

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  or  
Not yet qualified

Amendment  
List I.D. number:

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

# 1391975

10,07,16  
Date qualified as committee

12,31,16  
Date qualified as committee  
(if applicable)

12,31,16  
Date of Termination

**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

Manorie Atkinson

STREET ADDRESS (NO P.O. BOX)

104SKEY ROUTE BLVD

STREET ADDRESS (NO P.O. BOX)

1496 SONOMA AVE

CITY

ALBANY

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

510-914-6434

MAILING ADDRESS (IF DIFFERENT)

ALBANY CA 94706 510-914-6434

STREET ADDRESS (NO P.O. BOX)

ALBANY CA 94706 510-684-9582

FAX / E-MAIL ADDRESS

pcmaass@pacbell.net

COUNTY OF DOMICILE

ALAMEDA

JURISDICTION WHERE COMMITTEE IS ACTIVE

ALBANY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 12/20/16 By [Redacted] ASURE PROPONENT  
 Executed on 12/21/16 By [Redacted] ASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

