Statement of Recipient C	of Organization committee	Date Stamp DIGITALLY	CALIFORNIA 410				
Statement Ty	One Initial One Not yet qualified	✓ Amendment	☐ Termination – See Part 5	RECEIVED AND FILED in the office of the California Secretary of State MAY 30 2025	For Official Use Only		
	O Date qualification thresho	ld met Date qualification threshold met	Date of termination				
	/	05 / 30 / 2025	/				
1. Committe	ee Information I.D. Nu		2. Treasurer and O	ther Principal Officers			
NAME OF COMMIT	(3):	7	NAME OF TREASURER				
ED ANIOD AT	AENTE DA CIEIC CDOLE		LUKE COLETTI				
TRANSPAR	RENT PACIFIC GROVE		STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
			718 WALNUT STREET	Γ PACIFIC G	GROVE CA 93950		
			EMAIL ADDRESS OF TREASURER	R (REQUIRED)	AREA CODE/PHONE		
STREET ADDRESS (N	·		ljcoletti@icloud.com		831-238-0714		
718 WALNU'	STREET		NAME OF ASSISTANT TREASURE	ER, IF ANY			
CITY	Sī	TATE ZIP CODE AREA CODE/PHONE	N/A				
PACIFIC GRO	OVE	CA 93950 831-238-0714	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
FULL MAILING ADD	RESS (IF DIFFERENT)		N/A				
PO BOX 675 I	PACIFIC GROVE, CA 93950		EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE		
E-MAIL ADDRESS O	COMMITTEE (REQUIRED) / FAX (OPTION	AL)	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ljcoletti@iclou	d.com		NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMIC	ILE JURISDICTION V	VHERE COMMITTEE IS ACTIVE	LUKE COLETTI	,			
MONTEREY	PACIFIC G	ROVE	STREET ADDRESS (NO P.O. BOX)	CITY	STATE ZIP CODE		
			718 WALNUT STREET				
			EMAIL ADDRESS OF PRINCIPAL O		AREA CODE/PHONE		
Attach additio	nal information on appropriate	ly labeled continuation sheets.	EMAIL ADDICESS OF PRINCIPAL V	OFFICER(S) (REQUIRED)	MEN CODE, MONE		
			ljcoletti@icloud.com	n	831-238-0714		
3. Verificati	on						
		ing this statement and to the best of California that the foregoing is	. •	n contained herein is true and	complete. I certify under		
			Digitally signed by Luke Colett	i			
Executed onN	By	ke Coletti	Date: 2025.05.30 20:02:03 -07	7'00'			
Executed onN	<u> </u>	ke Coletti	ATURE OF TREASURER OR ASSISTANT TREASURER Digitally signed by Luke Colett Date: 2025.05.30 20:02:21 -07	7'00'			
_	DATE	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT			
Executed on	DATE By ——	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT			
Executed on	By	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT			

DATE

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA 410							
COMMITTEE NAME TRANSPARENT PACIFIC GROVE						Page 2 I.D. NUMBER 1481164		
All committees must list the financial institution where the can	npaign bank account is located and	the person(s) auth	orized t	to obtain ba	nk records	•		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECOF	RDS	AREA CODE/PHONE		BANK ACCOUNT NUMBER				
WELLS FARGO		831-375-0974						
ADDRESS OF FINANCIAL INSTITUTION 1160 FOREST AVENUE	city PACIFIO	C GROVE		STATE CA		ZIP CODE 93950		
4. Type of Committee Complete the applicable sections.								
 Controlled Committee List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if List the political party with which each officeholder or candidate 	any, and the year of the election. is affiliated or check "nonpartisan."	Stating "No party	preferer	•				
 If this committee acts jointly with another controlled committee 	, list the name and identification nui	mber of the other o	controlle	ed committe	ee.			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR I (INCLUDE DISTRICT NUMBER IF APF		YEAR OF PA ELECTION CHEC					
				Nonpartisan	Partisan	(list political party below		
				Nonpartisan	Partisan	(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.

CHECK ONE

SUPPORT

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SUPPORT

OPPOSE

Statement of Organiza Recipient Committee	ation				CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE					Page 3
COMMITTEE NAME TRANSPARENT PACIFIC G	ROVE				i.d. number 1481164
4. Type of Committee (co	ontinued)				
General Purpose Committee	Not formed to support or o	ppose specific candidates or me	-	•	
PROVIDE BRIEF DESCRIPTION OF ACTIVIT	-ү				
THIS COMMITTEE IS BEING	G FORMED TO SUPPORT GO	VERNMENT TRANSPARENCY	Y WITHIN THE CITY OF PAC	IFIC GROVE	
Sponsored Committee	ist additional sponsors on an att	achment.			
NAME OF SPONSOR		INDUSTRY GROUP (OR AFFILIATION OF SPONSOR		
STREET ADDRESS NO. AND	STREET	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	Date qualified	_			
5. Termination Requiren	nents By signing the verificat	ion, the treasurer, assistant treasurer ar	nd/or candidate, officeholder, or ponei	nt 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.