

**Statement of Organization
Recipient Committee**

Statement Type Initial or
Not yet qualified

Amendment
List I.D. number: # 1388370

Termination - See Part 5
List I.D. number: # 1388370

Date qualified as committee 08 / 05 / 2016
(if applicable)

Date of Termination 03 / 07 / 2017

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ALBANY CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC
STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250
CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
FORM410@NMGVLAW.COM
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
MARIN COUNTY CITY OF ALBANY

2. Treasurer and Other Principal Officers

NAME OF TREASURER
ELLI ABDOLI
STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250
CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800
NAME OF ASSISTANT TREASURER, IF ANY
ARMEEN KOMEILI
STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250
CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800
NAME OF PRINCIPAL OFFICER(S)
GENNA GENT
STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250
CITY STATE ZIP CODE AREA CODE/PHONE
SAN RAFAEL CA 94901 (415) 389-6800

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 5-17-17 By [Redacted] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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I.D. NUMBER

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COMMITTEE NAME
NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

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

NAME OF FINANCIAL INSTITUTION

BANK OF MARIN

AREA CODE/PHONE

(415) 927-8902

BANK ACCOUNT NUMBER

01-343045

ADDRESS

504 TAMALPAIS DRIVE

CITY

CORTE MADERA

STATE

CA

ZIP CODE

94925

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

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)

MEASURE 01

CITY OF ALBANY - NOVEMBER 2016

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

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COMMITTEE NAME

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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

AMERICAN BEVERAGE ASSOCIATION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MEMBERSHIP ORGANIZATION

STREET ADDRESS

CITY

STATE

ZIP CODE

1275 PENNSYLVANIA AVE., NW, SUITE 1100

WASHINGTON

DC

2004

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.

Additional Comments
For Form 410

ADDITIONAL COMMENTS

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COMMITTEE NAME

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 6688, ALBANY, CA 94706