

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

1095348

**FILED**  
Date Stamp

SEP 29 2016

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For Official Use Only

**ALBANY CITY CLERK**

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

11/08/2016

Statement covers period  
from

07/01/2016

through 09/24/2016

SEE INSTRUCTIONS ON REVERSE

**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
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Controlled (Also Complete Part 6)
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1390092

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Coalition For A Healthy Albany - Yes on Measure 01

**Treasurer(s)**

NAME OF TREASURER

Susan Reyes

MAILING ADDRESS

PO Box 1293

CITY

Alameda

STATE

CA

ZIP CODE

94501

AREA CODE/PHONE

(510) 882-4536

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ssjreyes@comcast.net

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 09/28/2016  
Date

By Susan Reyes

Executed on 09/28/2016  
Date

By Holly Scheider  
Signature of Controlling O

Executed on \_\_\_\_\_  
Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

Signature of Controlling Officeholder, 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  
Sugar-Sweetened Beverage General Tax-Measure 01

BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
City of Albany

01  SUPPORT  OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent  
Cecilia Rosales

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_  
Alameda County Central Committee Member: District 15  
Alameda County District 15

**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

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition For A Healthy Albany - Yes on Measure 01

Statement covers period

from 07/01/2016

through 09/24/2016

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I.D. NUMBER

1390092

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 425.00	\$ 425.00
2. Loans Received .....	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 425.00	\$ 425.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 425.00	\$ 425.00

## 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	\$ _____

## Expenditures Made

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

## 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
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 0.00
13. Cash Receipts .....	Column A, Line 3 above 425.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0.00
15. Cash Payments .....	Column A, Line 8 above 0.00
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 425.00

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

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

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).

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

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

## CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE  
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I.D. NUMBER  
1390092

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/24/2016	Lynn Silver 1749 Sonoma Ave Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Public Health Institute	100.00	100.00	G2016 \$100.00
09/24/2016	Immi Song 1301 Solano Ave Suite 101 Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthodontist Self Employed	200.00	200.00	G2016 \$200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				300.00		

### Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 300.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 125.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 425.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee