

Statement of Organization
Proposing Committee

Statement Type

☒ Initial

☐ Amendment

☐ Termination – See Part 5

☒ Not yet qualified
or

☐ Date qualified as committee

____/____/____
Date qualified as committee
(If amending to provide this date)

____/____/____
Date of termination

Date Stamp

RECEIVED

OCT 12 2017

CITY CLERK'S OFFICE
CITY OF BURLINGAME

CALIFORNIA
FORM 410

For Official Use Only

Committee Information

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

STEVE DUNCAN FOR BURLINGAME CITY COUNCIL 2017

CITY STATE ZIP CODE AREA CODE/PHONE

BURLINGAME CA 94010

MAILING ADDRESS (IF DIFFERENT)

NAME OF TREASURER

STEPHEN DUNCAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

BURLINGAME CA 94010

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STEPHEN DUNCAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

BURLINGAME CA 94010

Attach additional information on appropriately labeled continuation sheets.

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 OCT. 12, 2017 By _____
DATE

NAME OF TREASURER OR ASSISTANT TREASURER

Executed on OCT. 12, 2017 By _____
DATE

NAME OF 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

FPPC Form 410 (May/2017)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization
Candidate Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

CANDIDATE NAME

STEVE DUNCAN FOR BURLINGAME CITY COUNCIL 2017

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

NAME OF FINANCIAL INSTITUTION

CITIBANK

AREA CODE/PHONE

650-348-8101

BANK ACCOUNT NUMBER

ADDRESS

218 PRIMROSE DR.

CITY

BURLINGAME

STATE

CA

ZIP CODE

94010

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."

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
STEVE DUNCAN	BURLINGAME CITY COUNCIL	2017	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

STEVE DUNCAN FOR BURLINGAME CITY COUNCIL 2017

Type of Committee (Continued)

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

BRIEF DESCRIPTION OF ACTIVITY

TO ELECT STEVE DUNCAN FOR BURLINGAME CITY COUNCIL 2017.

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

AREA CODE/PHONE

Small Contributor Committee

☐

_____/_____/_____
Date qualified

Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify 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.