

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified or  Date qualified as committee  
 Date qualified as committee 8/06/2002 Date of termination 8/18/2018

Date Stamp <b>RECEIVED</b> OCT 26 2018 CITY CLERK	<b>CALIFORNIA FORM 410</b> For Official Use Only
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<b>1. Committee Information</b>	<b>2. Treasurer and Other Principal Officers</b>
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I.D. Number (if applicable) 1247876

NAME OF COMMITTEE  
Committee to Re-elect Sue Diagre for City Council of Pacifica 2014

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE San Mateo JURISDICTION WHERE COMMITTEE IS ACTIVE City of Pacifica

NAME OF TREASURER  
Sue Diagre

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
NA

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[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 the foregoing is true and correct.

Executed on 8-18-2018 By Sue Diagre  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

*Committee to Re-elect Sue Digre for City Council of Pacifica 2014*

I.D. NUMBER

*1247876*

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

*U.S. Bank of Pacifica*

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

*1655 Oceana Blvd*

ADDRESS

CITY

STATE

ZIP CODE

*Pacifica Ca 94044*

*Pacifica*

*Ca*

*94044*

**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 (list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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

*Candidate Sue Digre for Re-election  
to Pacifica City Council 2014*

*City Council of Pacifica 2014*