

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="radio"/> Date qualification threshold met	<input type="radio"/> Date of termination
____/____/____	9/22/2022	____/____/____

Date Stamp  
City of Grover Beach  
SEP 26 2022  
RECEIVED

**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Bright for Grover Beach Mayor 2022				NAME OF TREASURER Karen Bright			
I.D. Number (if applicable) 1446187				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Grover Beach	STATE CA	ZIP CODE 93433	AREA CODE/PHONE [REDACTED]
CITY Grover Beach	STATE CA	ZIP CODE 93433	AREA CODE/PHONE 805-459-4995	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 J	JURISDICTION WHERE COMMITTEE IS ACTIVE			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				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 foregoing is true and correct.

Executed on	9.22.22	By	[REDACTED]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	9.22.22	By	[REDACTED]	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME <i>Bright for Grover Beach Mayor 2022</i>	I.D. NUMBER <i>1446187</i>
---	-------------------------------

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

NAME OF FINANCIAL INSTITUTION <i>Bank of the Sierra</i>	AREA CODE/PHONE <i>805-556-6100</i>	BANK ACCOUNT NUMBER [REDACTED]
--	--	-----------------------------------

ADDRESS <i>1401 Dolliver St.</i>	CITY <i>Pismo Beach</i>	STATE <i>CA</i>	ZIP CODE <i>93449</i>
-------------------------------------	----------------------------	--------------------	--------------------------

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Karen Bright</i>	<i>Mayor</i>	<i>2022</i>	Nonpartisan <input checked="" type="checkbox"/>	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