

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Date qualified as committee \_\_\_\_\_ Date of termination \_\_\_\_\_

Date Stamp

**CALIFORNIA FORM 410**

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**1. Committee Information** I.D. Number (if applicable) 1404940 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Committee to Protect and Preserve Foster City-  
Yes on Measure P

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Foster City CA 94404 \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
San Mateo Foster City

NAME OF TREASURER  
Debra Williams

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)  
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 4-2-2018 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4-6-2018 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Protect and Preserve Foster City - Yes on Measure P

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION USBank	AREA CODE/PHONE (650) 574-4034	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 999 F Edgewater Blvd	CITY Foster City	STATE CA
		ZIP CODE 94404

**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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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
Measure P	Foster City	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>