

01
Statement of Organization Recipient Committee

COPY

Type or print in ink

1342837

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Date qualified as committee

Termination - See Part 5
List I.D. number:

Date of Termination

RECEIVED AND FILE

in the office of the Secretary of State of the State of California

NOV 04 2011

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only
RECEIVED
Alameda County

NOV 14 2011

Reg. of Voters

1. Committee Information

NAME OF COMMITTEE

SAN LEANDRO CHAMBER OF COMMERCE
P A C

STREET ADDRESS (NO P.O. BOX)

15555 E. 14th St., Suite 100

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO CA 94502 510-317-1400

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ALAMEDA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

SEE ATTACHED ADDENDUM 0 of 0

2. Treasurer and Other Principal Officers

NAME OF TREASURER

DAVID BRODIN

STREET ADDRESS (NO P.O. BOX)

14515 CATALINA ST

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO CA 94578 510-347-3715

NAME OF ASSISTANT TREASURER, IF ANY

EMILY GRIEGO

STREET ADDRESS (NO P.O. BOX)

15555 E. 14th St., Suite 100

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO CA 94578 510-317-1400

NAME OF PRINCIPAL OFFICER(S)

JOHN JOHNSON

STREET ADDRESS (NO P.O. BOX)

276 DOLORES AVE

CITY STATE ZIP CODE AREA CODE/PHONE

SAN LEANDRO CA 94577 510-357-7462

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 11-2-2011
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Date qualified as committee

Date qualified as committee (If applicable)

Date of Termination

1. Committee Information

NAME OF COMMITTEE SAN LEANDRO CHAMBER OF COMMERCE PAC

STREET ADDRESS (NO P.O. BOX) 15555 E 14th St., Suite 200

CITY STATE ZIP CODE AREA CODE/PHONE SAN LEANDRO CA 94578 570-317-1400

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE ALAMEDA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

THIRD PRINCIPAL OFFICER

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

JOHN GOODING

STREET ADDRESS (NO P.O. BOX)

6363 CHRISTIE AVE., #2616

CITY STATE ZIP CODE AREA CODE/PHONE

EMERYVILLE CA 94608 570-654-8811

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 DATE

Executed on DATE

Executed on DATE

Executed on DATE

By SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization
Recipient Committee

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

SAW LEANDRO CHAMBER OF COMMERCE PAC

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I.D. NUMBER

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

Support or oppose local, county and other regional/local candidates or measures.

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.