

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified

Amendment List I.D. number: # 1368408
 Date qualified as committee 08/30/2016 (if applicable)

Termination - See Part 5 List I.D. number: # _____
 Date of Termination _____

CALIFORNIA 410 FORM
For Official Use Only

Date Stamp
CITY OF ALBANY
 JAN 27 2017
Administration Department

1. Committee Information

NAME OF COMMITTEE
 Nick Pilch for Albany City Council 2016

STREET ADDRESS (NO P.O. BOX)
 634 San Carlos Ave
 CITY
 Albany
 STATE
 CA
 ZIP CODE
 94706
 AREA CODE/PHONE
 (510)525-3405

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
 nickoich4albany@gmail.com
 COUNTY OF DOMICILE
 Alameda County
 JURISDICTION WHERE COMMITTEE IS ACTIVE
 City of Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Susan Reyes

STREET ADDRESS (NO P.O. BOX)
 1520 Central Ave
 CITY
 Alameda
 STATE
 CA
 ZIP CODE
 94501
 AREA CODE/PHONE
 (510)882-4536

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

Executed on	1/27/2017	By	[Redacted]
Executed on	1/27/17	By	ASSISTANT TREASURER
Executed on	_____	By	CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1368408

COMMITTEE NAME
Nick Pilch for Albany City Council 2016

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

NAME OF FINANCIAL INSTITUTION Nick Pilch	AREA CODE/PHONE (510)558-2330	BANK ACCOUNT NUMBER 041911458
ADDRESS 801 San Pablo Ave	CITY Alameda	STATE CA
		ZIP CODE 94501

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
Nick Pilch	City Council Member	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>