Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/23/2018
through 10/20/2018

Date of election if applicable:
(Month, Day, Year)
11/6/2018

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)
☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ 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

3. Committee Information

I.D. NUMBER
1411803

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Committee to Reelect Peggy McQuaid City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Albany

CA

94707

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 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 and correct.

Executed on 10/22/2018

Date

By

Signature of Committee President or Committee Secretary

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Officer of Sponsor

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC 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>Peggy McQuaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>City Council member</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>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>□ SUPPORT</td>
</tr>
</tbody>
</table>

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.

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

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$576</td>
<td>$2623</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$1500</td>
<td>$1500</td>
</tr>
<tr>
<td>Subtotal Cash Contributions</td>
<td>$2075</td>
<td>$4123</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>375</td>
</tr>
<tr>
<td>Total Contributions Received</td>
<td>$2075</td>
<td>$4498</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$2484</td>
<td>$3143</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal Cash Payments</td>
<td>$2484</td>
<td>$3143</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Expenditures Made</td>
<td>$2484</td>
<td>$3143</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$1388</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$2076</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$2484</td>
</tr>
<tr>
<td>Ending Cash Balance</td>
<td>$980</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Election</td>
<td></td>
</tr>
<tr>
<td>Total to Date</td>
<td></td>
</tr>
</tbody>
</table>

### Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 9/23/2018 through 10/20/2018

I.D. NUMBER 1411803

Committee to Reelect Peggy McQuaid City Council 2018

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.

FPPC Form 460 (Jan/2016)
FPPC 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.) ................................................................. $ 300

2. Amount received this period – unitemized monetary contributions of less than $100 ............ $ 276

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 576

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 9/23/2018 through 10/20/2018

Committee to Reelect Peggy McQuaid City Council 2018

| FULL NAME, STREET ADDRESS AND ZIP CODE |
| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) |
| OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| Peggy McQuaid | retired | | |
| $1500 | $1500 | | | $1500 | 1600 |
| CALENDAR YEAR | PER ELECTION** |

1. Loans received this period................................................................. $ 1500
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period.................................................... $ 
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (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 $ 1500
   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

**Committee to Reelect Peggy McQuaid City Council 2018**

**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>Stone Bridge Press</td>
<td>CMP</td>
<td>LAWN SIGNS</td>
<td>133</td>
</tr>
<tr>
<td>Copy World</td>
<td>LIT</td>
<td>PRODUCTION OF CAMPAIGN LITERATURE</td>
<td>579</td>
</tr>
<tr>
<td>Election Digest</td>
<td>LIT</td>
<td>PAYMENTS TO BE ON A SLATE MAILER</td>
<td>350</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 2435
2. Untitemized payments made this period of under $100. .......................................................... $ 49
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). .......................................................... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................................. TOTAL $ 2484

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**www.fppc.ca.gov**
### Committee to Reelect Peggy McQuaid City Council 2018

**Statement covers period from 9/23/2018 through 10/20/2018**

**I.D. NUMBER:** 1411803

**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>Plush Design</td>
<td>LIT</td>
<td>PRODUCTION OF CAMPAIGN LITERATURE</td>
<td>295</td>
</tr>
<tr>
<td>Stone Bridge Press</td>
<td>LIT</td>
<td>POSTCARDS AND POSTAGE</td>
<td>1078</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 1373