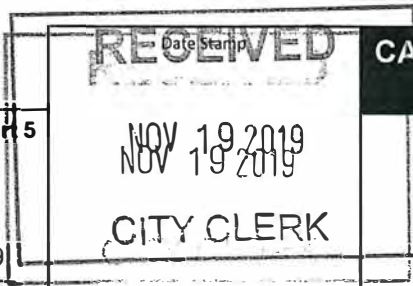


**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|--|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met ____/____/____ | Date of termination 11 / 19 / 2019 |



CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number (if applicable) 1369839

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Pacifica Business and Community PAC

STREET ADDRESS (NO P.O. BOX)
1005 Terra Nova Bl Ste A

| | | | |
|------------------|-------------|-------------------|---------------------------------|
| CITY Pacifica | STATE Ca | ZIP CODE 94044 | AREA CODE/PHONE 650-738-4900 |
|------------------|-------------|-------------------|---------------------------------|

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

████████████████████

| | |
|---------------------------------|--|
| COUNTY OF DOMICILE San Mateo | JURISDICTION WHERE COMMITTEE IS ACTIVE Pacifica |
|---------------------------------|--|

NAME OF TREASURER
Christine Porter

STREET ADDRESS (NO P.O. BOX)
-same-

| | | | |
|------|-------|----------|-----------------|
| 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)

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 _____ By Christine Porter
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