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JUN 26 2018

Human Resources

Statement Type Initial Amondment Termination - See Part 5 Tor Official Use Civity Note: The Part of Initial	Statement of C	~		Date Stamp	CALIFORNIA Z	110			
Date qualified as committee C. Treasurer and Other Principal Officers NAME OF TREASURER STATET ADDRESS THIO PO. BOX STATET ADDRESS THIO PO. BOX STATET ADDRESS THIO PO. BOX THE STATE	•				FORM				
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1. Committee Information (if applicable) NAME OF COMMITTEE VICKIE Flores for City Council 2018 Stepth Address (NO P.O. BOX) CITY STATE 20P CODE AREA CODE/PHONE MALING ADDRESS (NO P.O. BOX) CITY STATE 20P CODE AREA CODE/PHONE MALING ADDRESS (NO P.O. BOX) CITY STATE 20P CODE AREA CODE/PHONE MALING ADDRESS (NO P.O. BOX) CITY STATE 20P CODE AREA CODE/PHONE MALING ADDRESS (NO P.O. BOX) CITY STATE 20P CODE AREA CODE/PHONE WICKIEF INDRESS (NO P.O. BOX) CITY STATE 20P CODE AREA CODE/PHONE WICKIEF ADDRESS (NO P.O. BOX) CITY STATE ADDRESS (NO P.O. BOX) STATE ADDRESS (NO P.O. BOX) STATE ADDRESS (NO P.O. BOX) CITY STATE ADDRESS (NO P.O. B		Date qualified as committee	/		•				
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FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee							ORM 410
NSTRUCTIONS ON REVERSE						Page 2	
committee name Vickie Flores For City Council 2018						I.D. J J J	106898
• All committees must list the financial institution where the campaign	bank accou	nt is located.					
NAME OF FINANCIAL INSTITUTION	AREA C	ODE/PHONE	BANK ACCOU	INT NUMBER			
First National Bank	650-	-359-5811					
ADDRESS	CITY		STATE	ZI	P COOE		
1450 Linda Mar Blvd.	Paci	fica	CA	g	4044		•
district number, if any, and the year of the election. List the political party with which each officeholder or candidate If this committee acts jointly with another controlled committee		•			•	ble.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	1	ELECTIVE OFFICE SOUGH (INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	СНЕСК		ARTY
Vickie Flores	Pacifica	City Council		2018	Nonpartisan	V	(list political party below) Democratic
					Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support or committee	ppose spec	cific candidates or me	asures in a single ele	ection. List	below:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) OR A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)						ı	CHECK ONE
							SUPPORT OPPOSE

₹"

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov