

**Statement of Organization
Recipient Committee**

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

Date Stamp	CALIFORNIA FORM 410
City of Brentwood	For Official Use Only
NOV 30 2015	
City Clerk	

1. Committee Information

NAME OF COMMITTEE
JOHN D FINK FOR CITY COUNCIL 2016
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
BRENTWOOD CA 94513 _____
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS

 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)

 CITY STATE ZIP CODE AREA CODE/PHONE
BRENTWOOD CA 94513 _____
 NAME OF ASSISTANT TREASURER, IF ANY
JOHN D. FINK
 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE
BRENTWOOD CA 94513 _____
 NAME OF PRINCIPAL OFFICER(S)
N/A
 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 that the foregoing is true and correct.

Executed on 11-27-15 By _____
DATE
 Executed on 11-27-15 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT