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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

\_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIVED AND FILED

Office of the Secretary of State  
of the State of California

AUG 22 2022

CALIFORNIA FORM 410

For Official Use Only

R/MD

1. Committee Information I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE  
 Alison Madden for Redwood City Council 2022

NAME OF TREASURER  
 Alison Madden

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Redwood City CA 94062 [REDACTED]

CITY  
 Redwood City CA 94062

NAME OF ASSISTANT TREASURER, IF ANY  
 N/A

FULL MAILING ADDRESS (IF DIFFERENT)  
 [REDACTED]

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
 Alison Madden

Attach additional information on appropriately labeled continuation sheets.

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Redwood City CA 94062 [REDACTED]

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 8/11/22

By [Signature]

Executed on 8/11/22

By [Signature]

Executed on \_\_\_\_\_

By \_\_\_\_\_

Executed on \_\_\_\_\_

By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

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I.D. NUMBER

COMMITTEE NAME

Alison Madden for Redwood City Council 2022

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

not yet qualified, not yet opened (TPB opened 9/11/22 exp. Wells Fargo)

ADDRESS

CITY

STATE

ZIP CODE

n/a (not yet qualified)

**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

PARTY  
CHECK ONE

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Alison Madden	Council Member Council of Redwood City Dist. 2	22	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(nonpartisan but no party)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(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

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
n/a			
		SUPPORT	OPPOSE

**Statement of Organization  
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I.D. NUMBER

COMMITTEE NAME

**4. Type of Committee** (Continued)

**General Purpose Committee**

*n/a*

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

*n/a*

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_  
*n/a* 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.