



# CITY OF BERKELEY - STATEMENT OF ORGANIZATION

Initial  
 Amendment

Date Formed: \_\_\_\_\_

## INSTRUCTIONS:

The Berkeley Election Reform Act (BERA) requires every committee to file with the City Clerk a Statement of Organization **within ten (10) days** after it is formed as a committee (Berkeley Municipal Code (BMC) § 2.12.255). "Committee" means any person or combination of persons that directly or indirectly receives contributions or makes expenditures exceeding \$250 in a calendar year for the purpose of influencing or attempting to influence the voters for or against the nomination or election of one or more candidates, or the passage or defeat of any measure, including any committee or subcommittee of a political party. (BMC § 2.12.095.)

The information required to be reported on the statement of organization is set forth in BMC § 2.12.260. In order to comply with the disclosure requirements of Section 2.12.260, **all committees must complete and file both the City of Berkeley Statement of Organization as well as the State Form 410.**

Every committee that spends or receives contributions of \$250 or more in a calendar year must file both this form and State Form 410 with the City Clerk to comply with local law.

Provide the following information in addition to completing a State Form 410. File both forms with the City Clerk within 10 days of the date the committee is formed.

### Filing Information:

City Clerk Department  
 2180 Milvia Street, 1<sup>st</sup> Floor  
 Berkeley, CA 94704

### Contact:

[elections@cityofberkeley.info](mailto:elections@cityofberkeley.info)  
 (510) 981-6900

**COMMITTEE NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**THIS COMMITTEE IS (CHECK ONE):**  INDEPENDENT -or-  CONTROLLED

**IF CONTROLLED, LIST THE NAME, STREET ADDRESS, AND PHONE NUMBER OF THE CANDIDATE(S) OR COMMITTEE(S) BY WHICH THIS COMMITTEE IS CONTROLLED OR WITH WHICH IT ACTS JOINTLY:**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

*Please attach additional sheets if necessary.*

**NAME, STREET ADDRESS, AND PHONE NUMBER OF CANDIDATE(S) AFFILIATED WITH COMMITTEE:**

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

*Please attach additional sheets if necessary.*

**AMOUNT OF CASH ON HAND AT TIME OF FILING:** \_\_\_\_\_

Upon dissolution, I verify that any surplus funds will be disposed of in accordance with state and local law.

### 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 declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Treasurer or Candidate