Statement of Organization
Recipient Committee

Statement Type
- □ Initial
- □ Not yet qualified or Date qualification threshold met
- ○ Date qualification threshold met

Date qualification threshold met
09 / 18 / 2019

Date of termination

1. Committee Information

I.D. Number (if applicable) 1420714

NAME OF COMMITTEE
Friends of Contra Costa Transportation, Yes on J

STREET ADDRESS [NO P.O. BOX]

CITY
Sacramento

STATE CA

ZIP CODE 95815

AREA CODE/PHONE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Shawnda Deane

STREET ADDRESS (NO P.O. BOX)

CITY
Sacramento

STATE CA

ZIP CODE 95815

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Alex Mehran

STREET ADDRESS (NO P.O. BOX)

CITY
San Ramon

STATE CA

ZIP CODE 94583

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Alex Mehran

STREET ADDRESS (NO P.O. BOX)

CITY
San Ramon

STATE CA

ZIP CODE 94583

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing the Form and I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and correct.

Executed on 1/14/2020
By
DATE

Executed on
DATE

Executed on
DATE

Executed on
DATE

DATE

DATE

Signature of Controlling Officer

Signature of Controlling Officer, Candidate, or State Measure Proponent

netfile.com

FPCC Form 410 (August/2018)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Friends of Contra Costa Transportation, Yes on J

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Foundation Bank</td>
<td>(916) 283-8042</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1601 Response Road, Suite 190</td>
<td>Sacramento</td>
<td>CA</td>
<td>95815</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(list political party below)</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>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.</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension of Contra Costa County Sales Tax, Transportation : J</td>
<td>Contra Costa County</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
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

Provided 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.

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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www.fppc.ca.gov