

Recipient Committee Campaign Statement - Short Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period from JULY 2005 through DEC 31 2009

Date of election if applicable: (Month, Day, Year) 2/14

Date Stamp
RECEIVED
 JAN 25 2010
 Page 1 of 2
 For Official Use Only

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1312240

COMMITTEE NAME

ALBANY KIDS FIRST

Treasurer(s)

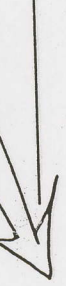
NAME OF TREASURER

JAACK HUTHNER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE

AREA CODE/PHONE



MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 1/19/2010 DATE

BY [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE

BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE

BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ DATE

BY _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Type or print in ink.
Amounts may be rounded
to whole dollars.

Recipient Committee Campaign Statement Summary Page

Statement covers period

from _____
through _____

CALIFORNIA
FORM

450

Page 2 of 2

I.D. NUMBER

NAME OF COMMITTEE

Expenditures Made

- 1. Expenditures of \$100 or more made this period \$ 0
- 2. Expenditures under \$100 made this period (Not itemized.) 20.00
- 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 20.00
- 4. Nonmonetary Adjustment From Line 8 Below
- 5. Total expenditures made from previous statement Previous Summary Page, Line 6 0
(If this is the first statement for the calendar year, enter zero.)
- 6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 20.00

Contributions Received

- 7. Monetary contributions received this period \$ 0
- 8. Non-monetary contributions received this period 0
- 9. Total contributions received from previous statement Previous Summary Page, Line 10 0
(If this is the first statement for the calendar year, enter zero.)
- 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE Add Lines 7 + 8 + 9 0

Current Cash Statement

- 11. Beginning cash balance Previous Summary Page, Line 15 \$ 671.06
- 12. Cash receipts this period Line 7 above 0
- 13. Miscellaneous increases to cash 0
- 14. Cash expenditures this period Line 3 above 20
- 15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 ~~651.06~~ 651.06

(R)