

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # _____ List I.D. number: # _____
 Date qualified as committee: _____ Date qualified as committee (if applicable): _____ Date of Termination: _____

Date Stamp
 OAKLAND
 13 MAY -6 PM 2:04

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Parker for Oakland, Exploratory for Mayor 2014
 STREET ADDRESS (NO P.O. BOX)
 4096 Piedmont Avenue, Suite 344
 CITY STATE ZIP CODE AREA CODE/PHONE
 Oakland, CA 94611 510-652-1000
 MAILING ADDRESS (IF DIFFERENT)
 5940 College Ave
 Oakland, CA 94618
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Alameda

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Stacy Owens
 STREET ADDRESS (NO P.O. BOX)
 5940 College Ave
 CITY STATE ZIP CODE AREA CODE/PHONE
 Oakland, CA 94618 510-652-1000
 NAME OF ASSISTANT TREASURER, IF ANY
 Henry Levy
 STREET ADDRESS (NO P.O. BOX)
 5940 College Ave
 CITY STATE ZIP CODE AREA CODE/PHONE
 Oakland, CA 94618 510-652-1000
 NAME OF PRINCIPAL OFFICER(S)
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 5/3/13 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 5/3/13 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Parker for Oakland, Exploratory for Mayor 2014

I.D. NUMBER

- 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) 649-3620	BANK ACCOUNT NUMBER 6327144488
ADDRESS 2959 College Avenue	CITY Berkeley	STATE CA
		ZIP CODE 94705

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."
- 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
Mr. Bryan Parker	City of Oakland, CA Mayor	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

Parker for Oakland, Exploratory for Mayor 2014

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

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.