

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☐ Not yet qualified
or

☒ Date qualification threshold met

9 / 10 / 18

☐ Amendment

Date qualification threshold met

____ / ____ / ____

☒ Termination - See Part 5

Date of termination

12 / 18 / 18

Date Stamp

CITY OF FOSTER CITY/
EMID

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**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

1411354

NAME OF COMMITTEE

Deborah Martinez for city Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY

Foster City

STATE

CA

ZIP CODE

94404

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

N/A

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Foster City

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Roberto Martinez

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Not applicable

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Deborah Martinez

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Foster City

CA

94404

3. Verification

I have used all reasonable diligence in preparing this statement under penalty of perjury under the laws of the State of California.

Executed on 12/18/18

DATE

By

Executed on 12/18/18

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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