NAME OF SPONSOR
Not applicable

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Not applicable

STREET ADDRESS
Not applicable

CITY
Not applicable

STATE
Not applicable

ZIP CODE
Not applicable

Small Contributor Committee

Date qualified/

5. Termination Requirements:
   - By signing the verification, the treasurer, assistant treasurer, and/or candidate, officer, or principal party to the campaign committee certifies 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.

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