

# Recipient Committee Campaign Statement – Short Form

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 01/01/2020

through 06/30/2020

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

\_\_\_\_\_

Date Stamp

**Filed Date:**  
**07/09/2020 10:52 AM**

**CALIFORNIA FORM 450**

Page 1 of 3

For Official Use Only

## 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:

- Preelection 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

I.D. NUMBER 1408726

COMMITTEE NAME

A Better Alameda

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	CA	94501	(510)455-1315

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

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
			(510)455-1315

OPTIONAL: FAX / E-MAIL ADDRESS

\_\_\_\_\_

## Treasurer(s)

NAME OF TREASURER

Paul Foreman

MAILING ADDRESS

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	CA	94501	(510)455-1315

NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_

MAILING ADDRESS

\_\_\_\_\_

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

\_\_\_\_\_

ps4man@comcast.net

## 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 07/09/2020  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	01/01/2020	
through	06/30/2020	Page <u>2</u> of <u>3</u>

NAME OF COMMITTEE A Better Alameda	I.D. NUMBER 1408726
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**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>280.92</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>50.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... <i>Add Lines 1 + 2</i>	\$	<u>330.92</u>
4. Nonmonetary Adjustment ..... <i>From Line 8 Below</i>		<u>0.00</u>
5. Total expenditures made from previous statement ..... <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
6. TOTAL EXPENDITURES MADE TO DATE ..... <i>Add Lines 3 + 4 + 5</i>	\$	<u>330.92</u>

**Contributions Received**

7. Monetary contributions received this period.....	\$	<u>0.00</u>
8. Non-monetary contributions received this period .....		<u>0.00</u>
9. Total contributions received from previous statement ..... <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	<u>0.00</u>
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... <i>Add Lines 7 + 8 + 9</i>	\$	<u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance ..... <i>Previous Summary Page, Line 15</i>	\$	<u>1,692.44</u>
12. Cash receipts this period ..... <i>Line 7 above</i>		<u>0.00</u>
13. Miscellaneous increases to cash .....	\$	<u>0.00</u>
14. Cash expenditures this period ..... <i>Line 3 above</i>		<u>330.92</u>
15. ENDING CASH BALANCE THIS PERIOD ..... <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>1,361.52</u>

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Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	01/01/2020	
through	06/30/2020	Page <u>3</u> of <u>3</u>

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NAME OF COMMITTEE

A Better Alameda

I.D. NUMBER

1408726

## 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 *
06/29/2020	Godaddy [REDACTED] Scottsdale AZ 85260	Domain & SSL Renewal	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	101.16	<b>Calendar Year</b> \$ _____ Other \$ _____
06/29/2020	Godaddy [REDACTED] Scottsdale AZ 85260	Email and hosting renewal	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	179.76	<b>Calendar Year</b> \$ _____ Other \$ _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.	0	<b>Calendar Year</b> \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				280.92	