

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

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For Official Use Only

FILED
Date Stamp

FEB 1 2017

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

ALBANY CITY CLERK

Statement covers period

from 10/23/2016

through 12/31/2016

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1388370

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

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

STREET ADDRESS (NO P.O. BOX)

2350 KERNER BLVD., SUITE 250

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

AREA CODE/PHONE

(415) 389-6800

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

2350 KERNER BLVD., SUITE 250

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

AREA CODE/PHONE

(415) 389-6800

OPTIONAL: FAX / E-MAIL ADDRESS

FORM410@NMGVLAW.COM

Treasurer(s)

NAME OF TREASURER

ELLI ABDOLI

MAILING ADDRESS

2350 KERNER BLVD., SUITE 250

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

AREA CODE/PHONE

(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY

ARMEEN KOMEILI

MAILING ADDRESS

2350 KERNER BLVD., SUITE 250

CITY

SAN RAFAEL

STATE

CA

ZIP CODE

94901

AREA CODE/PHONE

(415) 389-6800

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief, 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.

Executed on 1-21-17

Date

By 

Date

Executed on _____

Date

By _____

Date

Executed on _____

Date

By _____

Date

Executed on _____

Date

By _____

Date

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

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FORM 460**

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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 MEASURE 01 _____

BALLOT NO. OR LETTER _____ JURISDICTION _____

CITY OF ALBANY - NOVEMBER 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 10/23/2016
through 12/31/2016

CALIFORNIA
FORM
460

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1388370

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	\$ 185,000.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 0.00	\$ 185,000.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 0.00	\$ 185,000.00

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 \$ 34,452.81	\$ 179,170.46
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 34,452.81	\$ 179,170.46
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -17,008.61	38,316.04
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 17,444.20	\$ 217,486.50

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 \$ 40,282.35
13. Cash Receipts	Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 34,452.81
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 5,829.54

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

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 \$ 38,316.04

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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 10/23/2016
through 12/31/2016

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NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

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

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	TEL	REFUND		-24,550.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	LIT			37,500.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037		SEE SCHEDULE G		626.13

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 13,576.13**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 34,452.81
2. Unitemized payments made this period of under \$100 \$ 0.00
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 \$ 34,452.81**

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period
from 10/23/2016
through 12/31/2016

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FORM**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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I.D. NUMBER
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NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

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
- VOI 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
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037			SEE SCHEDULE G	13,838.00
STOREFRONT POLITICAL MEDIA 160 PINE STREET, SUITE 700 San Francisco, CA 94111	TEL			537.80
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037			SEE SCHEDULE G	3,272.58
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814	PRO			2,579.20
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814	PRO			599.10

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

SUBTOTAL \$ 20,826.68

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Statement covers period
from 10/23/2016
through 12/31/2016

Amounts may be rounded
to whole dollars.

**CALIFORNIA 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

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 | MTG | 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 |
| IND | 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)

SECRETARY OF STATE 1500 11TH STREET, ROOM 495 Sacramento, CA 95814	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		2017 COMMITTEE REGISTRATION FEE	50.00

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

SUBTOTAL \$ 50.00

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
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Statement covers period
from 10/23/2016
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CALIFORNIA FORM 460

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	626.13	0.00	626.13	0.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	3,272.58	0.00	3,272.58	0.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	TRS	574.92	0.00	0.00	574.92
SUBTOTALS \$		4,473.63	0.00	3,898.71	574.92

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 728.10
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 17,736.71
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -17,008.61

May be a negative number

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

SCHEDULE F (CONT.)

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2016 through 12/31/2016

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NAME OF FILER
NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

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

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	RFD	returned contributions
OFC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	t.v. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	13,838.00	0.00	13,838.00	0.00
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	34,206.15	0.00	0.00	34,206.15
GODDARD GUNSTER 2121 K STREET NW, SUITE 850 Washington, DC 20037	SEE SCHEDULE G	2,806.87	0.00	0.00	2,806.87
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 1415 L STREET, SUITE 1200 Sacramento, CA 95814	PRO	0.00	728.10	0.00	728.10

SUBTOTALS \$ 50,851.02 \$ 728.10 \$ 13,838.00 \$ 37,741.12

Additional Comments
For Form 460

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I.D. NUMBER

1388370

NAME OF FILER

NO ON 01: NO ALBANY GROCERY TAX, WITH MAJOR FUNDING BY AMERICAN BEVERAGE ASSOCIATION CALIFORNIA PAC

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 6688, ALBANY, CA 94706