



SECRETARY OF STATE

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Campaign Finance: SHERIDAN FOR SCHOOL BOARD 2014, COMMITTEE TO ELECT LEO

Election Cycle:

- 2017 through 2018
- Historical

View Information:

(Due to the amount of data, these pages may take some time to load.)

- General Information
- Contributions Received
- Contributions Made
- Expenditures Made
- Late and \$5000+ Contributions Received
- Late Contributions Made
- Late Independent Expenditures
- Electronic Filings

This is the official name of the committee, political party, or major donor as registered with the Secretary of State.

HISTORICAL NAMES FOR THIS COMMITTEE

SHERIDAN FOR SCHOOL BOARD 2014, LEO

FILER ID:

1366294

FILER PHONE:

(510) 909-7152

SUMMARY INFORMATION - SHERIDAN FOR SCHOOL BOARD 2014, COMMITTEE TO ELECT LEO (ID# 1366294)

CURRENT STATUS	TERMINATED 12/31/2014
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This committee has not electronically filed a Form 460/461/450 for this election cycle. For further information, click on prior sessions to see if historical filings are available. Also check for late contribution filings if a major filing deadline has not yet occurred for this election cycle.



Secretary of State **ALEX PADILLA**

SECRETARY OF STATE

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Search Results For "LEO SHERIDAN"

* ENTITY NAME HAS CHANGED

ENTITY ID	ENTITY NAME	ENTITY TYPE	STATUS
1366294	SHERIDAN FOR SCHOOL BOARD 2014, COMMITTEE TO ELECT LEO	RECIPIENT COMMITTEE	TERMINATED
1366294	SHERIDAN FOR SCHOOL BOARD 2014, LEO *	RECIPIENT COMMITTEE	TERMINATED
1394490	SHERIDAN FOR SCHOOL BOARD 2018; COMMITTEE TO RE-ELECT LEO	RECIPIENT COMMITTEE	ACTIVE

Courtesy copy for City per Leo Sheridan
on 05-22-2014

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: _____ List I.D. number: _____

_____/_____/_____ # _____ # _____

Date qualified as committee Date qualified as committee (If applicable) Date of Termination

Date Stamp	CALIFORNIA FORM 410
CITY OF SAN LEANDRO	
MAY 22 2014	For Official Use Only
CITY CLERK'S OFFICE	

1. Committee Information

NAME OF COMMITTEE
Leo Sheridan For School Board 2014

STREET ADDRESS (NO P.O. BOX)
904 Begonia Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94578	(510)909-7152

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
leosheridan@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Alameda	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Leo Sheridan

STREET ADDRESS (NO P.O. BOX)
904 Begonia Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Leandro	CA	94578	(510)909-7152

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

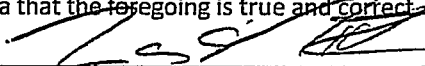
STREET ADDRESS (NO P.O. BOX)

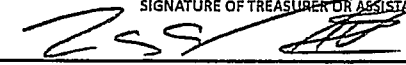
CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Attach additional information on appropriately labeled continuation sheets.

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 04/09/2014 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/09/2014 By 
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Leo Sheridan For School Board 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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."
- 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
Leo Sheridan	School Board Area 4	2014	<input type="checkbox"/> Nonpartisan Democratic
			<input type="checkbox"/> Nonpartisan

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 3

I.D. NUMBER

COMMITTEE NAME

Leo Sheridan For School Board 2014

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

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

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

Candidate Intention Statement

Type or Print in Ink.

Date Stamp

CITY OF SAN LEANDRO
MAY 22 2014
CITY CLERK'S OFFICE

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Sheridan, Leo, S	(510) 909-7152	()	leosheridan@gmail.com
STREET ADDRESS	CITY	STATE	ZIP CODE
904 Begonia Dr.	San Leandro	Ca	94578
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN PARTY: Democratic
School Board Area 4	San Leandro Unified School District	Area 4	
OFFICE JURISDICTION			2014 (Year of Election)
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____/_____/_____ Primary/general election _____/_____/_____ Special/runoff election
(Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

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

Executed on April 7th 2014
(month, day, year)

Signature _____
(Candidate)

Sheridan
904 Regonia Dr
San Leandro CA 94578

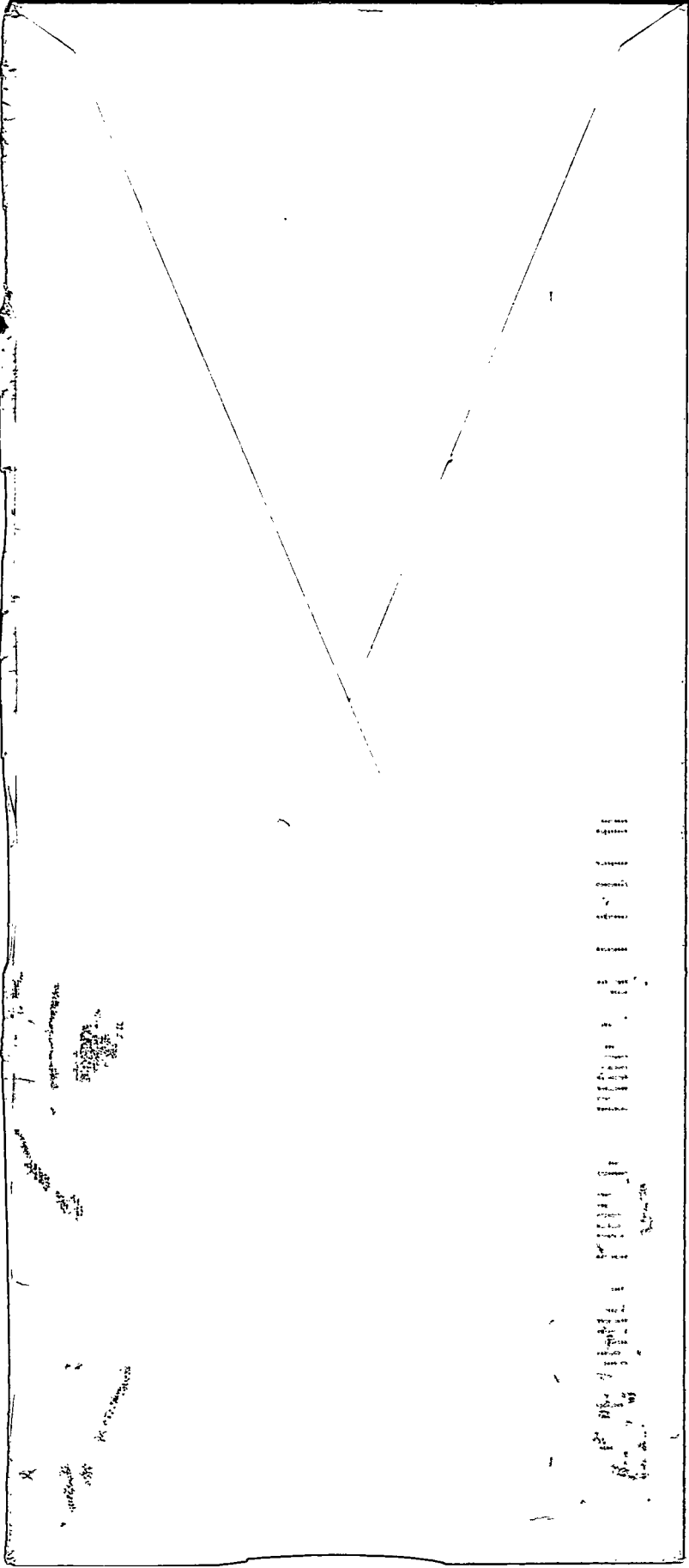
City Clerk
835 E. 14th St.
San Leandro, CA 94577

CLARK AND CO 9415
21 MAY 2014 PM 7 L



94577976795





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Handwritten notes in the lower left quadrant, including a small diagram of a rectangular area with internal lines and some illegible text.

Vertical text and markings along the right edge of the page, possibly representing a scale or a list of items, though the text is mostly illegible.