

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 9 / 16 / 2018

Amendment
 Date qualification threshold met _____ / _____ / _____

Termination – See Part 5
 Date of termination _____ / _____ / _____

Date Stamp

RECEIVED

SEP 17 2018

ALBANY CITY CLERK

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
Committee to Reelect Peggy McQuaid City Council 2018

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94707 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
reelectpeggymcquaid@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Alameda Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Peter Goodman

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 9/16/2018 By [REDACTED] ASSISTANT TREASURER

Executed on 9/16/2018 By [REDACTED] 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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COMMITTEE NAME
Committee to Reelect Peggy McQuaid City Council 2018

I.D. NUMBER

- 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 [REDACTED]
ADDRESS 801 SanPablo 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." Stating "No party preference" is acceptable.
- 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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Peggy (Margaret) McQuaid	City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
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I.D. NUMBER

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.