

Recipient Committee Campaign Statement - Short Form

Type or print in ink.

SHORT FORM

SEE INSTRUCTIONS ON REVERSE

Date Stamp	CALIFORNIA FORM 450
	Page <u>1</u> of <u>3</u> For Official Use Only

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	Date of election if applicable: (Month, Day, Year)
from <u>7/1/2016</u>	<u>11/8/2016</u>
through <u>9/24/2016</u>	

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
 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)
333 HAIGHT AVE.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ALAMEDA	CA	94501	(510) 523-2263

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P O BOX 2723

CITY	STATE	ZIP CODE	AREA CODE/PHONE
ALAMEDA	CA	94501	

OPTIONAL: FAX / E-MAIL ADDRESS
mike.mcmahon@yahoo.com

Treasurer(s)

NAME OF TREASURER
Mike McMahon

MAILING ADDRESS
333 Haight Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Alameda	CA	94501	(510) 523-2263

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 correct.

Executed on 9/29/2015 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

FPPC Form 450 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Recipient Committee
Campaign Statement
Summary Page**

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

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NAME OF COMMITTEE
CITY OF ALAMEDA DEMOCRATIC CLUB

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Expenditures Made

1. Expenditures of \$100 or more made this period	\$0.00
2. Expenditures under \$100 made this period (Not itemized.)	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD	\$0.00
4. Nonmonetary Adjustment	\$0.00
5. Total expenditures made from previous statement	\$0.00
(If this is the first statement for the calendar year, enter zero.)	
6. TOTAL EXPENDITURES MADE TO DATE	\$0.00

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
(If this is the first statement for the calendar year, enter zero.)	
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE	\$0.00

Current Cash Statement

11. Beginning cash balance	\$321.50
12. Cash receipts this period	\$0.00
13. Miscellaneous increases to cash	\$0.02
14. Cash expenditures this period	\$0.00
15. ENDING CASH BALANCE THIS PERIOD	\$321.52

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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*
					Calendar Year _____ 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 _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
SUBTOTAL \$					

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