

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number:
1389305 #

Termination - See Part 5
List I.D. number:
1389305 #
Date of Termination
12 / 10 / 2016

_____/_____/_____
Date qualified as committee
(if applicable)

1. Committee Information

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

STREET ADDRESS (NO P.O. BOX)
329 Jefferson Street
CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94607 (510) 359-8554

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 6292, Albany, CA 94706
FAX / E-MAIL ADDRESS
info@erikgiesenfields.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 foregoing is true and correct.

Executed on _____ By _____
DATE 12/10/2016
Executed on _____ By _____
DATE 12/10/2016
Executed on _____ By _____
DATE _____
Executed on _____ By _____
DATE _____

TITLE OF TREASURER OR ASSISTANT TREASURER

TITLE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Date Stamp
RECEIVED
DEC 19 2016
ALBANY CITY CLERK

CALIFORNIA 410 FORM
For Official Use Only

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Erik Giesen-Fields
STREET ADDRESS (NO P.O. BOX)
329 Jefferson Street

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland CA 94607 (510) 359-8554

NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Erik Giesen-Fields
STREET ADDRESS (NO P.O. BOX)
329 Jefferson Street

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1389305

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

Mechanics Bank

AREA CODE/PHONE

(510) 262-7200

BANK ACCOUNT NUMBER

42084792

ADDRESS

801 San Pablo Avenue

CITY

Albany

STATE

CA

ZIP CODE

94706

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

Erik Giesen-Fields

Albany, California City Council Member

2016

Nonpartisan

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

Erik Giesen-Fields

Albany, California City Council Member

SUPPORT

OPPOSE

**Statement of Organization
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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

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.