

**Statement of Organization
Recipient Committee**

Date Stamp RECEIVED	CALIFORNIA FORM 410
DEC 29 2020	For Official Use Only
CITY CLERK	

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	12 / 31 / 20

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1431517 <small>(if applicable)</small>							
NAME OF COMMITTEE Bigstyk For Pacifica City Council, District 4, 2020				NAME OF TREASURER Tygarjas Twyrles Bigstyk			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Pacifica				STATE CA	ZIP CODE 94044	AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE San Mateo San Mateo		JURISDICTION WHERE COMMITTEE IS ACTIVE Pacifica, District 4		NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				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 12/29/2020 By Tygarjas Twyrles Bigstyk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/29/2020 By Tygarjas Twyrles Bigstyk
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