

Statement of Organization
Recipient Committee

1383200

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number: # _____
Date qualified as committee: ____/____/____
(if applicable)

Termination - See Part 5
List I.D. number: # _____
Date of Termination: ____/____/____

Date Stamp

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RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 25 2016

1. Committee Information

NAME OF COMMITTEE
Schott for Hayward Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Hayward CA 94542-1133 (510) 816-3433

MAILING ADDRESS (IF DIFFERENT)
- Same -

FAX / E-MAIL ADDRESS
(510) 489-4522 brian.schott@admail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Alameda City of Hayward

2. Treasurer and Other Officers

NAME OF TREASURER
Brian M. Schott

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Hayward CA 94542 (510) 816-3433

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Brian M. Schott

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)
Hayward CA 94542 (510) 816-3433

CITY STATE ZIP CODE AREA CODE/PHONE

03/10/16 14:41 CLK

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 **Feb 25, 2016** By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on **Feb 25, 2016** 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

COMMITTEE NAME

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Brian M. Schott	City Council, City of Hayward	2016	<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"/>