

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination <u>12, 18, 20</u>

Date Stamp	CALIFORNIA FORM 410
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DEC 18 2020	
CITY OF UNION CITY CITY CLERK'S OFFICE	

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Partino for Union City Mayor 2020</u>				NAME OF TREASURER <u>VIPAN BROWN</u>			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
CITY <u>Union City</u>	STATE <u>CA</u>	ZIP CODE <u>94587</u>	AREA CODE/PHONE <u>510</u>	CITY <u>Union City</u>			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>partino for unioncity@gmail.com</u>				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <u>Alameda</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Union City</u>			CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY STATE ZIP CODE AREA CODE/PHONE			

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 <u>12/18/2020</u>	By _____	_____
Executed on <u>12/18/2020</u>	By _____	_____
Executed on _____	By <u>/</u>	_____
Executed on _____	By _____	_____