

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: # 1390092

_____/_____/_____
Date qualified as committee (if applicable)

01/23/2017
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Coalition For A Healthy Albany - Yes on Measure O1

STREET ADDRESS (NO P.O. BOX)
1507 Visalia Ave
CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94707 (510)525-4019
MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
info@Albanydata.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)
PO Box 1293
CITY STATE ZIP CODE AREA CODE/PHONE
Alameda CA 94501 (510)882-4536
NAME OF ASSISTANT TREASURER, IF ANY
Margaret A. Marks
STREET ADDRESS (NO P.O. BOX)
1507 Visalia Ave
CITY STATE ZIP CODE AREA CODE/PHONE
Albany CA 94707 (510)525-4019
NAME OF PRINCIPAL OFFICER(S)
Holly Scheider
STREET ADDRESS (NO P.O. BOX)
2419 Spaulding
CITY STATE ZIP CODE AREA CODE/PHONE
Berkeley CA 94703 (510)435-0328

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

Executed on 1/24/2017 By _____
Executed on 1/27/2017 By _____
Executed on _____ By _____
Executed on _____ By _____

ASSISTANT TREASURER

CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Date Stamp
CITY OF ALBANY
JAN 27 2017
Administration Department

CALIFORNIA FORM 410
For Official Use Only

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1390092

COMMITTEE NAME
Coalition For A Healthy Albany - Yes on Measure O1

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

NAME OF FINANCIAL INSTITUTION Mechanics Bank	AREA CODE/PHONE (510)558-2330	BANK ACCOUNT NUMBER 042088569
ADDRESS 801 San Pablo Ave	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."
- 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
			<input 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"/>
Sugar-Sweetened Beverage General Tax - Memeasure O1	City of Albany	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>