

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified or

Amendment
 List I.D. number:

Termination - See Part 5
 List I.D. number:

OCT 12 2016

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CALIFORNIA 410
 FORM

For Official Use Only

10,4,16
 Date qualified as committee 10/4/16
 Date qualified as committee (if applicable)

 Date of Termination

ALBANY CITY CLERK

1. Committee Information

NAME OF COMMITTEE
 COMMITTEE TO RE-ELECT
 PETE MAASS ALBANY CITY COUNCIL 2016

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 MARJORIE ATKINSON
 STREET ADDRESS (NO P.O. BOX)
 1045 KEY ROUTE 94-

STREET ADDRESS (NO P.O. BOX)
 1496 SONOMA AVE
 CITY ALBANY CA 94706 510-914-6434
 AREA CODE/PHONE 510-914-6434

CITY ALBANY CA 94706 510-525-2662
 AREA CODE/PHONE 510-525-2662
 NAME OF ASSISTANT TREASURER, IF ANY

FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF DOMICILE
 ALAMEDA

JURISDICTION WHERE COMMITTEE IS ACTIVE
 CITY OF ALBANY

NAME OF PRINCIPAL OFFICER(S)
 PETER MAASS
 STREET ADDRESS (NO P.O. BOX)
 1496 SONOMA AVE
 CITY ALBANY CA 94706 510-914-6434
 AREA CODE/PHONE 510-914-6434

Attach additional information on appropriately labeled continuation sheets.

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.

Executed on 10/10/2016 By _____
 Executed on 10/10/16 By _____

Executed on _____ By _____
 Executed on _____ By _____

Executed on _____ By _____
 Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
COMMITTEE TO REELECT PETE MAASS CITY COUNCIL 2016

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>MECHANICS BANK</i>	AREA CODE/PHONE <i>510.558.2330</i>	BANK ACCOUNT NUMBER <i>42089123</i>
ADDRESS <i>801 SAN RABLO</i>	CITY <i>ALBANY</i>	STATE <i>CA</i>
		ZIP CODE <i>94706</i>

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."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>PETER MAASS</i>	<i>ALBANY CITY COUNCIL MEMB.</i>	<i>2016</i>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee P

CANDIDATE(S) NAME OR MEASURE(S)

IN	CHECK ONE	
	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>