

**Statement of Organization
Recipient Committee**

Statement Type Initial

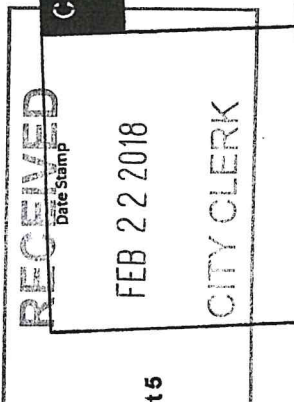
Not yet qualified

Data qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee 5,28,17 / 1 / 1
Date of termination



CALIFORNIA 410
FORM
For Official Use Only

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: FAIR RENTS 4 PACIFICA

I.D. Number (if applicable): 1396404

NAME OF TREASURER: SUZANNE MOORE

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: PACIFICA CA ZIP CODE: 94044 AREA CODE/PHONE: 650 557 0867

NAME OF ASSISTANT TREASURER, IF ANY: THURSDAY ROBERTS

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: PACIFICA CA ZIP CODE: 94044 AREA CODE/PHONE: [REDACTED]

NAME OF COMMITTEE: FAIR RENTS 4 PACIFICA

I.D. Number (if applicable): 1396404

NAME OF TREASURER: SUZANNE MOORE

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: PACIFICA CA ZIP CODE: 94044 AREA CODE/PHONE: 650 557 0867

NAME OF ASSISTANT TREASURER, IF ANY: THURSDAY ROBERTS

STREET ADDRESS (NO P.O. BOX): [REDACTED]

CITY: PACIFICA CA ZIP CODE: 94044 AREA CODE/PHONE: [REDACTED]

COUNTY OF DOMICILE: Santa Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE: Pacifica

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 2/20/18 By Suzanne M. Moore
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

FAIR RENTS 4 PACIFICA

I.D. NUMBER

1396404

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

NAME OF FINANCIAL INSTITUTION

San Mateo Credit Union

AREA CODE/PHONE

650 363 1725

BANK ACCOUNT NUMBER

[REDACTED]

STATE

CA

ZIP CODE

94063

ADDRESS

525 Middlefield Rd Redwood City CA 94063

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.

The Pacifica Community Presentation, Pacifica, CA
Rent Stabilization, Renters'
Rights Act

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE	
	SUPPORT	OPPOSE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

1396404

COMMITTEE NAME

FAIR RENTS 4 PACIFICA

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, 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.