

**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

CITY Date Stamp  
EMID

18 OCT 15 PM 2:46

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FORM

410

For Official Use Only

**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  
Foster City

STATE  
CA

ZIP CODE  
94404

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Mark Farren

STREET ADDRESS (NO P.O. BOX)

CITY

Foster City

STATE

CA

ZIP CODE

94404

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)

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 October 15 2018

Executed on DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on October 15 2018

Executed on DATE

By

R, 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

FPPC Form 410 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
Mark Farren for Foster city Council 2018

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

NAME OF FINANCIAL INSTITUTION First Republic Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY San Mateo	STATE CA
		ZIP CODE 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		
Mark Farren	Foster 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"/>