



CALIFORNIA 410 FORM For Official Use Only

Statement of Organization Recipient Committee  
Statement Type  Initial  Termination - See Part 5  
Not yet qualified  or List I.D. number: 1389305 # 09/29/2016  
Date qualified as committee (if applicable) Date of Termination

2. Treasurer and Other Principal Officers

1. Committee Information  
NAME OF COMMITTEE: Committee to Support Giesen-Fields for City Council 2016  
NAME OF TREASURER: Erik Giesen-Fields  
STREET ADDRESS (NO P.O. BOX): 329 Jefferson Street  
CITY: Oakland STATE: CA ZIP CODE: 94607 AREA CODE/PHONE: (510)359-8554  
NAME OF ASSISTANT TREASURER, IF ANY: [Blank]  
STREET ADDRESS (NO P.O. BOX): [Blank] CITY: [Blank] STATE: [Blank] ZIP CODE: [Blank] AREA CODE/PHONE: [Blank]

NAME OF PRINCIPAL OFFICER(S): Erik Giesen-Fields  
STREET ADDRESS (NO P.O. BOX): 329 Jefferson Street  
CITY: Oakland STATE: CA ZIP CODE: 94607 AREA CODE/PHONE: (510)359-8554

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 foregoing is true and correct.  
Executed on 10/11/2016 By [Redacted] TREASURER OR ASSISTANT TREASURER  
Executed on 10/11/2016 By [Redacted] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
Executed on [Blank] By [Blank] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent  
Executed on [Blank] By [Blank] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
**Committee to Support Giesen-Fields for City Council 2016**

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

NAME OF FINANCIAL INSTITUTION <b>Mechanics Bank</b>	AREA CODE/PHONE <b>(510)262-7200</b>	BANK ACCOUNT NUMBER <b>42084792</b>
ADDRESS <b>801 San Pablo Avenue</b>	CITY <b>Albany</b>	STATE <b>CA</b>
	ZIP CODE <b>94706</b>	

**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
<b>Erik Giesen-Fields</b>	<b>Albany, California City Council Member</b>	<b>2016</b>	<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"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1389305

COMMITTEE NAME

Committee to Support Giesen-Fields for City Council 2016

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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.