Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Voter Choice Albany

STREET ADDRESS (NO P.O. BOX)

CITY
Albany

STATE
CA

ZIP CODE
94706

AREA CODE/PHONE

COUNTY OF DOMICILE
Alameda

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Harry Chomsky

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)

Andrew Tang

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 2/15/2020
By ____________________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on ____________________
By ____________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on ____________________
By ____________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on ____________________
By ____________________________

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

FPCC Form 410 (August/2018)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS OR REVERSE**

**COMMITTEE NAME**
Voter Choice Albany

- 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>510-558-2330</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>801 San Pablo Avenue</td>
<td>Albany</td>
<td>CA</td>
<td>94706</td>
</tr>
</tbody>
</table>

**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></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

|                                                      |                                                                     |                  | Nonpartisan | Partisan | (list political party below) |

**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>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative Measure Requiring Ranked-Choice Voting System for Municipal and School Board Elections NO letter assigned yet</td>
<td>City of Albany</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

**CHECK ONE**

- SUPPORT
- OPPOSE

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Statement of Organization
Recipient Committee

COMMITTEE NAME
Voter Choice Albany

6. Type of Committee
(Continued)

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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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

☐ 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.