Statement of Organization
Recipient Committee

Statement Type
☑ Initial
☐ Amendment
☐ Termination - See Part B

1. Committee Information
   I.D. Number (if applicable)

   STREET ADDRESS (NO P.O. BOX):
   [Redacted]
   CITY: [Redacted]  STATE: CA  ZIP CODE: 94706

   E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):
   [Redacted]
   COUNTY OF Domicile:
   Alameda
   JURISDICTION WHERE COMMITTEE IS ACTIVE:
   Albany

   Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
   NAME OF TREASURER:
   Melissa Boyd

   STREET ADDRESS (NO P.O. BOX):
   [Redacted]
   CITY: [Redacted]  STATE: CA  ZIP CODE: [Redacted]

   NAME OF ASSISTANT TREASURER, IF ANY:

   STREET ADDRESS (NO P.O. BOX):
   [Redacted]
   CITY: [Redacted]  STATE: CA  ZIP CODE: [Redacted]

   NAME OF PRINCIPAL OFFICER:

   STREET ADDRESS (NO P.O. BOX):
   [Redacted]
   CITY: [Redacted]  STATE: CA  ZIP CODE: [Redacted]

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: 09/08/2020  By: [Redacted]

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

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>Chase</td>
<td>800/935-9935</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS
P O Box 182051
Columbus, OH 43218-2051

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>
</table>
| Melissa Boyd                                           | School Board - Albany                                        | 2020            | Nonpartisan
|                                                        |                                                               |                 | ✔     |

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>
<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>
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<td></td>
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Melissa Boyd for School Board 2020

CALIFORNIA FORM
410

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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 ponent 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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