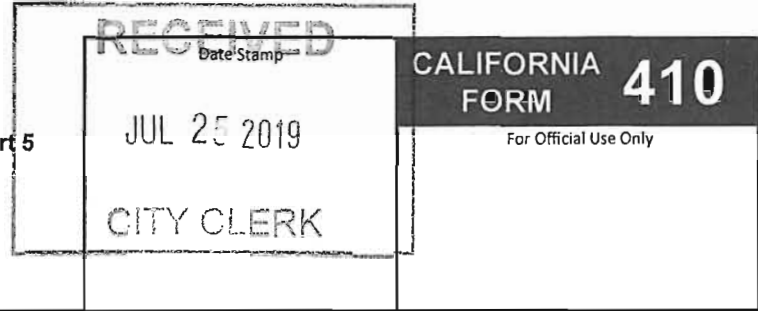


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or Date qualified as committee
 _____ / _____ / _____ 6 / 22 / 18 7 / 25 / 19
Date qualified as committee Date of termination



1. Committee Information	I.D. Number <small>(if applicable)</small> 1406898	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Vickie Flores for City Council 2018

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

<small>CITY</small> Pacifica	<small>STATE</small> CA	<small>ZIP CODE</small> 94044	<small>AREA CODE/PHONE</small> [REDACTED]
---------------------------------	----------------------------	----------------------------------	--

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
vickiefloresforpacifica@gmail.com

<small>COUNTY OF DOMICILE</small> San Mateo	<small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small> Pacifica
--	---

NAME OF TREASURER
Stephanie Rivers

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

<small>CITY</small> South San Francisco	<small>STATE</small> CA	<small>ZIP CODE</small> 94080	<small>AREA CODE/PHONE</small> [REDACTED]
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

<small>CITY</small> _____	<small>STATE</small> _____	<small>ZIP CODE</small> _____	<small>AREA CODE/PHONE</small> _____
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NAME OF PRINCIPAL OFFICER(S)
Vickie Flores

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

<small>CITY</small> Pacifica	<small>STATE</small> CA	<small>ZIP CODE</small> 94044	<small>AREA CODE/PHONE</small> [REDACTED]
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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 7/25/2019 By Stephanie Rivers
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/25/2019 By Vickie Flores
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