Officeholder and Candidate Campaign Statement - Form 470 Supplement

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Peggy (Margaret) McQuaid

STREET ADDRESS

CITY
Albany
STATE
CA
ZIP CODE
94707
AREA CODE/DAYTIME PHONE NUMBER

EMAIL ADDRESS
reelectpeggymcquaid@gmail.com

2. Office Sought

OFFICE SOUGHT
Albany City Council

DATE OF ELECTION (MONTH, DAY, YEAR)
November 6, 2018

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

9/16/2018
(MONTH, DAY, YEAR)