1. Committee Information
   NAME OF COMMITTEE: Yes On Measure S
   STREET ADDRESS (NO P.O. BOX): 552 Fremont St.
   CITY: Monterey
   STATE: CA
   ZIP CODE: 93940
   AREA CODE/PHONE: 831-521-4326

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Toni Bau
   STREET ADDRESS (NO P.O. BOX): 552 Fremont St.
   CITY: Monterey
   STATE: CA
   ZIP CODE: 93940
   AREA CODE/PHONE: 661-310-5226
   NAME OF ASSOCIATE TREASURER, IF ANY: Ed Smith
   STREET ADDRESS (NO P.O. BOX): (Same as above)
   CITY: Monterey
   STATE: CA
   ZIP CODE: 93940

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: 9-21-18
   DATE: __________________________
   By: __________________________
   SIGNATURE OF TREASURER OR ASSISTANT TREASURER

   Executed on: 9-21-18
   DATE: __________________________
   By: __________________________
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

   Executed on: __________________________
   DATE: __________________________
   By: __________________________
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

   Executed on: __________________________
   DATE: __________________________
   By: __________________________
   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Yes On Measure S

NAME OF FINANCIAL INSTITUTION
Monterey Credit Union

AREA CODE/PHONE
831-647-1000

BANK ACCOUNT NUMBER

ADDRESS
501 East Franklin St

CITY
Monterey

STATE
CA

ZIP CODE
93940

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 political party with which each officeholder or candidate is affiliated or check “nonpartisan.” Stating “No party preference” is acceptable.

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

Yes On Measure S
City of Monterey, County of Monterey Nov. 6, 2018

SUPPORT
OPPOSE
### 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.

<table>
<thead>
<tr>
<th>Name of Sponsor</th>
<th>Industry Group or Affiliation of Sponsor</th>
</tr>
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<thead>
<tr>
<th>Street Address</th>
<th>No. and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
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</table>

**Small Contributor Committee**

- [ ]

### 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.