

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)
1108923

COVER PAGE

CITY OF ALBAN
State Stamp
JAN 27 2017
Administration Department

Page 1 of 5
For Official Use Only

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

11/08/2018

Statement covers period

from 01/01/2017

through 01/23/2017

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee (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
- 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

STREET ADDRESS (NO P.O. BOX)

1507 Visalia Ave

CITY

STATE

CA

ZIP CODE

94707

AREA CODE/PHONE

(510) 525-4019

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

1507 Visalia Ave

CITY

STATE

CA

ZIP CODE

94501

AREA CODE/PHONE

(510) 882-4536

NAME OF ASSISTANT TREASURER, IF ANY

Margaret Marks

MAILING ADDRESS

1507 Visalia Ave

CITY

STATE

CA

ZIP CODE

94707

AREA CODE/PHONE

(510) 525-4019

OPTIONAL: FAX / E-MAIL ADDRESS

info@albanysoadata.com

OPTIONAL: FAX / E-MAIL ADDRESS

ssjreyes@gmail.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 01/23/2017
Date

By Susan Reyes

Executed on 01/23/2017
Date

By Holly Scheiderer
Signature of Controller

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

I certify that the information provided on 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

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 PROPOONENT _____

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2017
through 01/23/2017

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NAME OF FILER

I.D. NUMBER
1390092

Coalition for A Healthy Albany - Yes on Measure 01

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 750.57	750.57
2. Loans Received	Schedule B, Line 3 -3,000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -2,249.43	750.57
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -2,249.43	750.57

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 \$ 2,249.43
13. Cash Receipts	Column A, Line 3 above -2,249.43
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 \$ 0.00

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 B – Part 1
Loans Received**

SCHEDULE B - PART 1

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2017 through 01/23/2017

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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Coalition for A Healthy Albany - Yes on Measure 01 I.D. NUMBER 1390092

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	†	
									IND	COM
Nick Pilch 634 San Carlos Ave Albany, CA 94706	Director, Cloud Operations Bluescape	\$ 3,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 2,249.43 <input checked="" type="checkbox"/> FORGIVEN \$ 750.57	\$ 0.00 12/31/2017 DATE DUE	0 RATE 0.00	\$ 3,000.00 12/14/2016 DATE INCURRED	\$ -1,498.86 PER ELECTION** \$ 2016 3,000.00	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CALENDAR YEAR \$ PERELECTION**
SUBTOTALS \$ 0.00 \$ 3,000.00 \$ 0.00 \$ 0.00										

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$ -3,000.00**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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