

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
 Received on
 08/10/2020
 by Anna M. Brown,
 City Clerk

**CALIFORNIA
FORM 410**
 For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE SANDI HOLDER-GRAYSON FOR CITY COUNCIL				NAME OF TREASURER SANDRA HOLDER-GRAYSON				STREET ADDRESS (NO P.O. BOX)				
STREET ADDRESS (NO P.O. BOX)				CITY UNION CITY	STATE CA	ZIP CODE 94587	AREA CODE/PHONE 510	NAME OF ASSISTANT TREASURER, IF ANY				
CITY UNION CITY				STATE CA	ZIP CODE 94587	AREA CODE/PHONE 510	STREET ADDRESS (NO P.O. BOX)					
FULL MAILING ADDRESS (IF DIFFERENT)				CITY				STATE	ZIP CODE	AREA CODE/PHONE		
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) SANDIFORCITYCOUNCIL@GMAIL.COM 510				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)				
COUNTY OF DOMICILE ALAMEDA		JURISDICTION WHERE COMMITTEE IS ACTIVE UNION CITY		CITY				STATE	ZIP CODE	AREA CODE/PHONE		
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)								
				CITY				STATE	ZIP CODE	AREA CODE/PHONE		
3. Verification												

I have used all reasonable diligence in preparing 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 AUGUST 10, 2020 By _____
DATE

Executed on AUGUST 10, 2020 By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

COMMITTEE NAME SANDI HOLDER-GRAYSON FOR CITY COUNCIL	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK	AREA CODE/PHONE 510-487-5702	BANK ACCOUNT NUMBER	
ADDRESS 30915 COURTHOUSE DRIVE	CITY UNION CITY	STATE CA	ZIP CODE 94587

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
SANDI HOLDER-GRAYSON	CITY COUNCIL	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

SANDI HOLDER-GRAYSON FOR CITY COUNCIL

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

- CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.