

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

1099473

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
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

Statement covers period

from 09/25/2016

through 10/22/2016

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

11/08/2016

**FILED**  
OCT 26 2016  
ALBANY CITY CLERK

COVER PAGE  
CALIFORNIA FORM 460

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For Official Use Only

**2. Type of Statement:**

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

**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

STREET ADDRESS (NO P.O. BOX)

1507 Visalia Ave

CITY

Albany

STATE CA

ZIP CODE 94706

AREA CODE/PHONE (510) 525-4019

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

inf@albanysoatax.com

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/2016  
Date

By Susan Reyes

Executed on 10/24/2016  
Date

By Holly Scheider  
Signature of Controlling Officer

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

By \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent

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

By \_\_\_\_\_  
Signature of Controlling Officer, Candidate, State Measure Proponent

The attached schedules is true and complete. I certify

**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

01  SUPPORT  OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**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

Statement covers period from 09/25/2016 through 10/22/2016

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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Coalition For A Healthy Albany - Yes on Measure O1

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	\$ 5,660.00	\$ 6,185.00
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 5,660.00	\$ 6,185.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 5,660.00	\$ 6,185.00

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 4,980.16	\$ 5,023.40
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 4,980.16	\$ 5,023.40
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	\$ 4,980.16	\$ 5,023.40

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 481.76
13. Cash Receipts ..... Column A, Line 3 above	5,660.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	4,980.16
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,161.60

*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

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

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

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).

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Statement covers period  
 from 09/25/2016  
 through 10/22/2016

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Coalition For A Healthy Albany - Yes on Measure 01

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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)
09/30/2016	American Heart Association 816 S. Figueroa Street Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	G2016 \$5,000.00
10/06/2016	Berkeley Dental Society 2999 Regent St. Ste 711 Berkeley, CA 94705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G2016 \$500.00
10/19/2016	Steven Kobayashi 727 San Pablo Ave #101A Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Kobayashi Dentistry	100.00	100.00	G2016 \$100.00
		<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				
<b>SUBTOTAL \$</b>				5,600.00		

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
 (Include all Schedule A subtotals.) ..... \$ 5,600.00

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 60.00

3. Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 5,660.00

\*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

# Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 09/25/2016 through 10/22/2016

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |      |   |     |   |
|-----|---|------|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR  | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MITG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC  | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET  | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO  | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL  | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| ND  | independent expenditure supporting/opposing others (explain)* | POS  | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO  | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT  | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
H&S Signs 418 Neal St Grass Valley, CA 95945	CMP			1,749.73
Holly Scheider 2419 Spaulding Berkeley, CA 94703	CNS			2,000.00
Holly Scheider 2419 Spaulding Berkeley, CA 94703	LIT			587.60

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 4,337.33**

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4,837.33
- Unitemized payments made this period of under \$100 ..... \$ 142.83
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 4,980.16**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 09/25/2016  
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Coalition For A Healthy Albany - Yes on Measure O1

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>ND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holly Scheider 2419 Spaulding Berkeley, CA 94703	POL			500.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				<b>SUBTOTAL \$</b> 500.00