Statement of Organization
Recipient Committee

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CITY CLERK

CALIFORNIA FORM **410**

For Official Use Only

Statement Type

☐ Initial	☑ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met	Date qualification threshold met	Date of termination
___/___/___	09 / 22 / 2020	___/___/___

1. Committee Information

I.D. Number (If applicable) 1430095

NAME OF COMMITTEE
Mayra Espinosa For City Council 2020

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

CITY: Pacifica | STATE: CA | ZIP CODE: 94944 | AREA CODE/PHONE: [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
[redacted]

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

COUNTY OF DOMICILE: San Mateo County

JURISDICTION WHERE COMMITTEE IS ACTIVE: Pacifica

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mayra Espinosa

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

CITY: Pacifica | STATE: CA | ZIP CODE: 94044 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 9/22/2020 (DATE) By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9/22/2020 (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ (DATE) By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME	I.D. NUMBER
Mayra Espinosa For City Council 2020	1430095

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	650-992-4111	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
135 Serramonte Center	Daly City	CA	94015

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		
			Nonpartisan	Partisan	(list political party below)
Mayra Espinosa	City Council District 1	2020	✓		N/A
			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
		SUPPORT	OPPOSE