### Recipient Campaign Statement

**Cover Page**

**Statement covers period**
- **from:** October 23, 2016
- **through:** December 21, 2016

**Date of election if applicable:**
- **(Month, Day, Year):** November 8, 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
- [x] Primarily Formed Ballot Measure Committee
- [ ] Controlled
- [ ] Sponsored
- [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

#### 2. Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [x] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [x] Quarterly Statement
- [ ] Special Odd-Year Report

#### 3. Committee Information

- **I.D. NUMBER:** 1391548

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**
Yes on Measure N1 Committee

**STREET ADDRESS (NO P.O. BOX):**
1062 Stannage Ave

**CITY:** Albany
**STATE:** CA
**ZIP CODE:** 94706
**AREA CODE/PHONE:** 5104189786

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

**CITY:**
**STATE:**
**ZIP CODE:**
**AREA CODE/PHONE:**

**OPTIONAL: FAX / E-MAIL ADDRESS:**
poolpeggy1@aol.com

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and in the attached schedules is true and complete.

**Executed on:** 12/21/2016

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

**Executed on:**
**By:**
**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

**Executed on:**
**By:**
**Signature of Controlling Officeholder, Candidate, State Measure Proponent**

**Treasurer(s):**
- **NAME OF TREASURER:** Margaret McQuaid
- **MAILING ADDRESS:**
  1604 Marin Ave
  Albany, CA 94707
  (510)526-7855

**NAME OF ASSISTANT TREASURER, IF ANY:**

**MAILING ADDRESS:**

**CITY:**
**STATE:**
**ZIP CODE:**
**AREA CODE/PHONE:**

**OPTIONAL: FAX / E-MAIL ADDRESS:**

**FPCC Form 460 (Jan/2016)**
**FPPC Advice: advice@fppc.ca.gov (866/275-3772)**
**www.fppc.ca.gov**
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure N1</td>
<td></td>
</tr>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>N1</td>
<td>Albany</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONET</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Campaign Disclosure Statement**  
**Summary Page**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
<th>SUMMARY PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>from ___________________________</td>
<td>October 23, 2016</td>
<td>Page 3 of 7</td>
</tr>
<tr>
<td>through _________________________</td>
<td>December 21, 2016</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td></td>
<td>1391548</td>
<td></td>
</tr>
</tbody>
</table>

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

Yes on Measure N1 Committee

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$ 1750.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$ 1750.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$ 1750.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$ 2395.41</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$ 2395.41</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$ 2395.41</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

| 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 | $ | $ |

| Expenditure Limit Summary for State Candidates |
| Date of Election (mm/dd/yyyy) | Total to Date |
| / / / | $ |

| Current Cash Statement |
|------------------------|-------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 645.41 |
| 13. Cash Receipts        | Column A, Line 3 above | $ 1750.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments        | Column A, Line 8 above | $ 2395.41 |
| 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.

**Cash Equivalents and Outstanding Debts**

| Cash Equivalents | See instructions on reverse | $ 0 |
| Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ 0 |

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.*

FPCC Form 460 (Jan/2016)  
FPCC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov
### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 1750.00
2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 0
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................... TOTAL $ 1750.00
Schedule B – Part 1
Loans Received

Yes on Measure N1 Committee

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Arkin</td>
<td>Architect ArkinTilt Architecture</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
</tr>
<tr>
<td>1 IND</td>
<td>OTH</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
<td>$819.89</td>
</tr>
</tbody>
</table>

Schedule B Summary

1. Loans received this period...
   (Total Column (b) plus unitemized loans of less than $100.) $819.89

2. Loans paid or forgiven this period...
   (Total Column (c) plus loans under $100 paid or forgiven.) $819.89
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET $0
   Enter the net here and on the Summary Page, Column A, Line 2.

*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 **October 23, 2016**
- through **December 21, 2016**

**CALIFORNIA FORM 460**

**NAME OF FILER**

Yes on Measure N1 Committee

### CODES:

- **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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CCDE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Graphics</td>
<td>cmp</td>
<td></td>
<td>yard signs</td>
<td>380.40</td>
</tr>
<tr>
<td>1101 8thSt,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berkeley CA 94710</td>
<td></td>
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<tr>
<td>Next Generation</td>
<td>cns</td>
<td></td>
<td></td>
<td>1598.00</td>
</tr>
<tr>
<td>1814 Franklin St Ste 510</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oakland CA 94612</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albany Community Foundation</td>
<td>cvc</td>
<td></td>
<td></td>
<td>180.11</td>
</tr>
<tr>
<td>1164 Solano Ave, Box 133</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albany CA 94706</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 2158.51

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 2308.51
2. Unitemized payments made this period of under $100 $ 86.90
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 2395.41
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $
Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from <em>October 23, 2016</em></td>
<td>Page 7 of 7</td>
</tr>
<tr>
<td>through <em>December 21, 2016</em></td>
<td>I.D. NUMBER 1391548</td>
</tr>
</tbody>
</table>

NAME OF FILER
Yes on Measure N1 Committee

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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Arkin</td>
<td>lit</td>
<td></td>
<td>150.00</td>
</tr>
<tr>
<td>1062 Stannage Ave.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albany CA 94706</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 150.00