Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
Foundational Oakland Unites (nonprofit 501(c)(4))

STREET ADDRESS (NO P.O. BOX)

CITY
Oakland
STATE
CA
ZIP CODE
94607

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF Domicile
Alameda County

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oakland

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Stacy Owens

STREET ADDRESS (NO P.O. BOX)

CITY
Oakland
STATE
CA
ZIP CODE
94607

EMAIL ADDRESS OF TREASURER (REQUIRED) / AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Peter Sullivan

STREET ADDRESS (NO P.O. BOX)

CITY
Oakland
STATE
CA
ZIP CODE
94607

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

NAME OF PRINCIPAL OFFICER(S)
Tanya Boyce

STREET ADDRESS (NO P.O. BOX)

CITY
Oakland
STATE
CA
ZIP CODE
94607

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

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 02/19/2024
By Stacy Owens, Date: 2024/02/19 20:16:13

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on
By

SIGNATURE OF CONTROLLING OFFICER/HOLDING, CANDIDATE, OR STATE MEASURE PROONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICER/HOLDING, CANDIDATE, OR STATE MEASURE PROONENT

Executed on
By

SIGNATURE OF CONTROLLING OFFICER/HOLDING, CANDIDATE, OR STATE MEASURE PROONENT

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

netfile.com
• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Bank &amp; Trust, Marissa Quaranta, Peter Sullivan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF FINANCIAL INSTITUTION</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Irvine</td>
<td>CA</td>
<td>94607</td>
</tr>
</tbody>
</table>

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.” Stating “No party preference” is acceptable.

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROпонENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan, Partisan (list political party below)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan, Partisan (list political party below)</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**  Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT, OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT, OPPOSE</td>
</tr>
</tbody>
</table>
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:
  - [x] CITY Committee
  - [ ] COUNTY Committee
  - [ ] STATE Committee

**Provide Brief Description of Activity**

FOU aims to counter the Radical Activist Class' grip on Oakland. We will restore democratic balance via open debates, transparent policy, repealing RCV, a Citizen's Commission for City Charter rewriting, and endorsing candidates who share our vision.

**Sponsored Committee**: List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>Name of Sponsor</th>
<th>Industry Group or Affiliation of Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>No. and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Small Contributor Committee**: [ ]

Date qualified: [____/____/____]

5. Termination Requirements

- 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.