

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment List I.D. number: 1368408
 Termination -- See Part 5 List I.D. number:

RECEIVED
OCT 6 2014
CALIFORNIA FORM 410
For Official Use Only

ALBANY CITY CLERK

1. Committee Information
NAME OF COMMITTEE: Nick Pilch for Albany City Council 2016
STREET ADDRESS (NO P.O. BOX): 634 San Carlos Ave.
CITY: Albany STATE: CA ZIP CODE: 94706 AREA CODE/PHONE: (510)525-3405

DATE QUALIFIED AS COMMITTEE: _____ DATE QUALIFIED AS COMMITTEE (IF APPLICABLE): _____
DATE OF TERMINATION: _____
2. Treasurer and Other Principal Officers
NAME OF TREASURER: 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
NAME OF ASSISTANT TREASURER, IF ANY: _____

FAX / E-MAIL ADDRESS: nickpilch4albany@gmail.com
COUNTY OF DOMICILE: Alameda JURISDICTION WHERE COMMITTEE IS ACTIVE: _____
STREET ADDRESS (NO P.O. BOX): _____ CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
NAME OF PRINCIPAL OFFICER(S): _____
STREET ADDRESS (NO P.O. BOX): _____ CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

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 information furnished is true and correct.

Executed on 05 Oct 2014 BY _____
Executed on 05 Oct 2014 BY _____
Executed on _____ BY _____
Executed on _____ BY _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number: # _____

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

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Nick Pilch for Albany City Council 2014
STREET ADDRESS (NO P.O. BOX)
634 San Carlos Ave.
CITY
Albany STATE
CA ZIP CODE
94706 AREA CODE/PHONE
(510)525-3405
MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER
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
NAME OF ASSISTANT TREASURER, IF ANY

FAX / E-MAIL ADDRESS
nickpilch4albany@gmail.com
COUNTY OF DOMICILE
Alameda JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

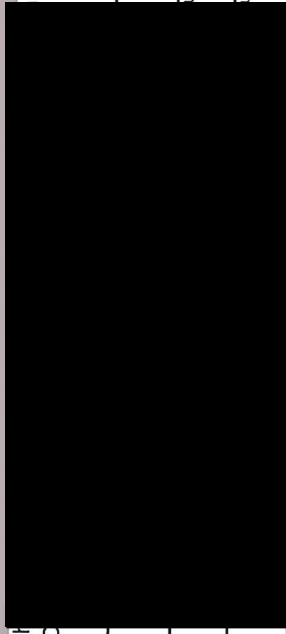
I have used all reasonable diligence in preparing this statement and I am aware of the penalty of perjury under the laws of the State of California.

Executed on 8/7/2014 By _____

Executed on 8/7/2014 By _____

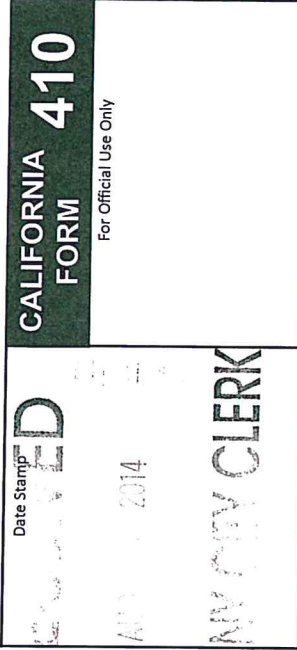
Executed on _____ By _____

Executed on _____ By _____



SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

contained herein is true and complete. I certify under



CALIFORNIA FORM 410

For Official Use Only

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Nick Pilch for Albany City Council 2014

- 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

ADDRESS

801 San Pablo Avenue

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

Nick Pilch

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

City Council Member

YEAR OF ELECTION

2014

PARTY

Nonpartisan

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

SUPPORT

OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Nick Pilch for Albany City Council 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, officerholder, 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.

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

_____ # _____

_____/_____/_____
Date qualified as committee (if applicable)

_____/_____/_____
Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Nick Pilch for Albany City Council 2014

STREET ADDRESS (NO P.O. BOX)

634 San Carlos Ave.

CITY

Albany

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510)525-3405

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

nickpilch4albany@gmail.com

COUNTY OF DOMICILE

Alameda

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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	_____	By	_____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	_____	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	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

Nick Pilch for Albany City Council 2014

- 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

ADDRESS

801 San Pablo Avenue

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

Nick Pilch

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

City Council Member

YEAR OF ELECTION

2014

PARTY

Nonpartisan

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

COMMITTEE NAME

Nick Pilch for Albany City Council 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.