Statement of Organization
Recipient Committee

YES on Albany Schools Measure B

1. Committee Information
NAME OF COMMITTEE
Yes on Albany Schools Measure B

NAME OF COMMITTEE

STATE STREET ADDRESS (NO P.O. BOX)

CITY

Albany

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gary W. Glass

NAME OF ASSISTANT TREASURER, IF ANY

Kathleen E. Bliss

NAME OF PRINCIPAL OFFICER(S)
Joan R. Rothstein

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 1 January 2020
By

Executed on 4 July 2020
By

Executed on
By

Executed on
By

CALIFORNIA FORM 410
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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Yes on Albany Schools Measure B

- 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>510-558-2330</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 PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</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 “RECALL” 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>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Unified School District Measure B</td>
<td>City of Albany (County of Alameda)</td>
</tr>
</tbody>
</table>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Yes on Albany Schools Measure B

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

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 | AREA CODE/PHONE

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.