

Officeholder and Candidate Campaign Statement - Short Form

FILED <small>Date Stamp</small>		CALIFORNIA FORM 470 <small>For Official Use Only</small>
AUG 8 2016 ALBANY CITY CLERK		
Date of election if applicable: (Month, Day, Year) Nov - 8 2016	<input type="checkbox"/> Amendment (Explain Below)	

1. Statement Covers Calendar Year 20 16.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Peter Mass
 STREET ADDRESS
1496 Sonoma Ave
 CITY
Albany STATE
Ca ZIP CODE
94706
 AREA CODE/DAYTIME PHONE NUMBER
510 914-6434 OPTIONAL: FAX / E-MAIL ADDRESS
pe.mass@pacbell.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Council member
 JURISDICTION (LOCATION)
City of Albany DISTRICT NUMBER
 (IF APPLICABLE)

4. Committee Information

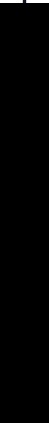
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/8/16 DATE

By 

Clear Form

Print Form