

Statement of Organization  
Recipient Committee

Statement Type  Initial  Amendment  Termination - See Part 5  
 Not yet qualified  or List I.D. number: # \_\_\_\_\_  
 Date qualified as committee 07/11/2014 Date qualified as committee (if applicable) \_\_\_\_\_ Date of Termination \_\_\_\_\_

FILED  
OFFICE OF THE CITY CLERK  
OAKLAND  
14 JUL 22 PM 12:27

CALIFORNIA FORM 410  
For Official Use Only

1. Committee Information

NAME OF COMMITTEE  
**BRENDA ROBERTS FOR OAKLAND CITY AUDITOR 2014**  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**OAKLAND CA 94618 (510) [REDACTED]**  
 MAILING ADDRESS (IF DIFFERENT)  
 FAX/E-MAIL ADDRESS  
 [REDACTED] **ATT.NET**  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**ALAMEDA OAKLAND**

2. Treasurer and Other Principal Officers

NAME OF TREASURER  
**CARLOS HICKERSON**  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**OAKLAND CA 94610 (415) [REDACTED]**  
 NAME OF ASSISTANT TREASURER, IF ANY  
**N/A**  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 [REDACTED]  
 NAME OF PRINCIPAL OFFICER(S)  
**BRENDA ROBERTS**  
 STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**OAKLAND CA 94610 (510) [REDACTED]**

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 California that the information is true and correct.

Executed on 18 July 2014 By [REDACTED]  
 Executed on 18 July 2014 By [REDACTED]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_



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COMMITTEE NAME

BRENDA ROBERTS FOR OAKLAND CITY AUDITOR 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION <u>WELLS FARGO BANK</u>	AREA CODE/PHONE <u>(510) 530-3095</u>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <u>2220 MOUNTAIN BLVD.</u>	CITY <u>OAKLAND</u>	STATE ZIP CODE <u>CA 94611</u>

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."
- 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
<u>BRENDA ROBERTS</u>	<u>OAKLAND CITY AUDITOR</u>	<u>2014</u>	<input type="checkbox"/> Nonpartisan <u>DEMOCRAT</u>
			<input type="checkbox"/> Nonpartisan

**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
<u>N/A</u>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>



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I.D. NUMBER

COMMITTEE NAME

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

N/A

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

N/A

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.