41

1358076

Statement of Organization
Recipient Committee

Statement Type

☑ **Initial**
Not yet qualified ☐ or

05 / 13 / 2013
Date qualified as committee

☐ **Amendment**
List I.D. number:
_____
___/___/___
Date qualified as committee (if applicable)

☐ **Termination – See Part 5**
List I.D. number:
_____
___/___/___
Date of Termination

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

MAY 30 2013

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Gary Pollard for City Council - 2013

STREET ADDRESS (NO P.O. BOX)
253 Thatcher Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Foster City	CA	94404	(650)578-1415

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
garypollard4fostercitycouncil@gmail.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gary Goldberg

STREET ADDRESS (NO P.O. BOX)
950 Tower Lane #110

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Foster City	CA	94,404	(650)349-5678

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

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 5/25/13 (DATE) By [signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/23/2013 (DATE) By [signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, 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 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME
Gary Pollard for City Council - 2013

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
Citibank	(650)341-9212	205153554

ADDRESS	CITY	STATE	ZIP CODE
951 Edgewater Blvd #950	Foster City	CA	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."
- 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
Gary Pollard	City Council - Foster City	2013	☑ Nonpartisan
			☐ Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE: SUPPORT	CHECK ONE: OPPOSE
Gary Pollard	City Council - Foster City	☑	☐
		☐	☐