

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1391548

Termination - See Part 5
List I.D. number:
1391548

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

12/21/2016
Date of Termination

RECEIVED

DEC 22 2016

**CALIFORNIA 410
FORM**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Yes on Measure N1 Committee

STREET ADDRESS (NO P.O. BOX)

1062 Stannage Ave.

CITY

Albany

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510)418-9786

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

poolpeggy1@aol.com

COUNTY OF DOMICILE

Alameda

JURISDICTION WHERE COMMITTEE IS ACTIVE

Albany

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Margaret McQuaid

STREET ADDRESS (NO P.O. BOX)

1604 Marin Ave

CITY

Albany

STATE

CA

ZIP CODE

94707

AREA CODE/PHONE

(510)526-7855

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

David Arkin

STREET ADDRESS (NO P.O. BOX)

1062 Stannage Ave.

CITY

Albany

STATE

CA

ZIP CODE

94706

AREA CODE/PHONE

(510)418-9786

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and certify that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information is true and complete.

Executed on 12-21-16 DATE

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes on Measure N1 Committee

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I.D. NUMBER

1391548

- 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

042095565

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

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

Measure N1

Albany

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I.D. NUMBER
1391548

COMMITTEE NAME

Yes on Measure N1 Committee

4. 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

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- 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.