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Statement of Organization Recipient Committee

Statement Type: Initial Amendment Termination - See Part 5

Not yet qualified or Date qualification threshold met

Date qualification threshold met Date of termination

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1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Committee to elect Marcella Padilla for Redwood City City Council, District 7, 2024		I.D. NUMBER		NAME OF TREASURER Alexandra Chalmer			
[REDACTED]		[REDACTED]		[REDACTED]			
CITY Redwood City	STATE CA	ZIP CODE 94062	[REDACTED]	CITY Redwood City	STATE CA	ZIP CODE 94063	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)		[REDACTED]		NAME OF ASSISTANT TREASURER (IF ANY)			
[REDACTED]		[REDACTED]		STREET ADDRESS (NO PO BOX)			
[REDACTED]		[REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF COMMISSION San Mateo	CITY/SECTION WHERE COMMITTEE IS HELD Redwood City			NAME OF PRINCIPAL OFFICER(S)			
[REDACTED]		[REDACTED]		STREET ADDRESS (NO PO BOX)			
[REDACTED]		[REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE			
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 the information is correct.

Executed on August 15, 2024 By [REDACTED] (OFFICER OR ASSISTANT TREASURER)

Executed on August 15, 2024 By [REDACTED] (MEMBER OF CONTROLLING OFFICE/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER)

Executed on _____ By _____ (SIGNATURE OF CONTROLLING OFFICE/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER)

Executed on _____ By _____ (SIGNATURE OF CONTROLLING OFFICE/OWNER, CANDIDATE, OR STATE MEASURE PROPOSER)

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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CALIFORNIA
FORM 410

INSTRUCTIONS ON REVERSE

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FD NUMBER

COMMITTEE NAME
Committee to elect Marcella Padilla for Redwood City City Council, District 7, 2024

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

NAME OF FINANCIAL INSTITUTION Monterria Credit Union	ADDRESS [REDACTED]	CITY Redwood City	STATE CA	ZIP CODE 94062
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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)		
Marcella Padilla	City Council, District 7	2024	Nonpartisan	Partisan	Dem
			Nonpartisan	Partisan	Dem

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
		SUPPORT	OPPOSE

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