

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
03/18/15 17:12 CLP	

1. Committee Information

NAME OF COMMITTEE
Elisa Marquez for Hayward City Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Hayward CA 94544 (510) 910-3833

MAILING ADDRESS (IF DIFFERENT)

FAV / E-MAIL ADDRESS
EMARQANA@GMAIL.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Alameda City of Hayward

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Rosa Escobedo

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Hayward CA 94541 (510) 305-9764

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

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 3/18/15 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/18/15 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

Statement of Organization
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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
I.D. NUMBER

COMMITTEE NAME
Elisa Marquez for Hayward City Council 2016

4. Type of Committee

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

5. Termination Requirements

5.1. This committee is terminated by the treasurer, assistant treasurer and/or candidate officer holder, or proposed entity that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.