Statement of	Organization				Date Stamp	- 100 CO TO			
Recipient Cor							ORNIA A10		
Statement Type			<u></u>		JAN 3 1 20	18	DRM TIU		
Otatement Type	☐ Initial		✓ Termina	ation – See Part 5			For Official Use Only		
	Or Not yet qualified		10	04 0047	OIT CLE				
	O Date qualified as committee	//		31 / 2017	CITY CLE		i		
	, ,	Date qualified as committee (If amending to provide this date)	Date of t	ermination					
				The state of the control of the state of the					
1. Committee I	nformation	I.D. Number (if applicable 1398189	2		ther Principal Officers	application of the			
NAME OF COMMITTEE	T C:# N C		T	NAME OF TREASURER	ä		5		
	Tax Committee, No on C, a I property owners	coalition of Pacifica reside	ents,	Russell H. Miller					
nomeowners and	property owners			STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.C	D BOY			CITY					
STREET ADDRESS (NO P.C	5. 60%)			CITY	STATE	ZIP CODE	AREA CODE/PHONE		
CITY	STATE	ZIP CO.DE AREA CODE/PHO	N.F.	NAME OF ASSISTANT TREASURE	R IF ANY				
		The top of the		Kirk Alan Pessner	iy ii Aiki				
MAILING ADDRESS (IF DI	FFERENT)			STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUI	RED) / FAX (OPTIONAL)			CITY	STATE	ZÎP CODE	AREA CODE/PHONE		
info@millerpolitic	allaw.com								
COUNTY OF DOMICILE	JURISDICTION WHER	COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)					
San Mateo	City of Pacifi	ca	•	See attached one	one page				
				STREET ADDRESS (NO P.O. BOX)					
Attach additional	information on appropriately	labeled continuation sheets.		CITY	STATE	ZIP CODE	AREA CODE/PHONE		
3. Verification	·						-		
I have used all re	easonable diligence in prepari	ng this statement and to the	best of my ki	nowledge the informa	tion contained herein is tru	ie and comple	te. I certify under		
	ry under the laws of the State	of California that the foregor	mg is true an	d correct.	hiller				
Executed on	30-18 By_	/ L	mn	REASURER OR ASSISTANT TREASU	G GG				
	DATE	,	SIGNATURE OF I	REASURER OR ASSISTANT TREASUR	KEK				
Executed on	DATE By	SIGNATURE OF C	ONTROLLING OFFIC	EHOLDER, CANDIDATE, OR STATE.	MEASURE PROPONENT				
Executed on	By			,					
	DATE	SIGNATURE OF C	CONTROLLING OFFIC	EHOLDER, CANDIDATE, OR STATE I	MEASURE PROPONENT				
Executed on	Ву				100.00				
	DATE	SIGNATURE OF C	CONTROLLING OFFIC	EHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT				

## Stop the Hidden Tax Committee, No on C, a coalition of Pacifica residents, homeowners and property owners FPPC ID# 1398189 FPPC FORM 410

## PRINCIPAL OFFICERS

Kathleen Moresco, Chair

Jim Moresco, Committee Member

Roy Stotts, Committee Member

Nancy Stotts, Committee Member

Statement of Organization Recipient Committee	CALIFORNIA 410					
INSTRUCTIONS ON REVERSE	Page 2					
COMMITTEE NAME	D. NUMBER					
Stop the Hidden Tax Committee, No on C, a coalition of Pacific	1398189					
All committees must list the financial institution where the campaign bar	nk accour	nt is located.				
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	В	ANK ACCOUNT NUMBE	R	
JS BANK		-498-3419 1575084		57508433420		W.
ADDRESS	CITY		S	TATE	ZIP CODE	
621 Capitol Mall, Suite 800	Sacr	ramento	(	CA	95814	
4. Type of Committee Complete the applicable sections.						
Controlled Committee			ti an ili di metaline ingridana aria, mengalik delement	Marie Constitution of the	The charge of the control of the con	
<ul> <li>List the name of each controlling officeholder, candidate, or state medistrict number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate is a lift this committee acts jointly with another controlled committee, list</li> </ul>	affiliated	d or check "nonpartisa	an."			ective office sought or held, and
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SO (INCLUDE DISTRICT NUM		BLE)	YEAR OF ELECTION	PARTY
*						Nonpartisan
						Nonpartisan
Primarily Formed Committee Primarily formed to support or opport	ose spe	cific candidates or me	asures in a si	ingle election.	List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER	<b>t)</b>	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)				CHECK ONE
Pacifica Community Preservation, Rent Stabilization, and Rente	City of Pacifica (11	/7/2017 Ba				
Rights Act. Measure C.						SUPPORT OPPOSE

Statement of Our wineties		
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COMMITTEE NAME		Page 3
Stop the Hidden Tax Committee, No on C, a coalition of Pacifica	1.D. NUMBER 1398189	
4. Type of Committee (Continued)	Tooldenia, nomeowners and property owners	1330103
General Purpose Committee  Not formed to support or oppose sp  CITY Committee  COUNTY	pecific candidates or measures in a single election. Check	conly one box:
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		
5. Termination Requirements By signing the verification, the treasur	er, assistant treasurer and/or candidate, officeholder, or proponent cert	fy that all of the following conditions have been met:
<ul> <li>This committee has ceased to receive contributions and make ex</li> </ul>		
<ul> <li>This committee does not anticipate receiving contributions or ma</li> </ul>	king expenditures in the future;	
This committee has eliminated or has no intention or ability to dis-		

• This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

• This committee has no surplus funds; and

- -- 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.