Statement of C	Organization	Date Stamp	CALIFORNIA 440					
Recipient Com	nmittee		FORM 410					
Statement Type	☑ Initial	☐ Amendment	☐ Termination - See Part 5	RECEIVED	For Official Use Only			
	O Not yet qualified			SEP 01 2020	To the second se			
	or Date qualification threshold met	Date qualification threshold met	Date of termination	02, 02 2020				
	ĺ	Date qualification the carbon thet		LBANY CITY CLERK				
	8 / 31 / 2020	/						
表名《其体系》,《华上王王 氏》	Information I.D. Numbe	er	2. Treasurer and	Other Principal Officers				
NAME OF COMMITTEE			NAME OF TREASURER					
Albany Cares Al	oout Climate, Yes on Measure Di							
			STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.D.	BOX)		CITY	STATE	ZIP CODE AREA CODE/PHONE			
GITY	STATE ZIP CO		NAME OF ASSISTANT TREASURER,	IF ANY				
Albany	CA 94	705						
c/o Harry Chom			STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)					
Alameda City of Albany, Alameda County			Nick Peterson					
			STREET ADDRESS (NO P.O. BOX)	_				
Attach additional	information on appropriately la	CITY	STATE	ZIP CODE AREA CODE/PHONE				
3. Verification								
I have used all rea	asonable diligence in preparing t	his statement and to the best	of my knowledge the informati	on contained herein is true ar	nd complete. I certify under			
penalty of perjury	under the laws of the State of C	California that the foregoing is	true and correct.	_	•			
Executed on 4/1/2020 By								
Executed on 15ept 2020 By								
Executed on	DE DATE ZUZUBY				844 W W W W W W W W W W W W W W W W W W			
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT								
Executed onBy								
Executed on	Ву							
	DATE	SIGNATURE OF CONTRO	ILLING OFFICEHOLDER CANDIDATE OR STATE M	FASILIRE REOPONENT				

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	CALIFORNIA 410							
COMMITTEE NAME Albany Cares About Climate, Yes on Measure DD, controlled by	Preston Jo	rdan				Page 2		
All committees must list the financial institution where the ca	ampaign ba	nk account is locate	i.			red er en menen en		
NAME OF FINANCIAL INSTITUTION	AREA (CODE/PHONE	BANK ACCOU	UNT NUMBER				***************************************
Mechanics Bank	510	-558-2330						
ADDRESS	CITY		STATE		IP CODE		·····	
801 San Pablo Avenue	Alba	any	CA		94706			
4. Type of Committee Complete the applicable sections.								
Controlled Committee				vii - 747 (C. V.), in 404 (00000000000000000000000000000000000000		- Novi de la compa
List the name of each controlling officeholder, candidate, or sta	if any, and	the year of the electi	on.					
List the political party with which each officeholder or candidat			- ,					
If this committee acts jointly with another controlled committe	e, list the n	ame and identification	n number of the oth	er control	led committe	e.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD YEAR OF PARTY (INCLUDE DISTRICT NUMBER IF APPLICABLE) ELECTION CHECK O						
Preston Jordan	Member of Albany City Council 20			2020	Nonpartisan ✓	Partisan	(list political par	ty below)
					Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or o	ppose spec	cific candidates or me	asures in a single ele	ection. List	below:			***************************************
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TER)		E(S) OFFICE SOUGHT OR HE LUDE DISTRICT NO., CITY O			ON	CHEOK	ONE
Measure DD: Utility Users' Tax		City of Albany Mea	sure DD	The Assert Control of the Advanced	, , , , , , , , , , , , , , , , , , , 	Maria Reference de la constanción de la constanc	SUPPORT	OPPOSE
			-				SUPPORT	OPPOSE

Statement of Organizat Recipient Committee	CALIFORNIA 410			
INSTRUCTIONS ON REVERSE				Page 3
Albany Cares About Climate, Yo	es on Measure DD, controlled b	y Dreston Jordan		I.D. NUMBER
4. Type of Committee			zρ	
. General Purpose Committee	Not formed to support or op	pose specific candidates or measures in COUNTY Committee	a single election. Check only one box	c
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				
Sponsored Committee List	additional sponsors on an attac	hment.	***************************************	
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF	FSPONSOR	
STREET ADDRESS NO. AND STRE	ET	CITY	' STATE ZIP CODE	AREA CODE/PHONE
Small Contributor Committee	O//			
5. Termination Require	Date qualified Ments By signing the verification	, the treasurer, assistant treasurer and/or candid	late, officeholder, or ponent certify that all of t	he 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.