

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  or

Not yet qualified  or

Amendment  
List I.D. number:

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date qualified as committee \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable)

Date of Termination \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1. Committee Information**

NAME OF COMMITTEE  
**Elect Jon Raj Destin for Albany Board of Education**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

**Cynthia Catharine Mathews**

STREET ADDRESS (NO P.O. BOX)

**1053 Peralta Ave**

CITY

**Albany**

STATE

**CA**

ZIP CODE

**94706**

AREA CODE/PHONE

**(510)387-6293**

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FAX / E-MAIL ADDRESS

**jon.destin@yahoo.com**

COUNTY OF DOMICILE

**Alameda**

JURISDICTION WHERE COMMITTEE IS ACTIVE

**Albany**

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 provided is correct.

Executed on 09/15/2016 By \_\_\_\_\_

Executed on 09/15/2016 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

TREASURER OR ASSISTANT TREASURER

OLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

RECEIVED

Date Stamp

SEP 16 2016

CALIFORNIA FORM 410

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ALBANY CITY CLERK

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Recipient Committee**

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I.D. NUMBER

COMMITTEE NAME  
**Elect Jon Raj Destin for Albany Board of Education**

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

**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
Jon Raj Destin	Board of Education	2016	<input checked="" type="checkbox"/> Nonpartisan
			<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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

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ID NUMBER

**Elect Jon Raj Destin for Albany Board of Education**

**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

**We are working together to help elect Jon Raj Destin to the Board of Education in Albany CA**

**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.