

RECEIVED AND FILED  
In the office of the Secretary of the State of California

Statement of Organization  
Recipient Committee

SEP 24 2018  
SEP 11 2018

CITY OF ANTOIOCH  
CITY CLERK  
R/A

RECEIVED  
SEP 11 2018  
CITY OF ANTOIOCH  
CITY CLERK

For Official Use Only  
CALIFORNIA FORM 410

Statement Type  
 Initial  
 Amendment  
 Not yet qualified  
 Date qualification threshold met

Termination  
 Termination  
Date of termination

1. Committee Information  
I.D. Number (if applicable)  
NAME OF COMMITTEE  
Yes on Measure W

2. Treasurer and Other Principal Officers  
NAME OF TREASURER  
CORNELIUS JOHANSSON

STREET ADDRESS (NO P.O. BOX)  
3432 Hillcrest Ave, Ste 200  
CITY  
Antioch  
STATE  
CA  
ZIP CODE  
94531  
AREA CODE/PHONE  
925-757-3309

STREET ADDRESS (NO P.O. BOX)  
3432 Hillcrest Ave, Ste 200  
CITY  
Antioch  
STATE  
CA  
ZIP CODE  
94531  
AREA CODE/PHONE  
925-757-3309

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
drsean.k.wright@gmail.com  
COUNTY OF DOMICILE  
Contra Costa County  
JURISDICTION WHERE COMMITTEE IS ACTIVE  
City of Antioch

STREET ADDRESS (NO P.O. BOX)  
3432 Hillcrest Ave, Ste 200  
CITY  
Antioch  
STATE  
CA  
ZIP CODE  
94531  
AREA CODE/PHONE  
925-757-3309

NAME OF PRINCIPAL OFFICER(S)  
Sean Wright  
STREET ADDRESS (NO P.O. BOX)  
3432 Hillcrest Ave, Ste 200  
CITY  
Antioch  
STATE  
CA  
ZIP CODE  
94531  
AREA CODE/PHONE  
925-757-3309

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 \_\_\_\_\_ By \_\_\_\_\_  
DATE 9/8/2018 SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
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

RECEIVED

SEP 11 2018

**CALIFORNIA  
FORM 410**

Page 2  
I.D. NUMBER

CITY OF ANTIPOCH NM  
CITY CLERK

COMMITTEE NAME  
Yes on Measure W

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

NAME OF FINANCIAL INSTITUTION  
Travis Credit Union

AREA CODE/PHONE  
707-469-4979

BANK ACCOUNT NUMBER  
402817904

CITY  
Antioch

STATE  
CA

ZIP CODE  
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." 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	CHECK ONE	
				Nonpartisan	Partisan (list political party below)
				<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)

Measure W

City of Antioch

	CHECK ONE	
	SUPPORT	OPPOSE
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>