

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: # 1359017
 _____/_____/_____ (07/22/2013) _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
(if applicable)

Date Stamp FILED OFFICE OF THE CITY CLERK OAKLAND 13 JUL 24 PM 1:11	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Joe Tuman for Mayor, 2014
 STREET ADDRESS (NO P.O. BOX)
957 SUMMYHILLS ROAD
 CITY STATE ZIP CODE AREA CODE/PHONE
OAKLAND CA 94610 510-834-2294
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ALAMEDA CITY OF OAKLAND

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Scott Law
 STREET ADDRESS (NO P.O. BOX)
6030 BULLARD DRIVE
 CITY STATE ZIP CODE AREA CODE/PHONE
OAKLAND CA 94611 510-339-8920
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)

 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 7/22/2013 By Scott A Law
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 7/18/2013 By Joseph S. [Signature]
DATE SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICE HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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OAKLAND

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

JOE TUMAN for MAYOR, 2014

13 JUL 24 PM 1:11

ID NUMBER

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

NAME OF FINANCIAL INSTITUTION <u>Wells Fargo Bank</u>	AREA CODE/PHONE <u>510-530-8863</u>	BANK ACCOUNT NUMBER <u>6351997652</u>
ADDRESS <u>2220 Mountain Blvd,</u>	CITY <u>OAKLAND</u>	STATE <u>CA</u>
		ZIP CODE <u>94611</u>

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
<u>Joseph (Joe) TUMAN</u>	<u>MAYOR, City of OAKLAND</u>	<u>2014</u>	<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"/>