

Statement of Organization
Recipient Committee

Statement Type

Initial

Not yet qualified

or

Date qualified as committee

____/____/____

Amendment

To show the
letter of ballot
measure

Date qualified as committee

Termination - See Part 5

____/____/____
Date of termination

RECEIVED NOV 06 2017 CITY CLERK	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information	I.D. Number (if applicable) 1396404	2. Treasurer and Other Principal Officers
--------------------------	--	---

NAME OF COMMITTEE
Fair Rents 4 Pacifica

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

CITY
[REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

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

COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____

NAME OF TREASURER
Julie Starabin

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

CITY
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Suzanne Moore

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

CITY
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Thursday Roberts

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

CITY
[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

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 11/6/17 By *Julie Starabin*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Fair Rents 4 Pacifica I.D. NUMBER 1396404

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

NAME OF FINANCIAL INSTITUTION <u>San Mateo Credit Union</u>	AREA CODE/PHONE <u>650-363-1725</u>	BANK ACCOUNT NUMBER <u>0000538527807</u>
ADDRESS <u>525 Middlefield Rd</u>	CITY <u>Redwood City</u>	STATE <u>CA</u>
		ZIP CODE <u>94063</u>

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	
			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.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
<u>Measure C: Pacifica Community Preservation, Rent Stabilization and Renters' Rights Act</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE