**Statement of Organization**

**Recipient Committee**

**Statement Type**
- Initial
- Not yet qualified

**RECEIVED AND FILED**
In the office of the Secretary of State of the State of California

**Date Stamp**
JUN 20 2016

**CALIFORNIA FORM 410**
For Official Use Only

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### 1. Committee Information

**NAME OF COMMITTEE**

DAN ALBERT FOR CITY COUNCIL 2016

**STREET ADDRESS (NO P.O. BOX)**

**CITY**
MONTEREY

**STATE**
CA

**ZIP CODE**
93940

**AREA CODE/PHONE**
(831) 1386 566

**MAILING ADDRESS (IF DIFFERENT)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**FAX/E-MAIL ADDRESS**
831.646.9087

**COUNTY OF DOMICILE**
MONTEREY

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
MONTEREY

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### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
PAUL GIAMONA

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**
CA

**ZIP CODE**
93940

**AREA CODE/PHONE**
(831) 1386 566

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME OF PRINCIPAL OFFICER(S)**

DAN ALBERT

**STREET ADDRESS (NO P.O. BOX)**

**CITY**

**STATE**
CA

**ZIP CODE**
93940

**AREA CODE/PHONE**
(831) 1386 566

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### 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 information is true and correct.

**EXECUTED ON**
06/16/2016

**DATE**

**BY**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

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**EXECUTED ON**
06/16/2016

**DATE**

**BY**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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**EXECUTED ON**

**DATE**

**BY**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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**FPPC Form 410 (Jan/2016)**
FPPC Advice: advice@fppc.ca.gov (666/275-3772)
www.fppc.ca.gov
4. Type of Committee

- **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.

- **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.