Recipient Co	mmittee 01		1388	521	Date Stamp	CALIFORNIA 410
Statement Type	X Initial Not yet qualified ☐ or 08	List I.D. number  #	s committee	Termination – See Part 5 List I.D. number:  #	RECEIVED AND FILED in the office of the Secretary of State of the State of California  AUG 15 2016	FORM For Official Use Only RECEIVED Alameda County AUG 22 2016 Reg. of Voters
School Board 20	EE Alamedans United suppo er for Treasurer, McMahon f 116 sponsored by public safe	or Auditor, Harris	and Hettich for	NAME OF TREASURER Byong Kim	Office Private aportice is	
STREET ADDRESS	STA		AREA CODE/PH		STATE ZIF	P CODE AREA CODE/PHONE
Alameda MAILING ADDRESS ( FAX / E-MAIL ADDRE	Sacramer	A 94501 ato, CA 95814		NAME OF ASSISTANT TRE	EASURER, IF ANY	4501
COUNTY OF DOMICE		ION WHERE COMMITTE	EE IS ACTIVE	NAME OF PRINCIPAL OFF	CER(S) pal Officer	P CODE AREA CODE/PHONE
Attach additiona	al information on appropriat	ely labeled continu	ation sheets.	CITY Alameda	STATE ZIF	P CODE AREA CODE/PHONE
	easonable diligence in prepa y under the laws of the State B DATE B	of 			contained herein is true and comp	olete. I certify under
Executed on	B <sub>1</sub>		SIGNATURE OF CONTRO	LLING OFFICEHOLDER, CANDIDATE, OR STA	NTE MEASURE PROPONENT	

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

#### COMMITTEE NAME

Alamedans United supporting Vella and Ashcraft for City Council, Bratzler for Treasurer, McMahon for Auditor, Harris and Hettich for School Board 2016 sponsored by public safety & labor organizations

### 2a. Additional Officers

NAME OF OTHER PRINCIPAL OFFI	CER(S)			NAME OF OTHER PRINCIPAL OFFICER	R(S)		
Mike Henneberry, Princi	ipal Officer						
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	CA	94501					
NAME OF OTHER PRINCIPAL OFFIC	CER(S)			NAME OF OTHER PRINCIPAL OFFICER	R(S)		
Benjamin Villegas, Prin	ncipal Officer			MAILING ADDRESS			
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	. CA	94501					
NAME OF OTHER PRINCIPAL OFFIC	CER(S)		•	NAME OF OTHER PRINCIPAL OFFICER	R(S)		
MAILING ADDRESS				MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME OF OTHER PRINCIPAL OFFIC	CER(S)			NAME OF OTHER PRINCIPAL OFFICER	R(S)		
MAILING ADDRESS				MAILING ADDRESS	49.14.1		
CITY	STATE	ZIP CODE	AREA CODE/PHO NE	CITY	STATE	ZIP CODE	AREA CODE/PHONE

CALIFORNIA 410

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COMMITTEE NAME	LD NUMBER

Alamedans United supporting Vella and Ashcraft for City Council, Bratzler for Treasurer, McMahon for Auditor, Harris and Hettich for School Board 2016 sponsored by public safety & labor organizations

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	T NUMBER	
Wells Fargo Bank				
ADDRESS	CITY	STATE	ZIP CODE	
	Sacramento	CA	95814	

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		PAR TY	
			☐ None	partisan	
			☐ Nonp	partisan	
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 OF (INCLUDE DISTRICT NO., CITY OR CO		N	CHECK	ONE
Malia Vella	City Council Member: City of Alameda			SUPPORT	OPPOSE
Marilyn Ezzy Ashcraft	City Council Member: City of Alameda			SUPPORT	OPPOSE

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COMMITTEE NAME

I.D. NUMBER

Alamedans United supporting Vella and Ashcraft for City Council, Bratzler for Treasurer, McMahon for Auditor, Harris and Hettich for School Board 2016
sponsored by public safety & labor organizations

### 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)	SUPPORT	OPPOSE
Jeff Bratzler	City Treasurer: City of Alameda	. X	
Mike McMahon	City Auditor: City of Alameda	х	
Gray Harris	Board Member: Alameda USD	Х	
Matt Hettich	Board Member: Alameda USD	х	
			-

**CALIFORNIA FORM** 

INSTRU	JCT	ONS	ON	RE\	/ERSE
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COMMI	TTEE	NAME
COMMIN	ILEE	MALLAIR

Alamedans United supporting Vella and Ashcraft for City Council, Bratzler for Treasurer, McMahon for Auditor, Harris and Hettich for School Board 2016 sponsored by public safety & labor organizations

I.D. NUMBER

4. I VDE OI COIIIIIILLEE (Continue	4.	Type	of	Committee	(Continued
------------------------------------	----	------	----	-----------	------------

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 DESCRI	PTION OF	ACTIVITY
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Sponsored Comm	List additional sponsors on a	n attachment.			
NAME OF SPONSOR		INDUSTRY GROUP OR AF	FILIATION OF SPONSOR	-	
Alameda Firefigh	iters Local 689	Public Safety and	Labor Organization		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	-
		Alameda	CA	94501	

Small	Contributor	Committee
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		1		1	
ш	- [	Date qu	ualifie	ed	

#### 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.

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Hettich for School Board 2016 sponsored by public safety & labo	r organizations	

I.D. NUMBER

Sponsored Comm	nittee List additional sponsors on an atta	chment.			
NAME OF SPONSOR		INDUSTRY GROUP (	OR AFFILIATION OF SPONSOR		
United Food and Commercial Workers Local 5		Labor Organiz	ation		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
		Hayward	CA	94544	
NAME OF SPONSOR		INDUSTRY GROUP C	OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREIET	CITY	STATE	ZIP CODE	
NAME OF SPONSOR		INDUSTRY GROUP (	DR AFFILIATION OF SPONSOR		1.70
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
NAME OF SPONSOR		INDUSTRY GROUP	OR AFFILIATION OF SPONSOR	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
NAME OF SPONSOR		INDUSTRY GROUP	OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	
NAME OF SPONSOR	<del> </del>				
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	