

COPY

Statement of Organization Recipient Committee

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

Statement Type

Initial

Not yet qualified or

12 / 2 / 13
Date qualified as committee

Amendment

List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

1. Committee Information

NAME OF COMMITTEE

Libby Schaaf for Oakland Mayor 2014

STREET ADDRESS (NO P.O. BOX)

_____ Rd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94602	510 479

MAILING ADDRESS (IF DIFFERENT)

_____ alle Avenue, #588, Oakland, CA 94611

OPTIONAL: FAX / E-MAIL ADDRESS

_____ @gmail.com

COUNTY OF DOMICILE

Alameda

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Steve Berley

STREET ADDRESS (NO P.O. BOX)

_____ kmore Rd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94602	510 459

NAME OF ASSISTANT TREASURER, IF ANY

Libby Schaaf

STREET ADDRESS (NO P.O. BOX)

_____ kmore Rd

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA	94602	510 479

NAME OF PRINCIPAL OFFICER(S)

N/A

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 Dec 2, 2013 DATE

Executed on Dec 2, 2013 DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Libby Schaaf for Oakland Mayor 2014

I.D. NUMBER

applied for

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 "non-partisan."
- 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
Libby Schaaf	Mayor	2014	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo Bank	510 .	

ADDRESS	CITY	STATE	ZIP CODE
2220 Mountain Boulevard	Oakland	CA	94611

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	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Libby Schaaf for Oakland Mayor 2014

I.D. NUMBER
applied for

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

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.