Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Termination – See Part 5

Name of Committee
Chelsea Bonini for San Mateo City Council 2017

1. Committee Information

I.D. Number
1397129

NAME OF COMMITTEE
Chelsea Bonini

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Chelsea Bonini

STREET ADDRESS (NO P.O. BOX)

CITY
San Mateo

STATE
CA

ZIP CODE
94403

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

COUNTY OF DOMICILE
San Mateo

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of San Mateo

Email Address (Required) (Only if Optional)

MAILING ADDRESS (DEALER/AGENT)

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 CA that on 7/31/18

Executed on 7/31/18 By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

FPCC Form 410 (February/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization  
Recipient Committee  
**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelsea Bonini for San Mateo City Council 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NAME OF FINANCIAL INSTITUTION**  
Wells Fargo Bank, N.A.

<table>
<thead>
<tr>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>650-356-1650</td>
<td>6328384869</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 5100</td>
<td>Sioux Falls</td>
<td>SD</td>
<td>57117-5110</td>
</tr>
</tbody>
</table>

**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.” Stating “No party preference” is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>CHECK ONE</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelsea Bonini</td>
<td>San Mateo City Council</td>
<td>2017</td>
<td>✔</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  
Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

FPPC Form 410 (February/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov