Statement of Organization Recipient Committee

Statement Type
- Initial [X]

City: Monterey
State: CA
Zip Code: 93940
Area Code/Phone: 

NAME OF COMMITTEE

Ed Smith for Monterey City Council

STREET ADDRESS (NO BOX)

MONTEREY

MAILING ADDRESS (IF DIFFERENT)

Ed Smith Monterey Council, Inc.

OPTIONAL: FAX/E-MAIL ADDRESS

MONTEREY

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

MONTEREY

DATE QUALIFIED AS COMMITTEE

DATE QUALIFIED AS COMMITTEE (IF APPLICABLE)

DATE OF TERMINATION

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mike Russo

STREET ADDRESS

MONTEREY

STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

MONTEREY

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

NAME OF ASSISTANT TREASURER, IF ANY

Mailing Address

STREET ADDRESS

MONTEREY

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 6-5-2014

By

SIGNATURE OF TREASURER/ASSISTANT TREASURER

-execution block-
### Statement of Organization
Recipient Committee

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME:**

**Ed Smith for Monterey City Council**

### 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 "non-partisan."
  - 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 PROONENT</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>Ed Smith</td>
<td>Monterey City Council</td>
<td>2014</td>
<td>Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RaBoiBank</td>
<td>(831) 242-2000</td>
<td></td>
</tr>
</tbody>
</table>

**ADDRESS: 439 Alvarado St, Monterey, CA 93940**

- **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>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME: Ed SADIN for Monterey City Council

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410
Page 3
LD. NUMBER 1346145

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

N/A

Sponsored Committee: List additional sponsors on an attachment.

NAME OF SPONSOR
N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE ZIP CODE

Small Contributor Committee

☐ Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.

FPCC Form 410 (January/05)
FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)