

**Statement of Organization
Recipient Committee**

Statement Type ☒ Initial ☐ Amendment ☐ Termination - See Part 5
☐ Not yet qualified or
☐ Date qualified as committee _____
_____ Date qualified as committee _____ Date of termination _____

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FEB 22 2018

**CITY OF ANTIOCH
CITY CLERK**

**CALIFORNIA
FORM 410**

For Official Use Only



ORIGINAL

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
NAME OF COMMITTEE Citizens For Joy Motts - 2018 City Council		NAME OF TREASURER Maria Myers
STREET ADDRESS (NO P.O. BOX) 419 W. 5th Street		STREET ADDRESS (NO P.O. BOX) 1312 St. Francis Drive
CITY Antioch	STATE Ca	ZIP CODE 94509
MAILING ADDRESS (IF DIFFERENT)		AREA CODE/PHONE 925-813-0036
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) joymotts@gmail.com		NAME OF ASSISTANT TREASURER, IF ANY
COUNTY OF DOMICILE Contra Costa	JURISDICTION WHERE COMMITTEE IS ACTIVE Antioch	STREET ADDRESS (NO P.O. BOX)
		CITY
		STATE
		ZIP CODE
		AREA CODE/PHONE
		NAME OF PRINCIPAL OFFICER(S)
		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 02/22/2018 By SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 02/22/2018 By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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I.D. NUMBER

COMMITTEE NAME

Citizens for Joy Motts - 2018 City Council

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Umpqua Bank	925-522-7917	4868039258	
ADDRESS	CITY	STATE	ZIP CODE
3700 Lone Tree Way	Antioch	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." 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	CHECK ONE		PARTY
			Nonpartisan	Partisan	(list political party below)
Joyann E. Motts	Antioch City Council	2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			Nonpartisan	Partisan	(list political party below)
			<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
		<input type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

Citizens for Joy Motts - 2018 City Council

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 ☐ Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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.

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