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Statement of Organization Recipient Committee

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

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JAN 22 2018 Hand Delivered, Sacramento

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1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Patricia Lopez for EPA City Council 2018
STREET ADDRESS (NO P.O. BOX): 1120 Weeks street
CITY: East Palo Alto STATE: CA ZIP CODE: 94303 AREA CODE/PHONE: (650) 308-5284
MAILING ADDRESS (IF DIFFERENT): Lopez1009@gmail.com
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):
COUNTY OF DOMICILE: San Mateo JURISDICTION WHERE COMMITTEE IS ACTIVE:

NAME OF TREASURER: Gaudencio Lopez
STREET ADDRESS (NO P.O. BOX): 1120 Weeks Street
CITY: E. Palo Alto STATE: CA ZIP CODE: 94303 AREA CODE/PHONE: (650) 248-5597
NAME OF ASSISTANT TREASURER, IF ANY:
STREET ADDRESS (NO P.O. BOX):
CITY: STATE: ZIP CODE: AREA CODE/PHONE:
NAME OF PRINCIPAL OFFICER(S):
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 1/22/18 By Gaudencio Lopez SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 1/22/18 By Patricia Lopez 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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

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
Patricia Apé Finau Lopez	East Palo Alto City Council	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below)
			Nonpartisan	Partisan (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
		SUPPORT
		OPPOSE

Clear Page

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