

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

**FILED**

CALIFORNIA  
FORM  
**460**

DEC 21 2016

Page 1 of 6  
For Official Use Only

**ALBANY CITY CLERK**

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

11-08-16

Statement covers period

from OCT 23, 2016

through Dec 31, 2016

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- 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

**3. Committee Information**

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

COMMITTED TO RE-ELECT  
PETE MAASS FOR CC 2016

STREET ADDRESS (NO P.O. BOX)

1496 SONOMA AVE

CITY

ALBANY CA

STATE CA ZIP CODE 94706 AREA CODE/PHONE 570-914-6434

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

ALBANY CA 94706 570-684-9682

CITY

STATE CA ZIP CODE 94706 AREA CODE/PHONE 570-684-9682

OPTIONAL: FAX / E-MAIL ADDRESS

pcmaass@pacbell.net

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing information is true and complete.

Executed on 12/8/16 Date

By 

Executed on 12/21/16 Date

By Sponsor

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

By \_\_\_\_\_

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

By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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  
PETE MAASS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
ALBANY CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1496 SONOMA AVE ALBANY CA 94706

**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

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
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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"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from OCT 23, 2016  
through DEC 31, 2016

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

COMM TO RE-ELECT PETE MAASS CC 2016

I.D. NUMBER

1391975

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

1. Monetary Contributions.....	Schedule A, Line 3	\$ 600.-	\$ 4779.-
2. Loans Received.....	Schedule B, Line 3	-	2406.47
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	600.-	7185.47
4. Nonmonetary Contributions.....	Schedule C, Line 3	0	-
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	600.-	7185.47

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ 467.44	\$ 4779.-
7. Loans Made.....	Schedule H, Line 3	0	2406.47
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	0	7185.47
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	-	-
10. Nonmonetary Adjustment.....	Schedule C, Line 3	-	-
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	467.44	7185.47

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ (132.66)	\$
13. Cash Receipts.....	Column A, Line 3 above	600.-	\$
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	0	\$
15. Cash Payments.....	Column A, Line 8 above	467.34	\$
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	0	\$

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

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$	\$
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$	\$
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$	\$

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received.....	1/1 through 6/30	\$	7/1 to Date
21. Expenditures Made.....		\$	

## 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.

SCHEDULE A

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Statement covers period from 10-23-16 through 12-31-16

I.D. NUMBER 1391975

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)
11-7-16	STACY EISEMANN 853 RAMONA ALBANY CA 94706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT SELF-EMPLOYED	100.-		
11-2-16	ADRIANA GORES 295 31ST AVE SAN FRANCISCO 94121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	100.-		
10-18-16	RONALD SINOWAY 113 PLATEAU AVE SANTA CRUZ CA 95060	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.-		
10-27-16	Julia Chang 738 CARMEL ALBANY, CA 94706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER COMMUNICATIONS MANAGER	100.-		
				<b>SUBTOTAL \$</b>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 500.-
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 100.-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 600.-

\*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 B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 10-23-16  
through 12-31-16

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<b>Comm TO RE-ELECT PETE MAASS CC 2016</b> PETE MAASS 1496 SONOMA AVE ALBANY, CA 94706 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ 2406.47	\$ 0	<input checked="" type="checkbox"/> PAID \$ 2406.47 <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
<b>SUBTOTALS</b>			\$	\$	\$	\$	\$	\$	\$

(Enter 0 on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 2406.47  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ (2406.47)  
Enter the net here and on the Summary Page, Column A, Line 2.

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
 \*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10-23-2016  
through 12-31-16

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Comm TO ELECT PETE MAASS CC 2016

I.D. NUMBER

1391975

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
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
CAMPAIGN FOR MEASURE 01 (Soda Tax) Margie Marles 1500 Visalia Albany CA 94706	CVC			100.-
(ALBANY HIGH SCHOOL) VENTURE PROG 603 KEY ROUTE BLVD Albany CA 94706	CVC			222.06

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 322.06
- Unitemized payments made this period of under \$100 ..... \$ 145.28
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 467.34