

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

CALIFORNIA
FORM
450

Statement covers period

from 1/1/2020

through

6/30/2020

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NAME OF COMMITTEE

Alameda Justice Alliance

I.D. NUMBER

1411765

Expenditures Made

- 1. Expenditures of \$100 or more made this period \$ 144.00
- 2. Expenditures under \$100 made this period (Not itemized.) 79.98
- 3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 223.98
- 4. Nonmonetary Adjustment..... From Line 8 Below 0
- 5. Total expenditures made from previous statement Previous Summary Page, Line 6 \$ 0
(If this is the first statement for the calendar year, enter zero.)
- 6. TOTAL EXPENDITURES MADE TO DATE Add Lines 3 + 4 + 5 \$ 223.98

Contributions Received

- 7. Monetary contributions received this period..... \$ 0
- 8. Non-monetary contributions received this period..... 0
- 9. Total contributions received from previous statement..... Previous Summary Page, Line 10 \$ 0
(If this is the first statement for the calendar year, enter zero.)
- 10. TOTAL CONTRIBUTIONS RECEIVED TO DATE..... Add Lines 7 + 8 + 9 \$ 0

Current Cash Statement

- 11. Beginning cash balance..... Previous Summary Page, Line 15 \$ 1577.54
- 12. Cash receipts this period..... Line 7 above 0
- 13. Miscellaneous increases to cash \$ 0
- 14. Cash expenditures this period..... Line 3 above 223.98
- 15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 1353.56

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

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5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
5/4/20	Squarespace, Inc.	Website building	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	144.00	Calendar Year \$ 144.00 Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
SUBTOTAL				\$ 144.00	

* Required only for payments which are contributions or independent expenditures.