

**Statement of Organization  
Recipient Committee**

Date Stamp <b>RECEIVED</b>	<b>CALIFORNIA FORM 410</b>
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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
____/____/____	____/____/____	12 / 31 / 20

1. Committee Information				2. Treasurer and Other Principal Officers			
<b>I.D. Number</b> 1431517 <small>(if applicable)</small>							
NAME OF COMMITTEE <b>Bigstyk For Pacifica City Council, District 4, 2020</b>				NAME OF TREASURER <b>Tygarjas Twyrles Bigstyk</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <b>Pacifica</b>				STATE <b>CA</b>	ZIP CODE <b>94044</b>	AREA CODE/PHONE [REDACTED]	
CITY <b>Pacifica</b>				NAME OF ASSISTANT TREASURER, IF ANY			
STATE <b>CA</b>				STREET ADDRESS (NO P.O. BOX)			
ZIP CODE <b>94044</b>				CITY			
AREA CODE/PHONE <b>(415) 214-1435</b>				STATE			
FULL MAILING ADDRESS (IF DIFFERENT)				ZIP CODE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				AREA CODE/PHONE			
COUNTY OF DOMICILE <del>San Mateo</del> <b>San Mateo</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Pacifica, District 4</b>		NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				AREA CODE/PHONE			

**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 12/29/2020 By Tygarjas Twyrles Bigstyk  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/29/2020 By Tygarjas Twyrles Bigstyk  
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