Statement of Organization
Recipient Committee

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CALIFORNIA FORM 410
For Official Use Only

Statement Type

☐ Initial	☑ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met ___/___/___	Date qualification threshold met 07 / 16 / 2020	Date of termination ___/___/___

1. Committee Information

I.D. Number (*if applicable*): 1426213

NAME OF COMMITTEE: Bensworth for Tustin City Council 2020

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Tustin | STATE: CA | ZIP CODE: 92780 | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT):

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): KSBensworth@cox.com

COUNTY OF DOMICILE: Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Dana Hopkins, CPA

STREET ADDRESS (NO P.O. BOX): 11750 Sterling Ave, Ste C

CITY: Riverside | STATE: CA | ZIP CODE: 92503 | AREA CODE/PHONE: 951/406-1838

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

3. Verification

I have used all reasonable diligence in pre[redacted]e information contained herein is true and complete. I certify under penalty of perjury under the laws of the S[redacted]

Executed on 7/27/2020 (DATE) By [redacted]ISTANT TREASURER

Executed on 07/27/2020 (DATE) By [redacted]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on ___ (DATE) By ___

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME: Bensworth for Tustin City Council 2020

I.D. NUMBER: 1426213

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Provident Bank	951/781-8080	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
5225 Canyon Crest Dr, Ste 86	Riverside	CA	92507

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 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 CHECK ONE: Nonpartisan	Partisan	
Mr. Kurt M.M. Bensworth	Councilmember, City of Tustin	2020	✓		(list political party below)
					(list political party below)

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

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME

Bensworth for Tustin City Council 2020

I.D. NUMBER

1426213

4. Type of Committee

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 AREA CODE/PHONE

Small Contributor Committee ☐ _____/_____/_____
Date qualified

5. Termination

- 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.