

Statement of Organization
Recipient Committee

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SEP 23 2024

Date Stamp: SEP 20 2024
CALIFORNIA FORM 410
For Official Use Only
City of Lompoc - City Clerk's Office
M. W. W. NCI

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment

Termination - See Part 5

Date qualification threshold met: 8 / 13 / 2024

Date of termination: / /

1. Committee Information I.D. Number (if applicable)

NAME OF COMMITTEE: WIEMILLER FOR CITY COUNCIL 2024

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

CITY: LOMPOC STATE: CA ZIP CODE: 93436 AREA CODE/PHONE: [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT): n/a

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL): [REDACTED]

COUNTY OF DOMICILE: Santa Barbara JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Lompoc

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: CYNTHIA M. WIEMILLER

STREET ADDRESS (NO P.O. BOX): [REDACTED] CITY: LOMPOC STATE: CA ZIP CODE: 93436

EMAIL ADDRESS OF TREASURER (REQUIRED): [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY: n/a

STREET ADDRESS (NO P.O. BOX): [REDACTED] CITY: STATE: ZIP CODE:

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED): [REDACTED]

NAME OF PRINCIPAL OFFICER(S): PATRICK WIEMILLER, CYNTHIA M. WIEMILLER

STREET ADDRESS (NO P.O. BOX): [REDACTED] CITY: LOMPOC STATE: CA ZIP CODE: 93436

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): [REDACTED]

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 8/13/2024 By [REDACTED] TREASURER OR ASSISTANT TREASURER

Executed on 8/13/2024 By [REDACTED] 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

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COMMITTEE NAME
WIEMILLER FOR CITY COUNCIL 2024

I.D. NUMBER

All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS
U.S. BANK (LOMPOC BRANCH)
PATRICK WIEMILLER, CYNTHIA M. WIEMILLER

AREA CODE/PHONE
(805) 800-3265

BANK ACCOUNT NUMBER
1-575-3967-6815

ADDRESS OF FINANCIAL INSTITUTION
805 NORTH H STREET

CITY
LOMPOC

STATE
CA

ZIP CODE
93436

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." 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		(list political party below)
<i>PATRICK WIEMILLER (CANDIDATE)</i>	<i>LOMPOC CITY COUNCIL DISTRICT 1</i>	<i>2024</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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	
Patrick Wiemiller <i>n/a</i>		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

WIEMILLER FOR CITY COUNCIL 2024

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

n/a

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

n/a

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

n/a

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.

RECEIVED

OCT 17 2024

City of Lompoc - City Clerk's Office