

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 04 / 19 / 2019	Date of termination ____ / ____ / ____

Date Stamp City of Brentwood OCT 15 2019 City Clerk	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

**I.D. Number**  
(if applicable)

1418083

NAME OF COMMITTEE YES ON MEASURE L, BRENTWOOD RESIDENTS FOR TRANSPORTATION IMPROVEMENTS, OPEN SPACE, AND SENIOR HOUSING; COMMITTEE MAJOR FUNDING FROM GBN PARTNERS

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

SEAN P. WELCH

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CONTRA COSTA

CITY OF BRENTWOOD

CITY STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901

NAME OF ASSISTANT TREASURER, IF ANY

HILARY J. GIBSON

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901

NAME OF PRINCIPAL OFFICER(S)

MATT BEINKE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to 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 information is true and correct.

Executed on 10/11/2019 By [Signature] OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
YES ON MEASURE L, BRENTWOOD RESIDENTS FOR TRANSPORTATION IMPROVEMENTS, OPEN SPACE, AND SENIOR HOUSING; COMMITTEE MAJOR FUNDING FROM GBN PARTNERS

I.D. NUMBER  
1418083

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

NAME OF FINANCIAL INSTITUTION BANK OF MARIN	AREA CODE/PHONE (415) 927-8905	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 504 TAMALPAIS DRIVE	CITY CORTE MADERA	STATE CA
		ZIP CODE 94925

**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." Stating "No party preference" is acceptable.
- 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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
MEASURE L - VINEYARDS AT DEER CREEK VOTER INITIATIVE : L	CITY OF BRENTWOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
YES ON MEASURE L, BRENTWOOD RESIDENTS FOR TRANSPORTATION IMPROVEMENTS, OPEN SPACE, AND SENIOR HOUSING; COMMITTEE MAJOR FUNDING FROM GBN PARTNERS

I.D. NUMBER  
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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 GBN PARTNERS, LLC		INDUSTRY GROUP OR AFFILIATION OF SPONSOR REAL ESTATE			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3820 BLACKHAWK ROAD		DANVILLE	CA	94506	(925) 736-1571

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.

**Additional Comments  
For Form 410**

COMMITTEE NAME YES ON MEASURE L, BRENTWOOD RESIDENTS FOR TRANSPORTATION IMPROVEMENTS, OPEN SPACE, AND SENIOR HOUSING; COMMITTEE MAJOR FUNDING FROM GBN PARTNERS

I.D. NUMBER  
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ADDITIONAL COMMITTEE ADDRESS: [REDACTED]