Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
Yes on Measure N1 Committee

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

CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94706 (510)418-9786

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
poolpeggy1@aol.com

COUNTY OF DOMICILE
Alameda

JURISDICTION WHERE COMMITTEE IS ACTIVE
Albany

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Margaret McQuaid

STREET ADDRESS (NO P.O. BOX)
1604 Marin Ave

CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94707 (510)526-7855

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
David Arkin

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

CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94706 (510)418-9786

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under the penalty of perjury under the laws of the State of California that

Executed on 12-21-16
DATE

By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPOSPONT

FPPC Form 410 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Yes on Measure N1 Committee

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1391548

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanics Bank</td>
<td>(510)558-2330</td>
<td>042095565</td>
</tr>
</tbody>
</table>

ADDRESS
801 San Pablo Ave

CITY          | STATE | ZIP CODE
--------------|-------|--------
Albany        | CA    | 94706  

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.

- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."

- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure N1</td>
<td>Albany</td>
<td>☑ SUPPORT</td>
</tr>
</tbody>
</table>

FPPC Form 410 (Jan/2016)
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www.fppc.ca.gov
4. Type of Committee (Continued)

<table>
<thead>
<tr>
<th>General Purpose Committee</th>
<th>Not formed to support or oppose specific candidates or measures in a single election. Check only one box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY Committee</td>
<td>COUNTY Committee</td>
</tr>
<tr>
<td>STATE Committee</td>
<td></td>
</tr>
</tbody>
</table>

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.