Statement of Organization
Recipient Committee

Statement Type
☑ Initial
☐ Amendment
☐ Termination – See Part 5

Date qualification threshold met
10 / 22 / 2018

Date of termination
/
/
/
/

1. Committee Information
I.D. Number
1409694

NAME OF COMMITTEE
Committee to Elect Clementina Duron for Board of Education 2018

STREET ADDRESS (NO P.O. BOX)

CITY
Albany

STATE
CA

ZIP CODE
94706

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)
clementina_duron@yahoo.com

COUNTY OF DOMICILE
Alameda

WARD OR NEIGHBORHOOD

JURISDICTION WHERE COMMITTEE IS ACTIVE
Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Ellen Sullivan

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Billie Narver

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 10-27-18
By

Executed on 10-26-18
By

Executed on
By

Executed on
By
## Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Committee to Elect Clementina Duron for Board of Education 2018

**I.D. NUMBER**
140 9694

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanics Bank</td>
<td>1800 797 6324</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>801 San Pablo Avenue</td>
<td>Albany</td>
<td>CA</td>
<td>94706</td>
</tr>
</tbody>
</table>

### 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.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clementina Duron</td>
<td>Board of Education</td>
<td>2018</td>
<td>☑️</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

- Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FFPC Form 410 (August/2018)
FFPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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

**Sponsored Committee**
List additional sponsors on an attachment.

**Small Contributor Committee**


5. Termination Requirements

- 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.