

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # 1386395
 _____/_____/_____ 06/28/2016 _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
(If applicable)

Date Stamp	CALIFORNIA FORM 410
City of Brentwood JUL 01 2016 City Clerk	For Official Use Only

1. Committee Information

NAME OF COMMITTEE
John D Fink for City Council 2016

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Brentwood CA 94513 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
[REDACTED]

FAX / E-MAIL ADDRESS
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Contra Costa City of Brentwood

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Stacey Maher

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Brentwood CA 94513 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
John D Fink

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Brentwood CA 94513 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Jennifer L Fink

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Brentwood CA 94513 [REDACTED]

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 that the foregoing is true and correct.

Executed on 06/28/2016 By [REDACTED]
DATE

Executed on 06/28/2016 By [REDACTED]
DATE

Executed on 06/28/2016 By [REDACTED]
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
John D Fink for City Council 2016

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (925)513-6000	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 1115 2nd Street	CITY Brentwood	STATE CA	ZIP CODE 94513

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
John D Fink	City Council	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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>