

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp	CALIFORNIA FORM 410
RECEIVED	For Official Use Only
2022 FEB -9 P 4:41	
CITY OF FOSTER CITY	

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Stacy Jimenez for City Council 2022								NAME OF TREASURER Shankar Kenkre				
STREET ADDRESS (NO P.O. BOX) [REDACTED]								STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY Foster City		STATE CA	ZIP CODE 94404	AREA CODE/PHONE [REDACTED]		CITY Foster City		STATE CA	ZIP CODE 94404	AREA CODE/PHONE [REDACTED]		
FULL MAILING ADDRESS (IF DIFFERENT)								NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]								STREET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE San Mateo				JURISDICTION WHERE COMMITTEE IS ACTIVE City of Foster City				CITY		STATE	ZIP CODE	AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S) Stacy Jimenez								STREET ADDRESS (NO P.O. BOX) [REDACTED]				
CITY								STATE	ZIP CODE	AREA CODE/PHONE		
[REDACTED]								CITY Foster City				
[REDACTED]								STATE	ZIP CODE	AREA CODE/PHONE		
[REDACTED]								[REDACTED]				

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...

Executed on _____ By _____
 Executed on _____ By _____
 Executed on _____ By _____
 Executed on _____ By _____

DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Stacy Jimenez for City Council 2022	Page 2
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER Pending	
ADDRESS [REDACTED]	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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Stacy Jimenez	City Council Member, Foster City, CA	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.