Statement of Organization
Recipient Committee

Statement Type
- Initial
- Amendment
- Termination – See Part 5

I.D. Number
1411683

1. Committee Information
NAME OF COMMITTEE
Committee to Reelect Rochelle Nason to City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY
Albany

STATE
CA

ZIP CODE
94707

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTRY 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
Beth Hodess

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Rochelle Nason

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 the foregoing is true and correct.

Executed on
12/31/2018
By

Executed on
12/31/2018
By

Executed on

DATE

By

Executed on

DATE

By

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION
Mechanics Bank

ADDRESS
801 San Pablo Avenue

CITY
Albany

STATE
CA

ZIP CODE
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.” 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>Rochelle Nason</td>
<td>City Council Member, Albany</td>
<td>2018</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

Primary 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>
</tr>
</thead>
<tbody>
<tr>
<td>IF A RECALL, STATE “RECALL” IN FRONT OF THE OFFICEHOLDER’S NAME.</td>
</tr>
</tbody>
</table>

| CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) |
|-----------------------------------------------------------------------------------------------------------------

<table>
<thead>
<tr>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
</tr>
<tr>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (888/275-3772)
www.fppc.ca.gov
General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

Sponsored Committee  List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE  AREA CODE/PHONE

Small Contributor Committee  ☐  Date qualified

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.