Statement of Organization
Recipient Committee

Statement Type

- [ ] **Initial**
  - ○ Not yet qualified
  - or
  - ○ Date qualification threshold met
  - ___/___/___

- [x] **Amendment**
  - Date qualification threshold met
  - 10, 15, 2018

- [ ] **Termination – See Part 5**
  - Date of termination
  - ___/___/___

Date Stamp

CITY OF FOSTER CITY
EMID

18 OCT 16 PM 2:33

RECEIVED

CALIFORNIA FORM 410

For Official Use Only

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1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
MARK FARREN FOR FOSTER CITY COUNCIL 2018

STREET ADDRESS (NO P.O. BOX)
██████████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FOSTER CITY	CA	94404	████████

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
MARK FARREN

STREET ADDRESS (NO P.O. BOX)
██████████████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FOSTER CITY	CA	94404	████████

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

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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 **Oct 16 18** By ████████████ OF TREASURER OR ASSISTANT TREASURER

Executed on **Oct 16 18** By ████████████ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

MARK FARREN FOR FOSTER CITY COUNCIL 2018

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
FIRST REPUBLIC BANK	███████████	███████████

ADDRESS	CITY	STATE	ZIP CODE
████████████	SAN MATEO	CA	94402

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		
			Nonpartisan	Partisan	(list political party below)
MARK FARREN	FOSTER CITY Council	2018	✓	☐	
			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 ☐