R 28 1374964
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Statement of Organization
Recipient Committee

Statement Type

☐ Initial
○ Not yet qualified
or
○ Date qualification threshold met

☐ Amendment
Date qualification threshold met

☑ Termination – See Part 5
Date of Termination: 06/30/2023

Date Stamp
Filed Date: 07/25/2023 08:14 AM

CALIFORNIA FORM 410
For Official Use Only

L/RL/M

1. Committee Information

I.D. Number (if applicable): 1374964

NAME OF COMMITTEE
Friends of Alfredo Pedroza for Supervisor 2024

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

CITY: Napa | STATE: CA | ZIP CODE: 94558 | AREA CODE/PHONE:

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
alfredo@apedroza.com

COUNTY OF DOMICILE: Napa
JURISDICTION WHERE COMMITTEE IS ACTIVE: County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
OCT 16 2023

NAME OF TREASURER
Michael Murray

STREET ADDRESS (NO P.O. BOX)
4225 Solano Ave PMB 734

CITY: Napa | STATE: CA | ZIP CODE: 94558 | AREA CODE/PHONE: (707)656-9223

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Michael Murray

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

CITY: Napa | STATE: CA | ZIP CODE: 94558 | AREA CODE/PHONE: (707)656-9223

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 07/25/2023 (DATE) By Michael Murray (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/25/2023 (DATE) By Alfredo Pedroza (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

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Friends of Alfredo Pedroza for Supervisor 2024	1374964

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Mechanics Bank	(707)226-2740	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
3350 California Blvd Suite C	Napa	CA	94558

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 CHEK ONE		
			Nonpartisan	Partisan	(list political party below)
Alfredo Pedroza	County Supervisor County 4		☑	☐	
			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.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		☐	☐
		SUPPORT	OPPOSE
		☐	☐

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME

Friends of Alfredo Pedroza for Supervisor 2024

I.D. NUMBER

1374964

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

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 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 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.

R 28 L 1374964

Statement of Organization
Recipient Committee

Statement Type

☐ Initial — Not yet qualified ☐ or

☒ Amendment — List I.D. number: # 1374964

☐ Termination – See Part 5 — List I.D. number: #

Date qualified as committee: ___/___/___

Date qualified as committee (If applicable): 01/26/2015

Date of Termination: ___/___/___

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUL 19 2018

Page 1 of 3

CALIFORNIA FORM 410

For Official Use Only

R/PA

1. Committee Information

NAME OF COMMITTEE

Friends of Alfredo Pedroza for Supervisor 2020

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Napa	CA	94558	707-656-9223

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

mikem_nvig@me.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Napa	Napa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Michael Murray

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Napa	CA	94558	

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 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 07/10/2018 (DATE) By Michael Murray (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/10/2018 (DATE) By Alfredo Pedroza (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)

Direct File

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME

Friends of Alfredo Pedroza for Supervisor 2020

I.D. NUMBER

1374964

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

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

Small Contributor Committee ☐ _____/_____/_____
Date qualified

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 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.

Direct File

Statement of Organization
Recipient Committee

R28 L 1374964

Statement Type

☐ Initial — Not yet qualified ☐ or

☒ Amendment — List I.D. number: # 1374964

☐ Termination – See Part 5 — List I.D. number: #

Date qualified as committee: ____/____/____

Date qualified as committee (If applicable): 01/26/2015

Date of Termination: ____/____/____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JUN 18 2018

Page 1 of 3

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Friends of Alfredo Pedroza for Supervisor 2020

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Napa	CA	94558	707-656-9223

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
mikem_nvig@me.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Napa	Napa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael Murray

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Napa	CA	94558	

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 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 04/11/2018 (DATE) By Michael Murray (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 04/11/2018 (DATE) By Alfredo Pedroza (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)

Direct File

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Friends of Alfredo Pedroza for Supervisor 2020

I.D. NUMBER
1374964

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

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

Small Contributor Committee ☐ ____/____/____
Date qualified

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 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.

DirectFile

1374964

Statement of Organization
Recipient Committee

R-28
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Statement Type

☑ **Initial** Not yet qualified ☐ or

☐ **Amendment** List I.D. number: #

☐ **Termination – See Part 5** List I.D. number: #

01 / 26 / 2015
Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

Date Stamp

FILED
in the office of the Secretary of State
of the State of California
FEB 03 2015

CALIFORNIA FORM 410

For Official Use Only

R/S

1. Committee Information

NAME OF COMMITTEE
Friends of Alfredo Pedroza for Supervisor 2016

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Napa | CA | 94558 | (707)225-2019

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE: Napa

JURISDICTION WHERE COMMITTEE IS ACTIVE: Napa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Michael Murray

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Napa | CA | 94558 | (707)656-9223

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 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 1/26/15 (DATE) By Michael Murray (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on ✓ 1/26/15 (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

CALIFORNIA FORM 410

COMMITTEE NAME
Friends of Alfredo Pedroza for Supervisor 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Mechanics Bank	(707)226-2740	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
3350 California Blvd., Suite C	Napa	CA	94558

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
Alfredo Pedroza	Supervisor, Dist. 4, County of Napa	2016	☑ Nonpartisan
			☐ 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 ☐
		SUPPORT ☐	OPPOSE ☐