

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1268724

09 13 04
Date qualified as committee
(If applicable)

Termination – See Part 5

List I.D. number:

Date of Termination

Date Stamp	CALIFORNIA FORM 410
RECEIVED CITY CLERK'S OFFICE AUG 29 2016 CITY OF PASO ROBLES	
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE
Strong For City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

MAILING ADDRESS (IF DIFFERENT)
_____ **Paso Robles, CA 93447-1742**

FAX / E-MAIL ADDRESS
fredstrong@me.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
San Luis Obispo City of El Paso de Robles

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Pamela Reynolds

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

NAME OF ASSISTANT TREASURER, IF ANY
Gretchen Bassett

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

NAME OF PRINCIPAL OFFICER(S)
Fred Strong

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

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 August 29, 2016 By _____ ASSISTANT TREASURER

Executed on August 29, 2016 By _____ 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
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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

Strong For City Council 2016

I.D. NUMBER
1268724

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

NAME OF FINANCIAL INSTITUTION Heritage Oaks Bank	AREA CODE/PHONE (800)773-5640	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 545 Twelfth Street	CITY Paso Robles	STATE CA	ZIP CODE 93446

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
Fred Strong	City Council Member	2016	<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"/>

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AUG 18 2016

CITY OF PASO ROBLES

CALIFORNIA FORM 410

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Strong For City Council 2016

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Paso Robles CA 93446 _____

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_____ Paso Robles, CA 93447-1742

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fredstrong@me.com

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NAME OF TREASURER
Pamela Janes

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

NAME OF ASSISTANT TREASURER, IF ANY
Gretchen Bassett

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

NAME OF PRINCIPAL OFFICER(S)
Fred Strong

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 _____

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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 8-18-16 By _____ ASSISTANT TREASURER

Executed on 8-18-16 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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			<input type="checkbox"/> Nonpartisan

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		<input type="checkbox"/>	<input type="checkbox"/>
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Strong For City Council 2016

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS
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NAME OF TREASURER
Pamela Janes

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Gretchen Bassett

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Paso Robles CA 93446 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Fred Strong

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

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Paso Robles CA 93446 [REDACTED]

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Executed on Aug 3, 2016 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 8-3-16 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT