

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified

Amendment List I.D. number: # 1368408

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

_____/_____/_____
Date qualified as committee (if applicable)

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Nick Pilch for Albany City Council 2016

STREET ADDRESS (NO P.O. BOX)
634 San Carlos Ave.
CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94706 (510)525-3405
MAILING ADDRESS (IF DIFFERENT)

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Susan Reyes
STREET ADDRESS (NO P.O. BOX)
1520 Central Ave
CITY STATE ZIP CODE AREA CODE/PHONE
Alameda CA 94501 (510)882-4536
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)

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 information provided is true and correct.

Executed on _____ By _____
DATE 9/23/2016
Executed on _____ By _____
DATE 9/23/16
Executed on _____ By _____
Executed on _____ By _____

TREASURER OR ASSISTANT TREASURER
OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICER HOLDER, CANDIDATE, OR STATE MEASURE PROponent

RECEIVED
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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1368408

COMMITTEE NAME
Nick Pilch for Albany City Council 2016

- 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 041911458
ADDRESS 801 San Pablo Avenue	CITY Albany	STATE ZIP CODE CA 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."
- 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
Nick Pilch	City Council Member	2016	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> 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)	CHECK ONE
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>