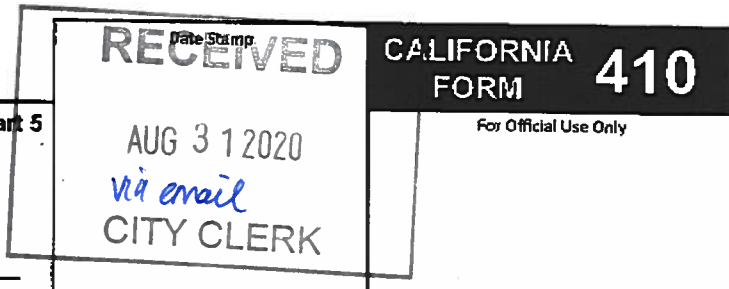


**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 08 / 31 / 2020	Date of termination



1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1387011 <small>(if applicable)</small>				NAME OF TREASURER Ryan Vaterlaus			
NAME OF COMMITTEE Sue Vaterlaus for Council 2020 District 1				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Pacifica		STATE CA	ZIP CODE 94044
CITY Pacifica				STATE CA		ZIP CODE 94044	AREA CODE/PHONE
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE San Mateo		JURISDICTION WHERE COMMITTEE IS ACTIVE Pacifica		CITY			
Attach additional information on appropriately labeled continuation sheets.				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 08/31/2020 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/31/2020 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICER/OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

AUG/31/2020/MON 12:20 PM Pete Lommori FAX No. 650-359-4900 P. 001/001