Statement of Organization
Recipient Committee

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

List I.D. number:
# 1389210

Date qualified as committee:
9/06/2016

Date of Termination:

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information
NAME OF COMMITTEE
Steve Martin for City Council 2016

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

CITY
Lake Elsinore
STATE
CA
ZIP CODE
92532
AREA CODE/PHONE
(951)283-8982

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

FAX/E-MAIL ADDRESS
gary@crummittandassociates.com

COUNTY OF DOMICILE
Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Gary Crummitt

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

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

NAME OF ASSISTANT TREASURER, IF ANY
Steve Martin

STREET ADDRESS (NO P.O. BOX)
4152 Alderwood Pl.

CITY
Lake Elsinore
STATE
CA
ZIP CODE
92530
AREA CODE/PHONE
(951)362-8982

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

NAME OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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
9/7/2016

By

DATE

Executed on
9/7/2016

By

DATE

Executed on

By

DATE

Executed on

By

DATE

www.netfile.com
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>

ADDRESS
550 S. Hope St., #100

CITY
Los Angeles

STATE
CA

ZIP CODE
90071

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 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>Steve Martin</td>
<td>City Council Member: Lake Elsinore</td>
<td>2016</td>
<td>X 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>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
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

**Sponsored Committee** List additional sponsors on an attachment.

**NAME OF SPONSOR**

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**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 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.