

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 Date qualified as committee \_\_\_\_\_ Date qualified as committee (if applicable) \_\_\_\_\_ Date of Termination 02/22/\_\_\_\_

**RECEIVED AND FILED** CALIFORNIA FORM **410**  
 In the office of the Secretary of State of the State of California  
**FEB 21 2017**  
 City of Grover Beach  
**MAR 16 2017**  
**RECEIVED**

**1. Committee Information**

NAME OF COMMITTEE  
**Yes on Grover Beach Measure L-16**  
 STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**Arroyo Grande CA 93420**  
 MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_  
 FAX / E-MAIL ADDRESS  
**888-385-9120**  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**San Luis Obispo San Luis Obispo**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Cory Black**  
 STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**Arroyo Grande CA 93420**  
 NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_  
 STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_  
 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 02/22/2017 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 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  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes on Grover Beach Measure L-16

I.D. NUMBER

1391331

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