Statement of Organization
Recipient Committee

Statement Type  X Initial
Not yet qualified X or

□ Amendment
List I.D. number:

□ Termination – See Part 5
List I.D. number:

Date qualified as committee
Date qualified as committee (if applicable)
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Steve Martin for City Council 2016

STREET ADDRESS (NO PO BOX)
31500 Grape St., #3-264

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92532 (951)261-8822

MAILING ADDRESS (IF DIFFERENT)
525 E. Seasido Way, #101-C Long Beach, CA 90802

CITY STATE ZIP CODE AREA CODE/PHONE

FAX / E-MAIL ADDRESS
gary@crummittandassociates.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gary Crummitt

STREET ADDRESS (NO P.O. BOX)
525 E. Seasido Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach CA 90802 (562)983-0815

NAME OF ASSISTANT TREASURER, IF ANY
Steve Martin

STREET ADDRESS (NO P.O. BOX)
4132 Alderwood Pl.

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92530 (951)382-8982

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY 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

Executed on 8/26/2016 DATE

By

Signature of controlling officerholder, candidate, or state measure proponent

Executed on 8/26/2016 DATE

By

Signature of controlling officerholder, candidate, or state measure proponent

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FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Steve Martin for City Council 2016

- 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>California Bank &amp; Trust</td>
<td>(213)228-1700</td>
<td>5793530733</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>550 S. Hope St., #100</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90071</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>Steve Martin</td>
<td>City Council Member: Lake Elsinore</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
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</tbody>
</table>

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Steve Martin for City Council 2016

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

Small Contributor Committee ☐ Date qualified

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 8951 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

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