

**Statement of Organization  
Recipient Committee**

**Statement Type**

☐ Initial

☐ Not yet qualified  
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

01 / 22 / 2019

Date Stamp

CITY OF FOSTER CITY  
EMID

19 JAN 31 AM 11:16

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**CALIFORNIA  
FORM**

**410**

For Official Use Only

**1. Committee Information**

**I.D. Number**  
(if applicable)

1406871

NAME OF COMMITTEE

Committee to elect Paul C Williams for Foster City 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)

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

Debra Williams

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)

Paul C Williams

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Foster City

CA

94404

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 1-22-2019

By

DATE

Executed on 1-22-2019

By

DATE

Executed on

By

DATE

Executed on

By

DATE

TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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COMMITTEE NAME

Committee to elect Paul C Williams for Foster City City Council 2018

I.D. NUMBER

1406871

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
USBank		
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	PARTY CHECK ONE		
Paul C Williams	Foster City City Council	2018	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>