Statement of Organization
Recipient Committee

1. Committee Information
   NAME OF COMMITTEE: Committee to Reelect Peggy McQuaid City Council 2018

   STREET ADDRESS: [Redacted]
   CITY: Albany
   STATE: CA
   ZIP CODE: 94706
   AREA CODE/PHONE: 510-526-7855

   E-MAIL ADDRESS: reelectpeggymcquaid@gmail.com

   COUNTY OF DOMICILE: Alameda
   JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Albany

   [Attach additional information on appropriately labeled continuation sheets.]

2. Treasurer and Other Principal Officers
   NAME OF TREASURER: Peter Goodman
   STREET ADDRESS (NO P.O. BOX): [Redacted]
   CITY: [Redacted]
   STATE: [Redacted]
   ZIP CODE: [Redacted]
   AREA CODE/PHONE: [Redacted]

   NAME OF ASSISTANT TREASURER, IF ANY: [Redacted]
   STREET ADDRESS (NO P.O. BOX): [Redacted]
   CITY: [Redacted]
   STATE: [Redacted]
   ZIP CODE: [Redacted]
   AREA CODE/PHONE: [Redacted]

   NAME OF PRINCIPAL OFFICER(S): [Redacted]
   STREET ADDRESS (NO P.O. BOX): [Redacted]
   CITY: [Redacted]
   STATE: [Redacted]
   ZIP CODE: [Redacted]
   AREA CODE/PHONE: [Redacted]

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 penalty of perjury under the laws of the State of California, that this statement is true and correct.

   EXECUTED ON 12/12/18
   EXECUTED ON 12/12/18
   EXECUTED ON 12/12/18
   EXECUTED ON 12/12/18

   BY: [Redacted]
   BY: [Redacted]
   BY: [Redacted]
   BY: [Redacted]

   SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT
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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Committee to Reelect Peggy McQuaid City Council 2018

- 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>800-797-6324</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS
P.O. BOX 5610
CITY: HERCULES
STATE: CA
ZIP CODE: 94547-5610

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.” Stating “No party preference” is acceptable.

- 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>Peggy (Margaret) McQuaid</td>
<td>CITY COUNCIL MEMBER</td>
<td>2018</td>
<td>Nonpartisan ✔ Partisan ☐ (list political party below)</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) IF A RECALL, STATE &quot;RECALL&quot; IN FRONT OF THE OFFICEHOLDER'S NAME.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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