Officeholder and Candidate
Campaign Statement -
Short Form

1. Statement Covers Calendar Year 20
   17.

2. Officeholder or Candidate Information
   NAME OF OFFICEHOLDER OR CANDIDATE
   Margaret McQuaid
   STREET ADDRESS
   [Redacted]
   CITY
   Albany
   STATE
   CA
   ZIP CODE
   94707
   AREA CODE/DAYTIME PHONE NUMBER
   [Redacted]
   OPTIONAL FAX/E-MAIL ADDRESS
   reelectpeggymcquaid@gmail.com

3. Office Sought or Held
   OFFICE SOUGHT OR HELD
   City Council Member
   JURISDICTION (LOCATION)
   Albany CA
   DISTRICT NUMBER
   (IF APPLICABLE)

4. Committee Information
   List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

<table>
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<tr>
<th>COMMITTEE NAME AND I.D. NUMBER</th>
<th>COMMITTEE ADDRESS</th>
<th>NAME OF TREASURER</th>
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5. Verification
   I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than $2,000 and that I will spend less than $2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on
   July 30, 2018
   DATE
   By
   [Signature]