

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified or

Amendment List I.D. number: # _____ / _____ / _____ Date qualified as committee (if applicable)

Termination - See Part 5 List I.D. number: # _____ / _____ / _____ Date of Termination

RECEIVED
For Official Use Only
CALIFORNIA 410 FORM

AUG 22 2016

ALBANY CITY CLERK

1. Committee Information

NAME OF COMMITTEE: Coalition For a Healthy Albany - yes on OZ

STREET ADDRESS (NO P.O. BOX): 1507 Visalia Ave

CITY: Albany STATE: CA ZIP CODE: 94707 AREA CODE/PHONE: 510-525-4019

MAILING ADDRESS (IF DIFFERENT): _____

FAX / E-MAIL ADDRESS: _____

COUNTY OF DOMICILE: Alameda JURISDICTION WHERE COMMITTEE IS ACTIVE: Alameda County / City of Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Margaret A. Marks

STREET ADDRESS (NO P.O. BOX): 1507 Visalia Ave

CITY: Albany STATE: CA ZIP CODE: 94707 AREA CODE/PHONE: 510-525-4019

NAME OF ASSISTANT TREASURER, IF ANY: _____

STREET ADDRESS (NO P.O. BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

NAME OF PRINCIPAL OFFICER(S): Nick Pilch

STREET ADDRESS (NO P.O. BOX): 634 San Carlos Ave.

CITY: Albany STATE: CA ZIP CODE: 94706 AREA CODE/PHONE: 510-525-3405

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 information provided is true and correct.

Executed on 8/16/16 By _____ DATE _____

Executed on _____ By _____ DATE _____

Executed on _____ By _____ DATE _____

Executed on _____ By _____ DATE _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT: _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT: _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT: _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Coalition for Healthy Albany - Yes on OI

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

NAME OF FINANCIAL INSTITUTION
Mechanics Bank

AREA CODE/PHONE
(510) 558-2330

BANK ACCOUNT NUMBER
0420888569

ADDRESS
84 San Pablo Ave

CITY
Albany

STATE
Ca

ZIP CODE
94706

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
 	 	 	<input type="checkbox"/> Nonpartisan
 	 	 	<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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
<i>Coalition for Healthy Albany - Yes on OI</i>	<i>city of Albany - Nov 8, 2016 election</i>	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Coalition For Healthy Albany - YES ON 07

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

To Place a tax on beverage with sugar

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

8/17/16
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.