

**Statement of Organization
Recipient Committee**

FILED
OFFICE OF THE CLERK
OAKLAND

**CALIFORNIA
FORM 410**
For Official Use Only

13 AUG 28 PM 4:43

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or
 List I.D. number: # _____ Date qualified as committee: 07/08/2013
 List I.D. number: # _____ Date qualified as committee (if applicable): _____ Date of Termination: _____

1. Committee Information

NAME OF COMMITTEE
Patrick McCullough Mayor 2014
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Alameda Oakland, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patrick K. McCullough
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
Patrick K. McCullough
 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 08/28/2013 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08/28/2013 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Patrick McCullough Mayor 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Bank of Amaerica	AREA CODE/PHONE	BANK ACCOUNT NUMBER 3250 1595 6028	
ADDRESS 6201 College Ave.	CITY Oakland	STATE CA	ZIP CODE 94618

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
Patrick Kevin McCullough	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"/>