

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA FORM 460

Filed Date Stamp

MAR 22 2017

ALBANY CITY CLERK

Date of election if applicable: (Month, Day, Year)

Statement covers period from 01/01/2017 through 03/07/2017

Page 1 of 9 For Official Use Only

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - Primarily Formed Ballot Measure Committee
 - State Candidate Election Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
 - General Purpose Committee
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee

- 2. Type of Statement:**
- Preelection Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement (Also file a Form 410 Termination)
 - Supplemental Preelection Statement - Attach Form 495
 - Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1388370

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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) NO. AND STREET OR P.O. BOX
 2350 KERNER BLVD., SUITE 250

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN RAFAEL CA 94901 (415) 389-6800

OPTIONAL: FAX / E-MAIL ADDRESS
 FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER
 ELLI ABDOLI

MAILING ADDRESS
 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

MAILING ADDRESS
 2350 KERNER BLVD., SUITE 250

CITY STATE ZIP CODE AREA CODE/PHONE
 SAN RAFAEL CA 94901 (415) 389-6800

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and under penalty of perjury under the laws of the State of California that the foregoing information contained herein and in the attached schedules is true and complete. I certify

Executed on 3-12-17 Date
 Executed on _____ Date
 Executed on _____ Date
 Executed on _____ Date

Signature of Treasurer or Assistant Treasurer
 Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 Signature of Controlling Officerholder, Candidate, State Measure Proponent
 Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE MEASURE 01 _____

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

CITY OF ALBANY - NOVEMBER

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY _____

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 01/01/2017 through 03/07/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page 3 of 9

I.D. NUMBER

1388370

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

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 35,126.42	\$ 35,126.42
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 35,126.42	\$ 35,126.42
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 35,126.42	\$ 35,126.42

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 41,855.96	\$ 41,855.96
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 41,855.96	\$ 41,855.96
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -39,216.04	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2,639.92	\$ 41,855.96

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 6,729.54
13. Cash Receipts	Column A, Line 3 above 35,126.42
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 41,855.96
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ _____
21. Expenditures Made	\$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	\$ _____
___/___/___	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period
from 01/01/2017
through 03/07/2017

Page 5 of 9

I.D. NUMBER

1388370

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814	PRO			728.10
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037		SEE SCHEDULE G		34,206.15
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037		SEE SCHEDULE G		2,806.87

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 37,741.12

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 41,855.96
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 41,855.96

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2017
through 03/07/2017

Page 6 of 9

**CALIFORNIA
FORM
460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

I.D. NUMBER
1388370

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- IND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	TRS			574.92
STOREFRONT POLITICAL MEDIA 160 PINE STREET, SUITE 700 San Francisco, CA 94111			SEE SCHEDULE G	900.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814	PRO			2,639.92

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4,114.84

Amounts may be rounded to whole dollars.

**Schedule F
Accrued Expenses (Unpaid Bills)**

Statement covers period from 01/01/2017 through 03/07/2017

Page 7 of 9

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER
1388370

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ONE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
STOREFRONT POLITICAL MEDIA 160 PINE STREET, SUITE 700 San Francisco, CA 94111	SEE SCHEDULE G	900.00	0.00	900.00	0.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	TRS	574.92	0.00	574.92	0.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	34,206.15	0.00	34,206.15	0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTALS \$ 35,681.07 \$ 0.00 \$ 35,681.07 \$ 0.00**

Schedule F Summary
 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 0.00**
 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 39,216.04**
 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -39,216.04**
 May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ONE)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	2,806.87	0.00	2,806.87	0.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 I STREET, SUITE 1200 Sacramento, CA 95814	PRO	728.10	0.00	728.10	0.00
SUBTOTALS \$		3,534.97 \$	0.00 \$	3,534.97 \$	0.00

**Additional Comments
For Form 460**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM 460**

Page 9 of 9

I.D. NUMBER
1388370

NAME OF FILER

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