Statement of Organization					Date Stamp	CALIFORNIA AAO
Recipient Committee						FORM 410
Statement Type	🔀 Initial	☐ Amendment		Termination - See Part 5	Received	For Official Use Only
	O Not yet qualified				City of Mission Visio	
	O Date qualification threshold met	Date qualification threshold met		Date of termination	JUL 1 8 20/2	
		/		/		
1. Committee Information I.D. Number 140 50 57				2. Treasurer and	Other Principal Officers	
NAME OF COMMITTEE				NAME OF TREASURER		
GREG 1	PATHS FOR CITY	1 COUNCIL ZOZ	2	GREG	RATIFS	
	·			STREET ADDRESS (NO P.O. BOX)		
STREET ADDRESS (NO P.O.	BOX)			CITY	STATE	ZIP CODE AREA CODE/BHOME
CITY	STATE ZIP C	ODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURER,	, IF ANY	,
					NA -	-
FULL MAILING ADDRESS (IF DIFFERENT)			STREET ADDRESS (NO P.O. BOX)	A —	
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)			CITY	STATE	ZIP CODE AREA CODE/PHONE
COUNTY OF DOMICILE	Water Street			- N	A	
ORAW6	E MISSION	VIETU, CA		NAME OF PRINCIPAL OFFICER(S)	RATHS	
				STREET ADDRESS (NO P.O. ROX)		
Attach additional information on appropriately labeled continuation sheets.			CITY	STATE	ZIP CODE AREA CODE/PHONE	
3. Verification	n de la		J.			Co. V. Swiller St. St.
have used all re	asonable diligence in preparing	this statement and to the hes	t ci	f my knowledge the informat	ion contained baroin is true	and associate to all
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						
Executed on						
Executed on	DATE By			ING OFFICEHOLDER, CANDIDATE, OR STATE N		
Executed on	By	SIGNATURE OF CONTR	ROLL	ING OFFICEHOLDER, CANDIDATE, OR STATE M	MEASURE PROPONENT	
	DATE	CIGNATURE OF CONT	2011	NIC OFFICE UNDER CANDIDATE OF STATE A		

FPPC Form 410 (August/2018)
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