

Recipient Committee Campaign Statement - Short Form

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

SHORT FORM

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 <u>1/1/2016</u> through <u>6/30/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/2016</u>
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Date Stamp

CALIFORNIA FOR I 150

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For Official Use Only
JUL 18 2016

CITY OF ALAMEDA

1. Type of Recipient Committee:

- Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored

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

2. Type of Statement:

- Preelection Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain) _____
 (Also check type of statement you are amending)
 Missed payment to SOS? _____
- Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1275389

COMMITTEE NAME
CITY OF ALAMEDA DEMOCRATIC CLUB

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

CITY ALAMEDA	STATE CA	ZIP CODE 94501	AREA CODE/PHONE (510) 523-2263
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
[REDACTED]

CITY ALAMEDA	STATE CA	ZIP CODE 94501	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
mike.mcmahon@yahoo.com

Treasurer(s)

NAME OF TREASURER
Mike McMahon

MAILING ADDRESS
[REDACTED]

CITY Alameda	STATE CA	ZIP CODE 94501	AREA CODE/PHONE (510) 523-2263
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
Treasurer: mike.mcmahon@yahoo.com

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 [REDACTED]

Executed on 7/9/2016 _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period from <u>1/1/2016</u> through <u>6/30/2016</u>	CALIFORNIA FORM 450
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NAME OF COMMITTEE
CITY OF ALAMEDA DEMOCRATIC CLUB

I.D. NUMBER
1275389

Expenditures Made

1. Expenditures of \$100 or more made this period	\$50.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$50.00
4. Nonmonetary Adjustment	\$0.00
5. Total expenditures made from previous statement	\$0.00
6. TOTAL EXPENDITURES MADE TO DATE	\$50.00

Contributions Received

7. Monetary contributions received this period	\$0.00
8. Non-monetary contributions received this period	\$0.00
9. Total contributions received from previous statement	\$0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$0.00

Current Cash Statement

11. Beginning cash balance	\$371.44
12. Cash receipts this period	\$0.00
13. Miscellaneous increases to cash	\$0.06
14. Cash expenditures this period	\$50.00
15. ENDING CASH BALANCE THIS PERIOD	\$321.50

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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*
1/13/2016	Secretary of State Sacramento, CA 95814	Annual Filing Fee		\$50.00	Calendar Year \$50.00
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
					Calendar Year
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Other
			<input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

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