Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

CITY OF FOSTER CITY/ EMID

2013 DEC 26 AM 11:22

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DEC 05 2013

DEBRA BOWEN Secretary of State

Statement Type

☐ Initial — Not yet qualified ☐ or

☐ Amendment — List I.D. number: #

☒ Termination – See Part 5 — List I.D. number: # 1358076

Date qualified as committee: ___/___/___

Date qualified as committee (if applicable): ___/___/___

Date of Termination: 11/30/13

1. Committee Information

NAME OF COMMITTEE: Gary Pollard for City Council - 2013

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

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

MAILING ADDRESS (IF DIFFERENT):

OPTIONAL: FAX / E-MAIL ADDRESS: garypollard4fostercitycouncil@gmail.com

COUNTY OF DOMICILE: San Mateo

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE:

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Gary Goldberg

STREET ADDRESS: 950 Tower Lane #110

CITY: Foster City | STATE: CA | ZIP CODE: | AREA CODE/PHONE: (650) 349-5678

NAME OF ASSISTANT TREASURER, IF ANY:

STREET ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE:

MAILING ADDRESS:

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 11/30/13 (DATE) — By [signature] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 12/02/13 (DATE) — By ___ (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)

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

COMMITTEE NAME: Gary Pollard for City Council - 2013

I.D. NUMBER: 1358076

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 "non-partisan."
- 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	☑ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Citibank	(650) 341-9212	205153554

ADDRESS	CITY	STATE	ZIP CODE
951 Edgewater Blvd	Foster City	CA	94404

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	OPPOSE
Gary Pollard	City Council - Foster City	✓	
		SUPPORT	OPPOSE