CITY OF BERKELEY - STATEMENT OF ORGANIZATION

INSTRUCTIONS:
The Berkeley Election Reform Act (BERA) requires every committee to file with the City Clerk a Statement of Organization within ten (10) days after it is formed as a committee (Berkeley Municipal Code (BMC) § 2.12.255). "Committee" means any person or combination of persons that directly or indirectly receives contributions or makes expenditures exceeding $250 in a calendar year for the purpose of influencing or attempting to influence the voters for or against the nomination or election of one or more candidates, or the passage or defeat of any measure, including any committee or subcommittee of a political party. (BMC § 2.12.205.)

The information required to be reported on the statement of organization is set forth in BMC § 2.12.260. In order to comply with the disclosure requirements of Section 2.12.260, all committees must complete and file both the City of Berkeley Statement of Organization as well as the State Form 410.

Every committee that spends or receives contributions of $250 or more in a calendar year must file both this form and State Form 41C with the City Clerk to comply with local law.

Provide the following information in addition to completing a State Form 410. File both forms with the City Clerk within 10 days of the date the committee is formed.

Filing Information:
City Clerk Department
2180 Milvia Street, 1st Floor
Berkeley, CA 94704

Contact:
elections@cityofberkeley.info
(510) 981-6900

COMMITTEE NAME: Re-Elect Mayor Jesse Arreguin 2024

PHONE NUMBER: 510 423-4300 E-MAIL: filings@seowenscompany.com

THIS COMMITTEE IS (CHECK ONE): ☐ INDEPENDENT -or- ☑ CONTROLLED

If controlled, list the name, street address, and phone number of the candidate(s) or committee(s) by which this committee is controlled or with which it acts jointly:

<table>
<thead>
<tr>
<th>Name: Jesse Arreguin</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Berkeley, CA 94709</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone: (510) 646-2852</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Please attach additional sheets if necessary.

NAME, STREET ADDRESS, AND PHONE NUMBER OF CANDIDATE(S) AFFILIATED WITH COMMITTEE:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
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</tbody>
</table>

Please attach additional sheets if necessary.

AMOUNT OF CASH ON HAND AT TIME OF FILING: $0

☑ Upon dissolution, I verify that any surplus funds will be disposed of in accordance with state and local law.

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 declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

8/30/21
Date
Signature of Treasurer or Candidate