

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

09 / 13 / 2020

☐ Termination - See Part 5

Date of termination

Date Stamp

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CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number 1430894
(if applicable)

NAME OF COMMITTEE

LaTisa Brooks for Foster City Council 2020

STREET ADDRESS (NO P.O. BOX)

CITY

Foster City

STATE

CA

ZIP CODE

94404

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED)

San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE

Foster City

2. Treasurer and Other Principal Officers

NAME OF TREASURER

LaTisa Brooks

STREET ADDRESS (NO P.O. BOX)

CITY

Foster City

STATE

CA

ZIP CODE

94404

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

William Pitney

STREET ADDRESS (NO P.O. BOX)

CITY
Foster City

STATE

CA

ZIP CODE

94404

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

LaTisa Brooks

STREET ADDRESS (NO P.O. BOX)

CITY
Foster City

STATE

CA

ZIP CODE

94404

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

Executed on 09/13/2020

DATE

By

Executed on 09/13/2020

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FPPC Form 410 (August/2018)

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