

**Statement of Organization
Recipient Committee**

R01
L01

Type or print in ink

1342709

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1342709
12 / 05 / 2011
Date qualified as committee
(If applicable)

Termination - See Part 2 in the office of the Secretary of State of the State of California
List I.D. number:

Date of Termination

Date Stamp
RECEIVED AND FILED
DEC 09 2011
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410
For Official Use Only
RF

1. Committee Information

NAME OF COMMITTEE
Derrick H Muhammad for City Council 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Leandro CA 94577 510.895.2011

MAILING ADDRESS (IF DIFFERENT)
San Leandro CA 94577-0022

OPTIONAL: FAX / E-MAIL ADDRESS
kponcpa@sprynet.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
Kenneth Pon CPA

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Leandro CA 94577-4536 510.895.2011

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 12/05/2011
DATE

Executed on 12/05/2011
DATE

Executed on _____
DATE

Executed on _____
DATE

By *[Signature]*
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *Derrick H. Muhammad*
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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CALIFORNIA 410
FORM

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Derrick H Muhammad for City Council 2012

I.D. NUMBER

1342709

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 "non-partisan."
- 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
Derrick H Muhammad	Oakland City Council Member - District 3	2012	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ILWU-FSC FCU	510.451.1600	2243575	
ADDRESS	CITY	STATE	ZIP CODE
	Oakland	CA	94607

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