

FILED IN THE OFFICE OF THE
CHIEF ELECTIONS OFFICER
OF SAN MATEO COUNTY

CALIFORNIA
FORM **410**

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 Amendment
 Termination - See Part 5
 Date of termination
 By: **MARK CH...** Officer

AUG 12 2022

For Official Use Only

1. Committee Information		I.D. Number <i>(If applicable)</i>		2. Treasurer and Officers	
NAME OF COMMITTEE Ready Set Ravenswood		NAME OF TREASURER Carolyn Bowsher		NAME OF ASSISTANT TREASURER, IF ANY N/A	
CITY STATE ZIP CODE AREA CODE/PHONE East Palo Alto CA 94303 (650) 269-9921		CITY STATE ZIP CODE AREA CODE/PHONE Menlo Park, CA 94025 (650) 769-9921		STREET ADDRESS (NO RO. BOX) N/A	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) info@ReadySetRavenswood.org		CITY STATE ZIP CODE AREA CODE/PHONE		CITY STATE ZIP CODE AREA CODE/PHONE	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE San Mateo Ravenswood City School District		NAME OF PRINCIPAL OFFICER(S) Laura Nuñez		CITY STATE ZIP CODE AREA CODE/PHONE East Palo Alto, CA 94303 (650) 722-1055	
School Board Election of Trustees Attach additional information on appropriately labeled continuation sheets.					

3. Verification

I have used all reasonable diligence in preparation of this statement and hereby certify that the information herein is true and complete. I certify under

penalty of perjury under the laws of the State of California.

Executed on 8/2/22 By _____

Executed on 8/11/22 By _____

Executed on 8/11/22 By _____

Executed on 8/9/22 By _____

and herein is true and complete. I certify under

TAMARA SOBONKHIN

MELE K. LATU

LAURA NUÑEZ

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2
I.D. NUMBER

COMMITTEE NAME: Ready Set Ravenswood

NOT QUALIFIED
← YET

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

NAME OF FINANCIAL INSTITUTION: Wells Fargo Bank AREA CODE/PHONE: (650) 352-7459 BANK ACCOUNT NUMBER: [REDACTED]

ADDRESS: [REDACTED] ZIP CODE: [REDACTED]

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<u>Tamara Sobornichin</u>	<u>School Board Trustee</u>	<u>2022</u>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
<u>Melie K. Lahn</u>	<u>School Board Trustee</u>	<u>2022</u>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	YEAR	CHECK ONE	SUPPORT	OPPOSE
<u>Laura Nuñez</u>	<u>School Board Trustee</u>	<u>2022</u>	<input checked="" type="checkbox"/> <u>NON PARTISAN</u>	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 3

I.D. NUMBER

COMMITTEE NAME

Ready Set Ravenswood

NOT QUALIFIED YET

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

State of 3 candidates running for school board trustees - Ravenswood City School District

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

5. Termination Requirements

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

FPPC Form 410 (August/2018)

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

www.fppc.ca.gov