

# Statement of Organization Recipient Committee

Type or print in ink

Statement Type

Initial

Not yet qualified  or

\_\_\_\_\_  
Date qualified as committee

Amendment

List I.D. number:

# 1325311  
4/29/2010

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA</b> <b>FORM 410</b> For Official Use only Page 1

## 1. Committee Information

NAME OF COMMITTEE  
CALIFORNIA FOR SMALL BUSINESS

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN DIEGO	CA	92108	6194648485

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE San Diego	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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Attach additional information on appropriately labeled continuation sheets.

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Bashar Ballo

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
El Cajon	CA	92021	6196540411

NAME OF ASSISTANT TREASURER, IF ANY

Mark Arabo

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN DIEGO	CA	92108	6194648485

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MARK ARABO  
MANAGER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN DIEGO	CA	92108	6194648485

## 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 05/25/2012  
DATE

By Bashar Ballo  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
CALIFORNIA FOR SMALL BUSINESS

I.D. NUMBER  
1325311

## 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 "non-partisan."
- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

  

ADDRESS	CITY	STATE	ZIPCODE

### 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 (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

# Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
CALIFORNIA FOR SMALL BUSINESSI.D. NUMBER  
1325311

## 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

Actively support state and local candidates

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR  
Neighborhood Market AssociationINDUSTRY GROUP OR AFFILIATION OF SPONSOR  
Markets

STREET ADDRESS

NO. AND STREET

CITY  
SAN DIEGOSTATE  
CAZIP CODE  
92108**Small Contributor Committee**

Date qualified

**Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.**

## 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 expenditure 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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.