# Statement of Organization
**Recipient Committee**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Initial</th>
<th>Amendment</th>
<th>Termination – See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not yet qualified</td>
<td>Date qualification threshold met</td>
<td>Date qualification threshold met</td>
</tr>
<tr>
<td></td>
<td>or Date qualification threshold met</td>
<td>Date of termination</td>
<td>Date of termination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8/8/2022</td>
<td>8/8/2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>RECEIVED</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AUG 11, 2022</td>
<td>410</td>
</tr>
</tbody>
</table>

City of El Cerrito  
City Clerk  

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## 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>1370365</th>
</tr>
</thead>
</table>

**NAME OF COMMITTEE**  
Gabriel Quinto for El Cerrito City Council  

**STREET ADDRESS (NO P.O. BOX)**  
El Cerrito, CA 94530  
415-265-4610  

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  

**NAME OF TREASURER**  
Glen Nethercut  

**STREET ADDRESS (NO P.O. BOX)**  
El Cerrito, CA 94530  
510-725-2004  

**DATE OF TERMINATION**  
8/8/2022  

**JURISDICTION WHERE COMMITTEE IS ACTIVE**  
El Cerrito  

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## 2. Treasurer and Other Principal Officers

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE</th>
<th>NAME OF TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabriel Quinto for El Cerrito City Council</td>
<td>Glen Nethercut</td>
</tr>
</tbody>
</table>

**STREET ADDRESS (NO P.O. BOX)**  
El Cerrito, CA 94530  
415-265-4610  

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  

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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 foregoing is true and correct.

Executed on 8/8/2022  
By ____________________________  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT  

Executed on 8/8/2022  
By ____________________________  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT  

Executed on  
By ____________________________  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT  

Executed on  
By ____________________________  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT  

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FPPC Form 410 (August/2018)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
### Statement of Organization

Recipient Committee

**INSTRUCTIONS ON REVERSE**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabriel Quinto for El Cerrito City Council 2014</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanics Bank</td>
<td>510-558-2300</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>El Cerrito</td>
<td>CA</td>
<td>94530</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 PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabriel Quinto</td>
<td>Mayor &amp; Councilmember, City of El Cerrito</td>
<td>2022</td>
<td>Nonpartisan ✓ Partisan</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>NA</td>
<td>SUPPORT OPPOSE</td>
<td>SUPPORT OPPOSE</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

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
Election of Gabriel Quinto; support for Bay Area and California candidates

Sponsored Committee  List additional sponsors on an attachment.

NAME OF SPONSOR  INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE  AREA CODE/PHONE

Small Contributor Committee  ☐  _____/_____/_____

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or petitioner 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.

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