

CITY OF ALBANY

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JAN 27 2017

For Official Use Only

Administration Department

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5) 1108328

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 09/25/2016 through 10/22/2016. Date of election if applicable: 11/08/2016

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Primarily Formed Ballot Measure Committee

2. Type of Statement:

- [X] Preelection Statement
[] Semi-annual Statement
[] Termination Statement
[X] Amendment (Explain below)
Statement - Attach Form 495

Amendment to Preelection Statement

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

STREET ADDRESS (NO P.O. BOX) 1507 Visalia Ave

CITY Albany

STATE CA

ZIP CODE 94707

AREA CODE/PHONE (510) 525-4019

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

CITY Albany

STATE CA

ZIP CODE 94707

AREA CODE/PHONE (510) 525-4019

OPTIONAL: FAX / E-MAIL ADDRESS info@albanysoadata.com

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 01/20/2017 Date

By Susan Reyes

Executed on 01/20/2017 Date

By Holly Scheider Signature of Controlling Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officer of Sponsor

Executed on _____ Date

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, 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

BALLOT NO. OR LETTER _____ JURISDICTION _____
01 City of Albany 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

CALIFORNIA FORM 460

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Coalition for A Healthy Albany - Yes on Measure 01

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 \$ 5,560.00	\$ 6,185.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,560.00	\$ 6,185.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,560.00	\$ 6,185.00

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 \$ 4,994.40	\$ 4,994.40
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 4,994.40	\$ 4,994.40
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 \$ 4,994.40	\$ 4,994.40

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 \$ 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 4,951.16
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,190.60

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

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).

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

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

*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**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Coalition for A Healthy Albany - Yes on Measure 01

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)
09/30/2016	American Heart Association 816 S. Figueroa Street Los Angeles, CA 900017	<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 Dentist	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				
SUBTOTAL \$				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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

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I.D. NUMBER
1390092

Coalition for A Healthy Albany - Yes on Measure OI

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
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

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,837.33
2. Unitemized payments made this period of under \$100 \$ 113.83
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4,951.16**

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

Amounts may be rounded
to whole dollars.

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Coalition for A Healthy Albany - Yes on Measure O1

I.D. NUMBER

1390092

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
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- PRT print ads
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- 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 ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holly Scheider 2419 Spaulding Berkeley, CA 94703	CNS			500.00
SUBTOTAL \$				500.00

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