

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified
or
 Date qualified as committee 08 / 12 / 2016 _____
_____ / _____ / _____
Date qualified as committee Date of termination

Date Stamp RECEIVED OCT 02 2018 CITY CLERK	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information	I.D. Number (if applicable) 1388494	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
 Coalition for Housing Equality sponsored by San Mateo County Association of Realtors

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 gina@samcar.org

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 San Mateo _____

NAME OF TREASURER
 Deborah Miramontes

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Tom Thompson

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 9/26/2018 By Deborah Miramontes
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/26/2018 By [Signature]
 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

Coalition for Housing Equality sponsored by San Mateo County Association of Realtors

I.D. NUMBER
1388494

2a. Additional Officers / Assistant Treasurers

NAME
Gina Zari
MAILING ADDRESS
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

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COMMITTEE NAME Coalition for Housing Equality sponsored by San Mateo County Association of Realtors	I.D. NUMBER 1388494
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION San Mateo Credit Union	AREA CODE/PHONE (650)363-1777	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 1515 S El Camino Real	CITY San Mateo	STATE CA
		ZIP CODE 94402

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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER	
1388494	

COMMITTEE NAME

Coalition for Housing Equality sponsored by San Mateo County Association of Realtors

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

County PAC to support housing equality issues in San Mateo

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

San Mateo County Association of Realtors

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Real Estate

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

850 Woodside Way

San Mateo

CA

94063

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.