

Statement of Organization
Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Termination
List I.D. number:

____/____/____
Date qualified as committee

____/____/____
Date qualified as committee
(If applicable)

____/____/____
Date of Termination

Hand Delivered, Sacramento

RECEIVED
DEC 12 2013
City of West Sacramento
City Managers Office

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
NOV 01 2013

CALIFORNIA FORM 410
For Official Use Only
ROAR

1. Committee Information

NAME OF COMMITTEE: West Sacramento
STREET ADDRESS (NO P.O. BOX): Martha Guerrero for City Council 2014
CITY: 2988 Barbary Place, STATE: CA ZIP CODE: 95691 AREA CODE/PHONE: 916 233 7395
MAILING ADDRESS (IF DIFFERENT): West Sacramento CA 95691 916 233 7395

FAX / E-MAIL ADDRESS: _____
COUNTY OF DOMICILE: Yolo JURISDICTION WHERE COMMITTEE IS ACTIVE: Yolo County

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Martha Guerrero
STREET ADDRESS (NO P.O. BOX): 2988 Barbary Pl.
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
NAME OF ASSISTANT TREASURER, IF ANY: West Sacramento CA 95691 916 233 7395

STREET ADDRESS (NO P.O. BOX): _____
CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
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 11/1/13 By Martha Guerrero SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 11/1/13 By Martha Guerrero SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Martha Guerrero	city Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY, OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

LS

Statement of Organization Recipient Committee

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1361709

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Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # _____
 Date qualified as committee: ____/____/____
 Date qualified as committee (if applicable): ____/____/____
 Date of Termination: ____/____/____

1. Committee Information 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: West Sacramento
 STREET ADDRESS (NO P.O. BOX): Martha Guerrero for City Council 2014
2988 Barberrry Place,
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
 MAILING ADDRESS (IF DIFFERENT): West Sacramento CA 95791 916 233 7395
 FAX / E-MAIL ADDRESS: _____
 COUNTY OF DOMICILE: Yolo JURISDICTION WHERE COMMITTEE IS ACTIVE: Yolo County

NAME OF TREASURER: Martha Guerrero
 STREET ADDRESS (NO P.O. BOX): 2988 Barberrry Pl.
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
 NAME OF ASSISTANT TREASURER, IF ANY: _____
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
 NAME OF PRINCIPAL OFFICER(S): _____
 STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Martha Guerrero for City Council 2014

I.D. NUMBER

1361709

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Community 1st Bank	AREA CODE/PHONE (916) 724-2424	BANK ACCOUNT NUMBER 0115012298
ADDRESS 2250 Douglas Blvd., Suite 190	CITY Roseville	STATE CA
		ZIP CODE 95661

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.
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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Martha Guerrero	West Sacramento City City Council Member	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3 of 3

COMMITTEE NAME

Martha Guerrero for City Council 2014

I.D. NUMBER

1361709

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