						DEC	FIM			
Statement of C Recipient Con	_				E,	de la	Date Stamp	The second second second	FORNIA 410	
Statement Type	☐ Initial		☐ Amendment		tion – See Part 5	DEC	2 1 2016		For Official Use Only	
	Not yet qualified	or	List I.D. number:	List I.D. numbe		DEC	2 1 2010	'		
			#	# 139180	1					
	/	/	Date qualified as committee					The second secon		
1. Committee In	formation			2	. Treasurer and Ot NAME OF TREASURER	ther Prin	cipal Officer	S		
Jacob Clark										
Jacob Clark for Alba	iny School Board 2	016			STREET ADDRESS (NO P.O. BOX)					
					1041 Cornell Av	e.				
STREET ADDRESS (NO P.O	. BOX)				CITY		STATE	ZIP CODE	AREA CODE/PHONE	
1041 Cornell A		Albany		CA	94706	(510) 524-8795				
CITY		STATE	ZIP CODE AREA CODE/P		NAME OF ASSISTANT TREASURER	R, IF ANY				
Albany		CA 94	706 (510) 524	4-8795						
MAILING ADDRESS (IF DIF	FERENT)				STREET ADDRESS (NO P.O. BOX)					
FAX / E-MAIL ADDRESS					CITY		STATE	ZIP CODE	AREA CODE/PHONE	
jacobclark4aus	d@gmail.com									
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE					NAME OF PRINCIPAL OFFICER(S)					
Alameda	Alb	any			Jacob Clark					
					STREET ADDRESS (NO P.O. BOX)					
					1041 Cornell Av	e.		ZIP CODE	AREA CODE/PHONE	
Attach additional i	s.	Albany		STATE CA	94706	(510) 524-8795				
3. Verification										
			ing this statement and to th						te. I certify under	
, , ,		the State	of California that the foreg	going is true ar	nd correct.					
Executed on 12/2	20/2016 DATE	Ву		SIGNATURE OF	TREASURER OR ASSISTANT TRE					
12/2	0/2016			SIGNATURE OF	TREASURER OR ASSISTANT TRE					
Executed on T2/20/2010 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR ST										
Executed on		Bv								
	DATE		SIGNATURE C	OF CONTROLLING OFFI	CEHOLDER, CANDIDATE, OR STATE N	MEASURE PROP	ONENT			
Executed on	DATE	_ ву	CICALATIDE	OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE I	MEASURE PROP	ONENT			
	Drill be		SIGNATURE	O' COMINDELING OFF	CETTOLOGIA, CATTOLOGIC, OR STATE					

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Statement of Organization Recipient Committee				CALIFORNIA 410					
INSTRUCTIONS ON REVERSE			P	nge 2					
COMMITTEE NAME Jacob Clark for Albany School Board 2016	1.1	1391801							
All committees must list the financial institution where the campaign became a committee of the campaign became a co	pank account is located.								
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	IT NUMBER						
Mechanics Bank	(510) 558-2330 0420925		2582						
ADDRESS	CITY	STATE	ZIP CODE						
801 San Pablo Ave.	Albany	CA	94706						
4. Type of Committee Complete the applicable sections.									
Controlled Committee		enterior de existencia constitución de enterior respensar es		оните и натим не с онит по и с они на вонива и постави с пред не объемба с обствения и постави объемба на объе					
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure proponent. If candidate	or officeholder co	ontrolled, also list the elec	tive office sought or held, and					
• 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 SOUG (INCLUDE DISTRICT NUMBER		YEAR OF ELECTION	PARTY					
Jacob Clark	Albany School Board		2016	Nonpartisan					
				Nonpartisan					
Primarily Formed Committee Primarily formed to support or op	ppose specific candidates or measu	res in a single ele	ction. List below:						
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET			O OR MEASURE(S) JURISDICTION COUNTY, AS APPLICABLE)	CHECK ONE					
				SUPPORT OPPOSE					

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Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA 410		
	Page 3		
Jacob Clark for Albany School Board 2016	1391801		
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			
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE			
Small Contributor Committee			

- 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.

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