

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

01 / 15 / 2018

Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

(If applicable)

Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED</b>	For Official Use Only
MAR 1 2018	 <b>ORIGINAL</b>
CITY OF ANTIOCH CITY CLERK	

**1. Committee Information**

NAME OF COMMITTEE

Antioch Community to Save Sand Creek

STREET ADDRESS (NO P.O. BOX)

404 W. 4th Street

CITY

Antioch

STATE

CA

ZIP CODE

94509

AREA CODE/PHONE

(925)209-7353

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Contra Costa

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Antioch

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michael Amorosa

STREET ADDRESS (NO P.O. BOX)

404 W. 4th Street

CITY

Antioch

STATE

CA

ZIP CODE

94509

AREA CODE/PHONE

(925)209-7353

NAME OF ASSISTANT TREASURER, IF ANY

Richard Schneider

STREET ADDRESS (NO P.O. BOX)

6867 Wilton Dr.

CITY

Oakland

STATE

CA

ZIP CODE

94611

AREA CODE/PHONE

(510)926-0010

NAME OF PRINCIPAL OFFICER(S)

Selina Button

STREET ADDRESS (NO P.O. BOX)

320 W. 8th St.

CITY

Antioch

STATE

CA

ZIP CODE

94509


AREA CODE/PHONE

(925)550-2242

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 3/1/2018 By   
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Antioch Community to Save Sand Creek

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Bank of the West	AREA CODE/PHONE (925)754-1845	BANK ACCOUNT NUMBER 052863305
ADDRESS 2507 Somersville Road	CITY Antioch	STATE ZIP CODE CA 94509

**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	OPPOSE
Let Antioch Voters Decide: The Sand Creek Area Protection Initiative	City of Antioch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>