

**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

Date Stamp
CITY OF FOSTER CITY/
EMID

20 AUG 10 PM 1:23

RECEIVED

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Committee to Elect Patrick Sullivan Foster City Council 2020

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)

patrickssullivanfostercity@gmail.com

COUNTY OF DOMICILE

San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

John Bernat

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)

Patrick Sullivan

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 certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California.

contained herein is true and complete. I certify under

Executed on 8-8-2020 By

DATE

Executed on 8-8-2020 By

DATE

Executed on By

DATE

Executed on By

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT