

**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 09 / 21 / 2022	<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**  
SEP 21 2022  
CITY CLERK  
CITY OF EMERYVILLE

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information				I.D. Number <i>(If applicable)</i>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Emeryville Neighbors Together - YES on Measure O 2022 with Mayor Bauters				NAME OF TREASURER Dianne Martinez				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) 4260 Halleck Street				CITY Emeryville				STATE CA			
CITY Emeryville				STATE CA				ZIP CODE 94608			
AREA CODE/PHONE (510) 693-7474				NAME OF ASSISTANT TREASURER, IF ANY John J. Bauters				STREET ADDRESS (NO P.O. BOX) 4260 Halleck Street			
FULL MAILING ADDRESS (IF DIFFERENT)				CITY Emeryville				STATE CA			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) jbauters@gmail.com				ZIP CODE 94608				AREA CODE/PHONE (510) 693-7474			
COUNTY OF DOMICILE Alameda		JURISDICTION WHERE COMMITTEE IS ACTIVE Emeryville, CA		NAME OF PRINCIPAL OFFICER(S) John J. Bauters				STREET ADDRESS (NO P.O. BOX) 4260 Halleck Street			
Attach additional information on appropriately labeled continuation sheets.				CITY Emeryville				STATE CA			
				ZIP CODE 94608				AREA CODE/PHONE (510) 693-7474			
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 21 - Sept - 2022 By [REDACTED]  
DATE  
 Executed on 21 - Sept - 2022 By [REDACTED]  
DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME  
Emeryville Neighbors Together - YES on Measure O 2022 with Mayor Bauters

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Mechanics Bank	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]

**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		
John J. Bauters	Mayor, City of Emeryville, CA	2022	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	
Measure O: Emeryville Real Property Transfer Tax	City of Emeryville, CA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

Emeryville Neighbors Together - YES on Measure O 2022 with Mayor Bauters

**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, orponent 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.