1390390

In the office of the Secretary of State of the State of California

SEP 12 2016

Rejected: _____ / _____

Returned: _____ / _____

Statement of Organization Recipient Committee

R 41 L

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

RECEIVED ~~AND FILED~~ in the office of the Secretary of State of the State of California

AUG 30 2016

CALIFORNIA FORM 410

For Official Use Only

RECEIVED

OCT 03 2016

[redacted]

1. Committee Information

NAME OF COMMITTEE

BURLINGAME NEIGHBORS UNITED - NO ON MEASURE R

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

[redacted]

[redacted]

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ROSALIE M. O'MAHONY

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE 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)

SANDRA COMAROTO

STREET ADDRESS (NO P.O. BOX)

[redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

[redacted]

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 08.26.2016 (DATE) By [redacted] ASSISTANT TREASURER

Executed on 08.27.2016 (DATE) By [redacted] 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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: BURLINGAME NEIGHBORS UNITED - NO ON MEASURE R

I.D. NUMBER:

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
UNION BANK	[redacted]	[redacted]

ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]		

2. 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	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 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	CHECK ONE: OPPOSE
MEASURE R - RENT CONTROL & RENT STABILIZATION	CITY OF BURLINGAME, SAN MATEO COUNTY	☐	☒
		☐	☐

Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME: BURLINGAME NEIGHBORS UNITED - NO ON MEASURE R

I.D. NUMBER:

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

TO CLARIFY THE EFFECTS ON PROPERTY OWNERS OF RENT CONTROL & RENT STABILIZTION - MEASURE

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

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.