

RECEIVED

JUN 26 2018

Human Resources

Statement of Organization Recipient Committee

Statement Type: [X] Initial [] Amendment [] Termination - See Part 5
Not yet qualified or Date qualified as committee: 6/22/2018
Date of termination: / /

Date Stamp
CALIFORNIA FORM 410
For Official Use Only

1. Committee Information
I.D. Number (if applicable): 1406894
NAME OF COMMITTEE: Vickie Flores for City Council 2018
STREET ADDRESS (NO P.O. BOX):
CITY STATE ZIP CODE AREA CODE/PHONE:
MAILING ADDRESS (IF DIFFERENT):
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): vickiefloresforpacifica@gmail.com
COUNTY OF DOMICILE: San Mateo JURISDICTION WHERE COMMITTEE IS ACTIVE: Pacifica

2. Treasurer and Other Principal Officers
NAME OF TREASURER: Stephanie Rivers
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): Vickie Flores
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 6/19/2018 By Stephanie Rivers SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 6-19-2018 By Vickie Flores SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Vickie Flores For City Council 2018

I.D. NUMBER
1406898

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First National Bank	AREA CODE/PHONE 650-359-5811	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1450 Linda Mar Blvd.	CITY Pacifica	STATE CA	ZIP CODE 94044

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	
Vickie Flores	Pacifica City Council	2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Democratic
			<input type="checkbox"/>	<input type="checkbox"/>	(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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>