## Statement of Organization

**Recipient Committee**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Date of termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>01/30/2023</td>
</tr>
<tr>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>Termination – See Part 5</td>
<td>01/30/2023</td>
</tr>
</tbody>
</table>

### 1. Committee Information

<table>
<thead>
<tr>
<th>I.D. Number</th>
<th>Lisa Motoyama for City Council 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Cerrito</td>
<td>CA</td>
<td>94530</td>
<td>510-303-8833</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL MAILING ADDRESS (IF DIFFERENT)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COUNTY OF DOMICILE</th>
<th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contra Costa</td>
<td>City of El Cerrito</td>
</tr>
</tbody>
</table>

**NAME OF COMMITTEE**

Lisa Motoyama for City Council 2020

**NAME OF TREASURER**

Greg Lyman

**STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>El Cerrito</td>
<td>CA</td>
<td>94530</td>
<td>510-303-8833</td>
</tr>
</tbody>
</table>

**NAME OF ASSISTANT TREASURER, IF ANY**

Lisa Motoyama

**STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>El Cerrito</td>
<td>CA</td>
<td>94530</td>
<td>510-847-4072</td>
</tr>
</tbody>
</table>

**NAME OF PRINCIPAL OFFICER(S)**

Lisa Motoyama

**STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>El Cerrito</td>
<td>CA</td>
<td>94530</td>
<td>510-847-4072</td>
</tr>
</tbody>
</table>

**DATE QUALIFICATION THRESHOLD MET**

Not yet qualified or Date qualification threshold met

**DATE OF TERMINATION**

01/30/2023

**DATE QUALIFICATION THRESHOLD MET**

Date qualification threshold met

**DATE**

01/30/2023

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

1/30/2023

**EXECUTED ON**

1/30/2023

**By**

---

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

---

**EXECUTED ON**

---

**By**

---

**SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**

---

**EXECUTED ON**

---

**By**

---

**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

1. COMMITTEE NAME
Lisa Motoyama for City Council 2020

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

- NAME OF FINANCIAL INSTITUTION
  Mechanics Bank
- AREA CODE/PHONE
  510-558-2300
- BANK ACCOUNT NUMBER
  [Redacted]
- ADDRESS
  El Cerrito
- CITY
  CA
- STATE
  94530
- ZIP CODE

3. 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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Motoyama</td>
<td>El Cerrito City Council</td>
<td>2020</td>
<td>Nonpartisan Partisan</td>
<td>(list political party below)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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 “RECALL” 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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**

### COMMITTEE NAME

Lisa Moyama for City Council 2024

### I.D. NUMBER

1432347

### 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**

### 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

- [ ]

**Date qualified**

### 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or pertinent 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.

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- 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.