

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	6 / 16 / 2022

Date Stamp
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
CITY OF ANTIOCH
Clerk's Department
SEP 27 2022
RECEIVED

I.D. Number (if applicable) 1430934				NAME OF COMMITTEE				NAME OF TREASURER									
				Tamisha Walker for Antioch City Council District 1 2022				Chala Bonner									
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)									
CITY				STATE		ZIP CODE		AREA CODE/PHONE									
Antioch				CA		94509		925-658-8587									
NAME OF ASSISTANT TREASURER, IF ANY				CITY				STATE		ZIP CODE		AREA CODE/PHONE					
Tamisha Walker				Antioch				CA		94509		925-658-8587					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				NAME OF PRINCIPAL OFFICER(S)									
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY				STATE		ZIP CODE		AREA CODE/PHONE					
walkertamisha04@gmail.com				Antioch				CA		94509		925-658-8587					
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				STREET ADDRESS (NO P.O. BOX)									
Contra Costa County				Antioch				CITY				STATE		ZIP CODE		AREA CODE/PHONE	
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 information provided 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

ASSISTANT TREASURER

INDICATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Tamisha Walker for Antioch City Council District 1 2022		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 510-251-6100	BANK ACCOUNT NUMBER	
ADDRESS	CITY Oakland	STATE CA	ZIP CODE 94612

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	2022	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 2022

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.