				FIL	ED		
Statement of G Recipient Con	_		•	OFFICE OF	MEITY C		ORNIA 410
Statement Type	☑ Initial Not yet qualified ☐ or	Amendment List I.D. number: #	Termination – See Part 5 List I.D. number:	14 JAN -3	PM 12:	: 18	For Official Use Only
	01 02 14 Date qualified as committee		#/				
L Comminge h	ને જિલ્લા કર્યા છે.			d Other Principal (officers		
NAME OF COMMITTEE	5 O 11 004.4		NAME OF TREASURER	1 112/10			
JIII Broadhurst	for Council 2014		STREET ADDRESS (NO P.O	NAVIO			
STREET ADDRESS (NO IN	3. dOA)		Street Montes (No r.o	. 50%	-		
CITY	STATE	ZIP CODE AREA CODE/	PHONE CITY		STATE	ZIP CODE	AREA CODE/PHONE
Oakland	CA 94	4611 (510) ⁻	Capian	~d C	CA	94611	(415)5
MAILING ADDRESS (IF D			NAME OF ASSISTANT TRE	ASURER, IF ANY			
PO Box 1	Oakland 94661		Jill Broadhu	rst			
FAX / E-MAIL ADDRESS			STREET ADDRESS (NO P.O	i. BOX)	****	***************************************	
	gmail.com						
COUNTY OF DOMICILE	JURISDICTION WHI	ERE COMMITTEE IS ACTIVE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Alameda			Oakland NAME OF PRINCIPAL OFF	2001	CA	94611	(510).
			NAME OF PRINCIPAL OFF	FICER(S)			
			STREET ADDRESS INC. P.C.) 80X)			
Attach additiona	l information on appropriate	ly labeled continuation shee	ets.	. <i>55</i>			
			CITY		STATE	ZIP CODE	AREA CODE/PHONE
8: Verification	reasonable diligence in pren	aring this statement and to	the best of my knowledge the inf	ormation contained h	perein is tr	ue and comp	ete Loertify under
	ury under the laws of the Sta			onnación containea i	ici cili is ti	ac and comp	etc. Teerthy under
01	102/2014	1. 10.					
Executed on O	DATE		SIGNATURE OF TREASURER OR ASSISTANT	TREASURER	1.		
Executed on 01	1/02/2014 By		_				
	DATE	SIGNATUR	E OF CONTROLLING OFFICEHOLDER, CANDIDATE, C	R STATE MEASURE PROPONENT			
Executed on	DATE By					***************************************	
	27.10	SIGNATUR	RE OF CONTROLLING OFFICEHOLDER, CANDIDATE, C	JK STATE MEASURE PROPONENT			
Executed on	DATE BY _	SIGNATU	RE OF CONTROLLING OFFICEHOLDER, CANDIDATE,	OR STATE MEASURE PROPONENT			

FPPC Form 410 (Dec/2012)

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

Statement of Organization Recipient Committee					FORM 410
NSTRUCTIONS ON REVERSE				P	Page 2
Jill Broadhurst for Council 2014	applied for				
 All committees must list the financial institution where the campaign 	bank account is l	ocated.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PI	HONE	BANK ACCOUN	IT NUMBER	
Wells Fargo Bank	(510)53	30-3095			
ADDRESS	CITY		STATE	ZIP CODE	
2220 Mountain Blvd.	Oaklan	id	CA	94611	
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
 List the name of each controlling officeholder, candidate, or star district number, if any, and the year of the election. 	te measure prop	onent. If candidate	e or officeholder c	ontrolled, also list the ele	ective office sought or held, and
• List the political party with which each officeholder or candidat	e is affiliated or	check "nonpartisan.	n,		
If this committee acts jointly with another controlled committee	e, list the name	and identification n	umber of the othe	r controlled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			N PARTY
Jill Broadhurst	Councilmember			2014	Nonpartisan
					☐ Nonpartisan
Primarily Formed Committee Primarily formed to support or	oppose specific	candidates or meas	sures in a single ele	ection. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR I	LETTER)			ELD OR MEASURE(S) JURISDICTION OR COUNTY, AS APPLICABLE)	N CHECK ONE
					SUPPORT OPPOSE

Statement of Organization Recipient Committee

FORM 410

INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME applied for Jill Broadhurst for Council 2014 4. Type of Committee 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. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE **Small Contributor Committee**

Sidemination Requirements by animather afficion the presence, externic becomes and being another of presence of the continue of the following continues becomes

- 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.