Statement of Organization Recipient Committee

Statement Type  ☐ Initial  ☑ Amendment  ☐ Termination – See Part 5

Amendment List ID. number:  #1346143  #

Date qualified as committee  7/23/14
Date qualified as committee (if applicable)  #
Date of Termination  

1. Committee Information

Ed Smith Monterey City Council

STREET ADDRESS [NO P.O. BOX]  
CITY  MONTEREY
STATE  CA  ZIP CODE  93940

MAILING ADDRESS [IF DIFFERENT]  
NAME OF COMMITTEE  Ed Smith Monterey City Council
COUNTY OF DOMICILE MONTEREY
JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF MONTEREY

2. Treasurer and Other Principal Officers

NAME OF TREASURER  MIKE RUSSO

STREET ADDRESS [NO P.O. BOX]  
CITY  MONTEREY
STATE  CA  ZIP CODE  93940

NAME OF ASSISTANT TREASURER, IF ANY NONE

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  7/18/14  By  
Executed on  7/23/14  By  

Signature of Treasuror, if any

Signature of Controlling Officeholder, Candidate, or State Measure Propromot

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Committee Name: Edwin Smith for Monterey Council

- 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>RaBo Bank</td>
<td>(831) 242-2000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>419 Alvarado St</td>
<td>Monterey, CA</td>
<td>93940</td>
</tr>
</tbody>
</table>

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.

<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>Edwin D. Smith</td>
<td>Monterey City Council</td>
<td>2014</td>
<td>Nonpartisan</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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee

COMMITTEE NAME: Ed SMITH for Monterey City Council

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: NA

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

STREET ADDRESS: NA

NO. AND STREET: NA

CITY: NA

STATE: NA

ZIP CODE: NA

Small Contributor Committee

NA

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.