

**Statement of Organization
Recipient Committee**

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type Initial
 Not yet qualified or

 Date qualified as committee

Amendment
 List I.D. number:
 # 1340190
 7 / 20 / 11
 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

SEP 20 2018

CALIFORNIA FORM 410

For Official Use Only

RECEIVED
 NOV 02 2018

City of Redwood City
 City Clerk:

1. Committee Information

NAME OF COMMITTEE
 Redwood City Residents to Protect City Services - Yes on RR

STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
 SAME

OPTIONAL: FAX / E-MAIL ADDRESS

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
 Jeff Ira (and Committee Co-Chair)

STREET ADDRESS

 CITY STATE ZIP CODE AREA CODE/PHONE

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
 Nancy Radcliffe, Committee Co-Chair

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 September 17, 2018
 DATE

Executed on September 17, 2018
 DATE

Executed on September 17, 2018
 DATE

Executed on _____
 DATE

By _____
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Redwood City Residents to Protect City Services - Yes on RR

I.D. NUMBER

1340190

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
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> 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	
Heritage Bank of Commerce	650-298-7000	041003567	
ADDRESS	CITY	STATE	ZIP CODE
2400 Broadway Street, Suite 100	Redwood City	CA	94063

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
Measure RR	City of Redwood City, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

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I.D. NUMBER

1340190

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Redwood City Residents to Protect City Services - Yes on RR

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

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.