

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 1 / 6 / 20	<input type="checkbox"/> Termination - See Part 5 Date of termination ____/____/____
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Date Stamp

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1. Committee Information **I.D. Number** 1425577 (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Voter Choice Albany, Yes on Measure BB, controlled by Preston Jordan and Aaron Tiedemann

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

CITY Albany **STATE** CA **ZIP CODE** 94706 **AREA CODE/PHONE** [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
c/o Harry Chomsky, [REDACTED]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE Alameda **JURISDICTION WHERE COMMITTEE IS ACTIVE** City of Albany

NAME OF TREASURER
Harry Chomsky

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

CITY [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED] **AREA CODE/PHONE** [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED] **AREA CODE/PHONE** [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Andrew Tang

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

CITY [REDACTED] **STATE** [REDACTED] **ZIP CODE** [REDACTED] **AREA CODE/PHONE** [REDACTED]

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 9/1/2020 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1 sept 2020 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 1 sept 2020 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Voter Choice Albany, Yes on Measure BB, controlled by Preston Jordan and Aaron Tiedemann

I.D. NUMBER
1425577

- 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 San Pablo Avenue	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	
Preston Jordan	Albany City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Aaron Tiedemann	Albany City Council	2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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
Measure BB: Ranked Choice Voting	City of Albany Measure BB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
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I.D. NUMBER
1425577

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 this verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or principal 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.

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