

**Officeholder and Candidate  
Campaign Statement -  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____ _____	Date Stamp <b>FILED</b> SEP 17 2018 <b>ALBANY CITY CLERK</b>	<b>CALIFORNIA FORM 470</b>  For Official Use Only
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This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE		
Peggy (Margaret) McQuaid		
STREET ADDRESS		
[REDACTED]		
CITY	STATE	ZIP CODE
Albany	CA	94707
AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS	
[REDACTED]	reelectpeggymcquaid@gmail.com	

**2. Office Sought**

OFFICE SOUGHT	DISTRICT NUMBER (IF APPLICABLE)
Albany City Council	
DATE OF ELECTION (MONTH, DAY, YEAR)	
November 6, 2018	

**3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

9/16/2018  
\_\_\_\_\_  
(MONTH, DAY, YEAR)

Clear Form

Print Form