

**Statement of Organization
Recipient Committee**

Statement Type

- Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met
 10 / 12 / 2018

Termination - See Part 5

Date of termination

1. Committee Information

I.D. Number
(if applicable)

1412123

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Yes on Measure W

NAME OF TREASURER

Cornelius Johnson

STREET ADDRESS (NO P.O. BOX)

1967 Mokelumne Dr

STREET ADDRESS (NO P.O. BOX)

3432 Hillcrest Ave, Ste 200

CITY

Antioch

STATE

CA

ZIP CODE

94531

AREA CODE/PHONE

925-757-3309

FULL MAILING ADDRESS (IF DIFFERENT)

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

drseankwright@gmail.com

COUNTY OF DOMICILE

Contra Costa County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Antioch

CITY

Antioch

STATE

CA

ZIP CODE

94531

AREA CODE/PHONE

925-706-7136

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

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 10/12/18 By _____

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/12/18 By _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Date Stamp
RECEIVED
 OCT 16 2018
 ORIGINAL
 CITY OF ANTIOCH

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Yes on Measure W

I.D. NUMBER

1412123

- 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
ADDRESS 2721 Lone Tree Way	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
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)
			<input type="checkbox"/> Nonpartisan <input type="checkbox"/> Partisan (list political party below)

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