

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

10 / 03 / 2016
Date qualified as committee

Amendment
List ID number: # _____

Date qualified as committee (if applicable) _____
Date of Termination _____

FILED IN THE OFFICE OF THE CHIEF ELECTIONS OFFICER OF SAN MATEO COUNTY, CALIF.
FORM 410
For Official Use Only

OCT 0 5 2016

MARK CHURCH, Chief Elections Officer
BY _____ DEPUTY CLERK

1. Committee Information
NAME OF COMMITTEE
Caroline Lucas

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Joe Giarrusso

STREET ADDRESS (INGRESS) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
NAME OF ASSISTANT TREASURER (IF ANY) _____
STREET ADDRESS AND P.O. BOX _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
FAX/E-MAIL ADDRESS _____
COUNTRY OF DOMICILE _____
San Mateo

STREET ADDRESS (INGRESS) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
NAME OF ASSISTANT TREASURER (IF ANY) _____
STREET ADDRESS AND P.O. BOX _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
FAX/E-MAIL ADDRESS _____
COUNTRY OF DOMICILE _____
Menlo Park

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 information provided is true and correct.

Included on 10/03/2016 By _____
Executed on 10/03/2016 By _____
Executed on _____ By _____
Executed on _____ By _____

NAME OF PRINCIPAL OFFICERS
STREET ADDRESS (INGRESS) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
NAME OF PRINCIPAL OFFICERS
STREET ADDRESS (INGRESS) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
NAME OF PRINCIPAL OFFICERS
STREET ADDRESS (INGRESS) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME
Caroline Lucas

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

NAME OF FINANCIAL INSTITUTION

Wells Fargo Bank

AREA CODE/PHONE

BANK ACCOUNT NUMBER

CITY

STATE

ZIP CODE

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."
- 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

Caroline Lucas

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Menlo Park School Board

YEAR OF ELECTION

2016

PARTY

Nonpartisan

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 BAL. OF NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

F.D. NUMBER

Caroline Lucas

4. 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

5. Termination Requirements

Sponsored Committee List additional sponsors on an attachment.

Small Contributor Committee By signing this verification, the treasurer, assistant treasurer and/or candidate, office holder, or proponent certifies 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.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

DATE QUALIFIED