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Statement of Organization Recipient Committee

Statement Type: [X] Initial, [] Amendment, [] Termination. Includes fields for List I.D. number and dates.

RECEIVED AND FILED stamp from the Secretary of State of California, dated OCT 07 2016. Includes 'CALIFORNIA FORM 410' and 'City of Grover Beach'.

1. Committee Information

NAME OF COMMITTEE: Yes on Grover Beach Measure L-16

Committee contact information: STREET ADDRESS, CITY (Arroyo Grande), STATE (CA), ZIP CODE (93420), COUNTY OF DOMICILE (San Luis Obispo), JURISDICTION (Grover Beach).

2. Treasurer and Other Principal Officers

Treasurer information: NAME OF TREASURER (Cory Black), CITY (Arroyo Grande), STATE (CA), ZIP CODE (93420). Includes fields for Assistant Treasurer and Principal Officer(s).

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.

Execution lines: Executed on 10/06/2016. Includes fields for signatures of Treasurer, Assistant Treasurer, and Controlling Officer.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Yes on Grover Beach Measure L-16

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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	
Measure L - 16	Grover Beach	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>