

RECEIVED

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APR 02 2018

CALIFORNIA FORM

410

For Official Use Only

CITY CLERK

Statement of Organization Recipient Committee

Statement Type [X] Initial [] Amendment [] Termination - See Part 5
[X] Not yet qualified or [] Date qualified as committee
Date qualified as committee Date of termination

1. Committee Information I.D. Number (if applicable) Not yet received 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: PACIFICA HOUSING 4 ALL (FORMERLY FAIR RENTS 4 PACIFICA)
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: PACIFICA STATE: CA ZIP CODE: 94044 AREA CODE/PHONE: [REDACTED]
MAILING ADDRESS (IF DIFFERENT): [REDACTED]
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): suzygett42@gmail.com
COUNTY OF DOMICILE: SAN MATEO JURISDICTION WHERE COMMITTEE IS ACTIVE: CITY OF PACIFICA

NAME OF TREASURER: SUZANNE MOORE
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: PACIFICA STATE: CA ZIP CODE: 94044 AREA CODE/PHONE: [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY: THURSOAY ROBERTS
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: PACIFICA STATE: CA ZIP CODE: 94044 AREA CODE/PHONE: [REDACTED]
NAME OF PRINCIPAL OFFICER(S): THURSOAY ROBERTS
STREET ADDRESS (NO P.O. BOX): [REDACTED]
CITY: PACIFICA STATE: CA ZIP CODE: 94044 AREA CODE/PHONE: [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.

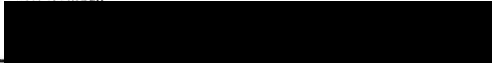
Executed on 3/31/18 By Suzanne M. Moore SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME PACIFICA HOUSING 4 ALL
I.D. NUMBER not yet received

- 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 
ADDRESS <u>525 MIDDLEFIELD ROAD</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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
PACIFICA HOUSING 4 ALL

I.D. NUMBER
not yet received

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

community advocacy for housing issues

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Fair Rents 4 Pacifica

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

non profit primary tenant committee for rent stabilization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

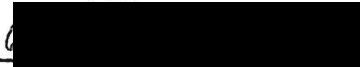
AREA CODE/PHONE

11 MILAGRA COURT

PACIFICA

CA

94044



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.

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