

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

02/24/2014

Date qualified as committee

Termination - See Part 5

List I.D. number:

Date qualified as committee
(if applicable)

Date of Termination

FILED
OFFICE OF THE CITY CLERK
OAKLAND

14 MAR 13 AM 9:12

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Lift Up Oakland for better wages, healthy families and a healthy economy sponsored by labor and community organizations

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Oakland, CA 94607 (916) [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS
info@olsonhagel.com

COUNTY OF DOMICILE **JURISDICTION WHERE COMMITTEE IS ACTIVE**
Alameda County City of Oakland

NAME OF TREASURER
Mary Quinn Delaney

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Piedmont, CA 94611 (510) [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
Gary Jimenez

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Oakland, CA 94601 (510) [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Gary Jimenez, Principal Officer

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY **STATE** **ZIP CODE** **AREA CODE/PHONE**
Oakland, CA 94601 (510) [REDACTED]

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 3/4/14 By _____

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

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2a. Additional Officers

NAME OF OTHER PRINCIPAL OFFICER(S)

Jennifer Lin, Principal Officer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland, CA 94610 (510) [REDACTED]

NAME OF OTHER PRINCIPAL OFFICER(S)

Mary Quinn Delaney, Principal Officer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Oakland, CA 94611 (510) [REDACTED]

NAME OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF OTHER PRINCIPAL OFFICER(S)

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

NAME OF FINANCIAL INSTITUTION Union Bank	AREA CODE/PHONE (916 [REDACTED])	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 700 L Street	CITY Sacramento	STATE CA
		ZIP CODE 95814

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
			<input 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	
Establishing a minimum wage, requiring payment for accrued sick leave, and requiring payment for service charges to hospitality workers. TBD	City of Oakland	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

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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

Lift Up Oakland

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Community Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Oakland

CA

94601

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent 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.

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

Page 5 of 6

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
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I.D. NUMBER

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR East Bay Alliance for a Sustainable Economy		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Community Organization		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Oakland	CA,	94612
NAME OF SPONSOR Raise the Wage East Bay		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Community Organization		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Oakland	CA,	94601
NAME OF SPONSOR Restaurant Opportunities Center of the Bay		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Community Organization		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Oakland	CA,	94612
NAME OF SPONSOR Service Employees International Union Local 1021		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Labor Union		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Oakland	CA,	94607
NAME OF SPONSOR Service Employees International Union United Long Term Care Workers		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Labor Union		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Los Angeles	CA,	90057
NAME OF SPONSOR United Food and Commerical Workers Local 5		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Labor Union		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		San Jose	CA,	95113

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**CALIFORNIA
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INSTRUCTIONS ON REVERSE

Page 6 of 6

I.D. NUMBER

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Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR UNITE HERE 2850		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Labor Union		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Oakland	CA,	94612
NAME OF SPONSOR Alliance of Californians for Community Empowerment		INDUSTRY GROUP OR AFFILIATION OF SPONSOR Community Organization		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Oakland	CA,	94601
NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
MAILING ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
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