

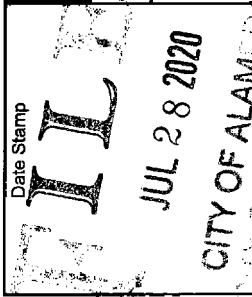
Recipients Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
from 1/1/2020
through 6/30/2020

Date of election if applicable:
(Month, Day, Year)



1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

COMMITTEE NAME
Alameda Renters Coalition

I.D. NUMBER
1384224

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Alameda CA 94501 510-473-2332

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Alameda CA 94501

OPTIONAL: FAX / E-MAIL ADDRESS
alamedarenterscoalition@gmail.com

Treasurer(s)

NAME OF TREASURER
Toni Grimm

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Alameda CA 94501 510-865-2319

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 _____ DATE By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ DATE By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

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 Renters Coalition

I.D. NUMBER

1384224

Expenditures Made

1. Expenditures of \$100 or more made this period \$ 466.00
2. Expenditures under \$100 made this period (Not itemized.) 50.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD Add Lines 1 + 2 \$ 516.00
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 \$ 516.00

Contributions Received

7. Monetary contributions received this period..... \$ 281.00
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 \$ 281.00

Current Cash Statement

11. Beginning cash balance Previous Summary Page, Line 15 \$ 942.83
12. Cash receipts this period..... Line 7 above 281.00
13. Miscellaneous increases to cash \$ 0
14. Cash expenditures this period..... Line 3 above 516.00
15. ENDING CASH BALANCE THIS PERIOD Add Lines 11 + 12 + 13, then subtract Line 14 \$ 707.83

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NAME OF COMMITTEE

I.D. NUMBER
1384224

Alameda Renters Coalition

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*
1/6/2020	Toni Grimm	Treasurer duties	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	200.00	Calendar Year \$ 200.00 Other \$
1/27/2020	United States Postal Service	Post office box rental	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	122.00	Calendar Year \$ 122.00 Other \$
6/25/2020	Squarespace, Inc.	Website builder	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	144.00	Calendar Year \$ 144.00 Other \$
SUBTOTAL				\$ 466.00	

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