

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination – See Part 5
 Date of termination
 6 / 16 / 2022

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

AUG 26 2022

Hand Delivered, Sacramento

CALIFORNIA FORM 410

For Official Use Only
SEP 27 2022

RECEIVED

I.D. Number 1430934 <small>(if applicable)</small>							
NAME OF COMMITTEE Tamisha Walker for Antioch City Council District 1 2020				NAME OF TREASURER Chala Bonner			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Stockton	STATE CA	ZIP CODE 95206	AREA CODE/PHONE 510-221-9141
CITY Antioch	STATE CA	ZIP CODE 94509	AREA CODE/PHONE 925-658-8587	NAME OF ASSISTANT TREASURER, IF ANY Tamisha Walker			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) walkertamisha04@gmail.com				CITY Antioch	STATE CA	ZIP CODE 94509	AREA CODE/PHONE 925-658-8587
COUNTY OF DOMICILE Contra Costa County	JURISDICTION WHERE COMMITTEE IS ACTIVE Antioch			NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 information is true and correct.

Executed on 8/25/2022 By _____
DATE

Executed on 8/25/2022 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

Treasurer or Assistant Treasurer

Principal Officer, Candidate, or State Measure Proponent

Signature of Controlling Officer, Candidate, or State Measure Proponent

Signature of Controlling Officer, Candidate, or State Measure Proponent

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COMMITTEE NAME Tamisha Walker for Antioch City Council District 1 2020		I.D. NUMBER 1430934	
<ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. 			
NAME OF FINANCIAL INSTITUTION Mechanics Bank	AREA CODE/PHONE 925-439-4755	BANK ACCOUNT NUMBER	
ADDRESS	CITY Pittsburg	STATE CA	ZIP CODE 94565

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		
Tamisha Walker	Antioch City Council District 1	2020	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	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)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME

Tamisha Walker for Antioch City Council District 1 2020

I.D. NUMBER

1430934

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

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

- 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.