

Recipient Committee Campaign Statement Cover Page

COVER PAGE

FILED

Date Stamp

OCT 25 2016

CALIFORNIA
FORM
460

Page _____ of _____

For Official Use Only

ALBANY CITY CLERK

Date of election if applicable:

(Month, Day, Year)

11/8/2016

Statement covers period

from 9/5/2016

through 10/22/2016

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1391801

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Jacob Clark for Albany School Board 2016

Treasurer(s)

NAME OF TREASURER
Jacob Clark

MAILING ADDRESS
1041 Cornell Ave.

STREET ADDRESS (NO P.O. BOX)
1041 Cornell Ave.

CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94706 (510) 524-8795

CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94706 (510) 524-8795

NAME OF ASSISTANT TREASURER, IF ANY

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 and in the attached schedules 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 10/25/2016 Date
Executed on 10/25/2016 Date
Executed on _____ Date
Executed on _____ Date

Jacob Clark
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jacob Clark

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Albany Board of Education

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1041 Cornell Ave. Albany CA 94706

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|-----------------------------------------------------------------------------------|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---------------------------------------------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
9/5/2016

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from 10/22/2016
through

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jacob Clark

I.D. NUMBER

1391801

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions..... Schedule A, Line 3 | 884 | 884 |
| 2. Loans Received..... Schedule B, Line 3 | 1,300 | 1,300 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | 2,184 | 2,184 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | 2,184 | 2,184 |

Expenditures Made

| | | |
|------------------------------------------------------------|-------|-------|
| 6. Payments Made..... Schedule E, Line 4 | 2,054 | 2,054 |
| 7. Loans Made..... Schedule H, Line 3 | 826 | 826 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | 2,880 | 2,880 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | 2,880 | 2,880 |

Current Cash Statement

| | |
|----------------------------------------------------------------------------|-------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | 0 |
| 13. Cash Receipts..... Column A, Line 3 above | 2,184 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 2,880 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | -696 |

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED

| | |
|--------------------------|---|
| Schedule B, Part 2 | 0 |
|--------------------------|---|

Cash Equivalents and Outstanding Debts

| | |
|------------------------------------------------------------------|-------|
| 18. Cash Equivalents..... See instructions on reverse | 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | 1,300 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|-------------------------------|------------------|-------------|
| 20. Contributions Received \$ | \$ | \$ |
| 21. Expenditures Made \$ | \$ | \$ |

Expenditure Limit Summary for State Candidates

| | |
|----------------------------------------------------------------------------------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Total to Date |
| Date of Election (mm/dd/yy) | |
| / / | \$ |
| / / | \$ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 9/5/2016
through 10/22/2016

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jacob Clark

I.D. NUMBER
1391801

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| 9/5/2016 | Catherine Patrick P.O. Box 1202, 6848 Bruster Street Lucerne, CA 95458 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | 100 | 100 | 100 |
| 9/5/2016 | David Lozada 8657 Seneca Street Oakland, CA 94605 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Teacher Hayward Unified School District | 100 | 100 | 100 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period -- itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 200
- Amount received this period -- unitemized monetary contributions of less than \$100 \$ 684
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 884

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jacob Clark

Statement covers period
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| FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|----------------------------------------|-----------------------------------------------|
| Jacob Clark 1041 Cornell Ave. Albany, CA 94706 | Teacher San Leandro Unified School District | \$ 0 | \$ 2,100 | <input checked="" type="checkbox"/> PAID 800 <input type="checkbox"/> FORGIVEN | \$ 1,300 12/31/2020 DATE DUE | 0 % RATE | \$ 2,100 9/28/2016 DATE INCURRED | \$ 2,100 PER ELECTION** |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ DATE DUE | % RATE | \$ DATE INCURRED | \$ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ DATE DUE | % RATE | \$ DATE INCURRED | \$ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ DATE DUE | % RATE | \$ DATE INCURRED | \$ PER ELECTION** |
| SUBTOTALS \$ | | 2,100 \$ | 800 \$ | 1,300 \$ | 0 | | | |

Schedule B Summary

- Loans received this period \$ 2,126
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 826
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 1,300
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** if required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/5/2016
through 10/22/2016

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Jacob Clark

I.D. NUMBER
1391801

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| F3M 2228 Barrrow St. San Leandro, CA 94577 | CMP | | | 125 |
| Alliance Graphics 1101 8th St. Berkeley, CA 94710 | PRT | | | 609 |
| Ellen Toomey 1111 Talbot Ave. Albany, CA 94706 | PRO | | | 425 |
| SUBTOTAL \$ | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,934
- Unitemized payments made this period of under \$100..... \$ 120
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 2,054

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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from 9/5/2016
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jacob Clark

I.D. NUMBER
1391801

CODES: if one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|-----|-----------------------------------------------------------|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| IND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| FND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---------------------------------------------------------------------|------|----|------------------------|-------------|
| Copy Express 1164 Solano Ave. Albany, CA 94706 | LIT | | | 605 |
| Copy Express 1164 Solano Ave. Albany, CA 94706 | LIT | | | 170 |
| | | | | |
| | | | | |
| | | | | |
| SUBTOTAL \$ | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.