

COPY

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified

or

Date qualified as committee

08 / 07 / 2022

Amendment

Termination - See Part 5

Date qualified as committee _____ / _____ / _____
Date of termination _____ / _____ / _____

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

JUL 07 2023

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number (if applicable) 1451445

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Margaret Becker for Redwood City Council 2022

NAME OF TREASURER

Karen Cator

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

Redwood City

STATE

CA

ZIP CODE

94062

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY

Emerald Hills

STATE

CA

ZIP CODE

94062

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE

Redwood City

NAME OF PRINCIPAL OFFICER(S)

Cathy Recht

STREET ADDRESS (NO P.O. BOX)

CITY

Emerald Hills

STATE

CA

ZIP CODE

94062

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 7/2/2023 By Karen Cator

Executed on 7/2/2023 By Margaret Becker

Executed on _____ By _____

Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Karen Cator

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

M. Becker

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED

JUL 19 2023

City of Redwood City
City Clerk

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Margaret Becker for Redwood City Council 2022

ID. NUMBER

1451445

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

NAME OF FINANCIAL INSTITUTION

San Mateo Credit Union

AREA CODE/PHONE

(650) 363-1725

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

575 Middlefield Rd.

CITY

Redwood City

STATE

CA

ZIP CODE

94063

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	CHECK ONE	PARTY
Margaret Becker	City Council Member: Redwood City District 2		Nonpartisan X	Partisan (list political party below)
			Nonpartisan	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	SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Margaret Becker for Redwood City Council 2022

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 Political Party/Central 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 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.

Leaving office: funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89515, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.