

**Statement of Organization
Recipient Committee**

Statement Type Initial or Not yet qualified

Termination - See Part 5
List I.D. number: # 1390092

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

Date of Termination _____ / _____ / _____

1. Committee Information

NAME OF COMMITTEE
Coalition For A Healthy Albany - Yes on Measure O1

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
info@Albanysoatax.com
COUNTY OF DOMICILE
Alameda County JURISDICTION WHERE COMMITTEE IS ACTIVE
City Of Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Susan Reyes
STREET ADDRESS (NO P.O. BOX)
1520 Central Ave
CITY **Alameda** STATE **CA** ZIP CODE **94501** AREA CODE/PHONE **(510)882-4536**

NAME OF ASSISTANT TREASURER, IF ANY
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 PRINCIPAL OFFICER(S)
Holly Schveider
STREET ADDRESS (NO P.O. BOX)
2419 [REDACTED] Spaulding
CITY **Berkeley** STATE **CA** ZIP CODE **94703** AREA CODE/PHONE **(510)435-0328**

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 provided is true and correct.

Executed on	DATE	By	NAME OF TREASURER OR ASSISTANT TREASURER
	9/24/16		[REDACTED]
Executed on	DATE	By	OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
	9/24/16		[REDACTED]
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
			[REDACTED]
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
			[REDACTED]

RECEIVED
Date Stamp
SEP 29 2016

ALBANY CITY CLERK

CALIFORNIA 410 FORM
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1390092

COMMITTEE NAME
Coalition For A Healthy Albany - Yes on Measure O1

- 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 042088569
ADDRESS 801 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	OPPOSE
Sugar-Sweetened Beverage General Tax - Measure O1	City of Albany	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>