

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type  Initial  
Not yet qualified  or  
10 / 27 / 2015  
Date qualified as committee

Amendment  
List I.D. number:  
# 138058 1380858  
\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California  
**DEC 14 2015**  
Hand Delivered, Sacramento

**CALIFORNIA FORM 410**  
For Official Use Only  
03/09/16 08:00 CLK

**1. Committee Information**

NAME OF COMMITTEE  
John I. Taylor for Hayward City Council *JITL*

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Hayward CA 94541 510-909-6469

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS  
JT4hayward@gmail.com

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE  
Alameda

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Henry Hutchins

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Fremont CA 94537 510-978-6647

NAME OF ASSISTANT TREASURER, IF ANY  
Annette Saunders

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Hayward CA 94544 916-501-1227

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE  
John I Taylor

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Hayward CA 94542 510-909-6469

**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 12/13/15 DATE  
Executed on 12/13/15 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By C SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME

John I Taylor For Hayward Council City

I.D. NUMBER

~~135 008 58~~ 1380958

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

NAME OF FINANCIAL INSTITUTION Fremont Bank	AREA CODE/PHONE 800 359 - 2245	BANK ACCOUNT NUMBER
ADDRESS 1679 Industrial Parkway	CITY Hayward	STATE CA
		ZIP CODE 94546

**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
J I Taylor	Hayward City Council	2016	<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	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>