Statement of Organization Recipient Committee		HERETON S	Date Stamp	CALIFORNIA 410
Statement Type  Initial  Not yet qualified  or	Amendment List I.D. number:	☐ Termination – See Part 5	AUG 1 0 2016	For Official Use Only
Date qualified as committee	#//	#	NY CITY CLERK	
1. Committee Information  NAME OF COMMITTEE  COMMITTEE  COMMITTEE	for City Council 2018	2. Treasurer and Other	Treasurer and Other Principal Officers NAME OF TREASURER T. J. C.	
Committee to Support Giesen-Fields for City Council 2016	tor City Council 2016		S S	
STREET ADDRESS (NO P.O. BOX)		OLA DELIGISOLI PILEGE	· STATE	ZIP CODE AREA CODE/PHONE
329 Jefferson Street		Oakland	94	21P CODE AREA CODE/PHONE 94607 (510)359-8554
Oakland CA 94	21P CODE AREA CODE/PHONE 94607 (510)359-8554	NE NAME OF ASSISTANT TREASURER, IF ANY 3554		
P.O. Box 6292, Albany, CA 94706		STREET ADDRESS (NO P.O. BOX)		
enfields.com		מוזץ	STATE	ZIP CODE AREA CODE/PHONE
Alameda Albany	JURISDICTION WHERE COMMITTEE IS ACTIVE Albany	NAME OF PRINCIPAL OFFICER(S)  Erik Giesen-Fields	σ	
		STREET ADDRESS (NO P.O. BOX)  329 Jefferson Street		
	labeled continuation sheets.	Oakland	STATE ZIP CO CA 94607	ZIP CODE AREA CODE/PHONE 607 (510)359-8554
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	ing this statement and to the e of California that the forego	best of my knowledge the informatic ing is true and correct	on contained herein is true ar	nd complete. I certify under
Executed on 07/27/2016 By	q			
Executed on 07/27/2016 By	SIGNATURE OF	REASURER SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURER	ACIBE BEODONENT	
Executed onBy	SIGNATURE OF	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	ASURE PROPONENT	
Executed onBy	SIGNATURE OF	SIGNATURE OF CONTROLLING OFFICEHOLDER CANDIDATE OF STATE ME	200000000000000000000000000000000000000	

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

## Statement of Orga

Recipient Committee  INSTRUCTIONS ON REVERSE	FORM 410
INSTRUCTIONS ON REVERSE	300.2
COMMITTEE NAME	0000
Committee to Support Giesen-Fields for City Council 2016	D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	NUMBER
Mechanics Bank	(510)262-7200	42084792	92
ADDRESS			
AUCKESS	CITY	STATE	ZIP CODE
801 San Pablo Avenue	Albany	CA	94706
Time of Committee of			

# 4. Type of Committee Complete the applicable sections.

- 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.

	Erik Giesen-Fields	NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT
	Albany, California City Council Member	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
	2016	YEAR OF ELECTION
☐ Nonpartisan	Nonpartisan	PARTY

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

	Elik Glesen-Fleids		
	Albany, California City Council Member		("INCLODE DISTRICTING", CITY OR COUNTY, AS APPLICABLE)
SUPPORT	<	SUPPORT	СНЕС
OPPOSE		OPPOSE	CHECK ONE

## Statement of Organization

Recipient Committee	FORM 410
P	1ge 3
Committee to Support Giesen-Fields for City Council 2016	). NUMBER

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
NO AND CADELA
STATE ZIP CODE
Small Contributor Committee/

- 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.