

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number:
1391801
10 / 12 / 2016
Date qualified as committee
(if applicable)

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

Date of Termination
____/____/____

1. Committee Information

NAME OF COMMITTEE

Jacob Clark for Albany School Board 2016

STREET ADDRESS (NO P.O. BOX)
1041 Cornell Ave.

CITY Albany STATE CA ZIP CODE 94706 AREA CODE/PHONE (510) 524-8795

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
jacobclark4ausd@gmail.com

COUNTY OF DOMICILE Alameda JURISDICTION WHERE COMMITTEE IS ACTIVE Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jacob Clark

STREET ADDRESS (NO P.O. BOX)
1041 Cornell Ave.

CITY Albany STATE CA ZIP CODE 94706 AREA CODE/PHONE (510) 524-8795

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jacob Clark

STREET ADDRESS (NO P.O. BOX)
1041 Cornell Ave.

CITY Albany STATE CA ZIP CODE 94706 AREA CODE/PHONE (510) 524-8795

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 information provided is true and correct.

Executed on 10/25/16 By _____

Executed on 10/25/16 By _____

Executed on _____ By _____

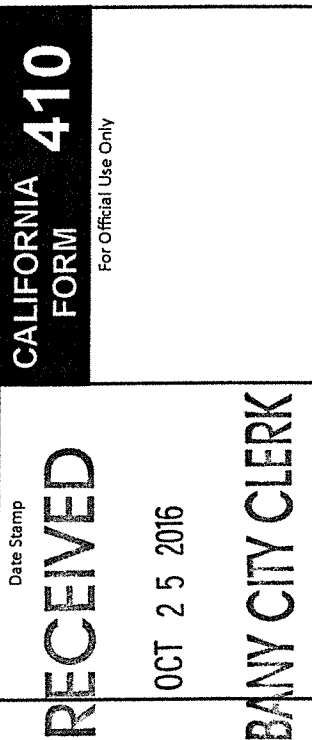
Executed on _____ By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent



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INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Jacob Clark for Albany School Board 2016

I.D. NUMBER

1391801

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

NAME OF FINANCIAL INSTITUTION

Mechanics Bank

AREA CODE/PHONE

(510) 558-2330

BANK ACCOUNT NUMBER

042092582

ADDRESS

801 San Pablo Ave.

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

Jacob Clark

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Albany School Board

YEAR OF ELECTION

2016

PARTY

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

SUPPORT

OPPOSE

<input type="checkbox"/>	<input type="checkbox"/>
SUPPORT	OPPOSE