

**Statement of Organization  
Recipient Committee**

**Statement Type**

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> <b>Initial</b>          | <input type="checkbox"/> <b>Amendment</b>             | <input type="checkbox"/> <b>Termination – See Part 5</b> |
| <input checked="" type="checkbox"/> Not yet qualified<br>or | Date qualification threshold met                      | Date of termination                                      |
| <input type="checkbox"/> Date qualification threshold met   | _____/_____/_____<br>Date qualification threshold met | _____/_____/_____<br>Date of termination                 |

|  |   |
|--|---|
| Date Stamp<br><b>RECEIVED</b><br><br>JAN 15 2020<br><br>CITY CLERK<br>CITY OF EMERYVILLE | <b>CALIFORNIA<br/>FORM 410</b><br><br>For Official Use Only |
|--|---|

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
Alameda County Firefighters Yes on Measure F, Sponsored by:  
International Association of Firefighters Local 55

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Alameda, CA Emeryville, CA

NAME OF TREASURER  
Mike Agustin

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
Stacy Owens

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)  
Sean Burrows

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

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

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 information provided is true and correct.

|             |          |    |  |
|-------------|----------|----|--|
| Executed on | 1/9/2020 | By | [REDACTED]   |
|             | DATE     |    | SIGNATURE OF TREASURER OR ASSISTANT TREASURER                                |
| 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 |
| Executed on | _____    | By | _____  |
|             | DATE     |    | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

COMMITTEE NAME

Page 2 of 4

Alameda County Firefighters Yes on Measure F, Sponsored by: International Association of Firefighters Local 55

I.D. NUMBER

**2a. Additional Officers / Assistant Treasurers**

NAME

Joe Baldwin

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

Jess Anderson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Alameda County Firefighters Yes on Measure F, Sponsored by: International Association of Firefighters Local 55

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

First Republic Bank

ADDRESS

CITY

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE |          |                              |
|--|---|------------------|-----------------|----------|------------------------------|
|  |   |                  | Nonpartisan     | Partisan | (list political party below) |
|  |   |                  | Nonpartisan     | 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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| Emeryville Public Safety and Early Childhood Education Funding<br>F   | Emeryville, CA   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | SUPPORT                             | OPPOSE                   |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 4 of 4

COMMITTEE NAME

Alameda County Firefighters Yes on Measure F, Sponsored by: International Association of Firefighters Local 55

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

International Association of Firefighters Local 55

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Firefighters Union

STREET ADDRESS

NO. AND STREET

**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