COVER PAGE **Recipient Committee** Date Stamp CALIFORNIA / **Campaign Statement FORM Cover Page** Page _1 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from Sept 22 2024 November 5, 2024 through Oct 19 2024 CITY OF LAFAYET SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report Recall Termination Statement Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Sponsored Primarily Formed Candidate/ Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) 1471060 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER John McCormick Committee to Elect McCormick to Lafayette City Council 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) AREA CODE/PHONE ZIP CODE Lafavette CA 94549 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 94549 Lafayette CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 Oct 21 2024 rer or Assistant Treasurer Executed on Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page 2 of 7

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballot	: Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
John McCormick							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTIO	ON	Пп	SUPPORT
Lafayette City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP Lafayette CA 94549		Identify the controlling office			ure propo	nent, if any.
Related Committees Not Included in this Stanot included in this statement that are controlled by you of contributions or make expenditures on behalf of your cand	r are primarily formed to receive lidacy.		OFFICE SOUGHT OR HELD	IDIDATE, OK F		RICT NO. IF	FANY
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Commi committee is primar	ittee List rily formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
COMMITTEE NAME			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO PO.	CONTROLLED COMMITTEE? YES NO BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT (OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	,		Attac	ch continuatio	on sheets if necess	sary	

Campaign Disclosure Statement S

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.		tement covers period ept 22 2024	california 460
SEE INSTRUCTIONS ON REVERSE		through	Oct 19 2024	Page of
NAME OF FILER				I.D. NUMBER
John McCormick				1471060
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE		nmary for Candidates ne State Primary and

Contributions Received	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3		\$ 250	1/1 through 6/30 7/1 to Date
2. Loans Received	6000	15000	20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2		\$ 15250	Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	6250	15250	21. Expenditures Made \$\$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 6250	\$ 15250	wave \$ \phi
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 6414.28	\$ 12084.72	Candidates
7. Loans Made Schedule H, Line 3	0	0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$ 12084.72	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0	0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6414.28	\$ 12084.72	\$
Current Cash Statement			\$
12. Beginning Cash Balance	\$ 3329.56	To calculate Column B,	
13. Cash Receipts	6250	add amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	A to the corresponding amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	6414.28	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3165.28	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule 8, Part 2	\$ 0	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$ 0		
19. Outstanding Debts	\$ 0		FPPC Form 460 (Jan/2016)
		I.	FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		Amoun to	nts may be rounded whole dollars.	Statement cover from Sept 22 2024 through Oct 19 20	:	CALIFORNIA 460 FORM Page 4 of 7	
NAME OF FILER						I.D. N	UMBER
John McCorn	nick					14710	60
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Oct 2 2024	Janet Thomas Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Retired	\$50	\$50		
Oct 15 2024	Erling Horn Lafayette, CA 94549	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	\$100	\$100		
Oct 15 2024	Lynn MacMichael Lafayette, CA 94549	☑IND □COM □OTH □PTY □SCC	Retired	\$100	\$100		
		□IND □COM □OTH □PTY □SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
			SUBTOTAL \$	250			
	A Summary ceived this period – itemized monetary contributions.		25	0		ontributor (D – Individ	

2. Amount received this period – unitemized monetary contributions of less than \$100\$ $\frac{0}{2}$

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule B - Part 1 Loans Received Statement covers period from Sept 22 2024 SEE INSTRUCTIONS ON REVERSE NAME OF FILER FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER OF LENDER (IF SCH-EMPLOYER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) FU
SEE INSTRUCTIONS ON REVERSE SEE INSTRUCTIONS ON REVERSE Through Oct 19 2024 Page 5 of 7 I.D. NUMBER FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD OCCUPATION AND EMPLOYER BEGINNING THIS PERIOD TO DATE
SEE INSTRUCTIONS ON REVERSE NAME OF FILER FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER (IF SELF-EMPLOYEO, ENTER NAME OF BUSINESS) OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD OR FORGIVEN THIS PERIOD THIS PERIOD THIS PERIOD TO DATE Page 5 OF 7 I.D. NUMBER I.D. NUMBER OF COMMITTEE, ALSO ENTER I.D. NUMBER) OF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD TO DATE
NAME OF FILER FULL NAME, STREET ADDRESS AND ZIP CODE OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) DERIOD PERIOD PERI
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF LENDER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) OF LENDER OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD THIS PERIOD TO DATE OCCUPATION AND EMPLOYER BALANCE BEGINNING THIS PERIOD TO DATE OCCUPATION AND EMPLOYER BA
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NAME OF BUSINESS) NAME OF BUSINESS) PERIOD
John McCormick 1030 Sunnybrook Drive Owner, Lamorinda Music s s_15000 RATE s s_15000
Lafavette CA 94549
s 0 s 6000 s s s s s s s s s
TIND COM OTH PTY SCC DATE INCURRED
☐ PAID CALENDAR YE.
\$ \$ \$ \$ \$ \$
□ FORGIVEN PER ELECTIO
TO NO OTH PTY SCC S S DATE INCURRED
□ PAID CALENDAR YE
\$ \$ \$ \$ \$
FORGIVEN RATE PER ELECTIO
TO IND COM OTH PTY SCC DATE INCURRED
SUBTOTALS \$ \$ \$
Schodulo P Summons (Enter (e) on Schedule E, Line 3)
Schedule B Summary
1. Loans received this period
2. Loans paid or forgiven this period

(May be a negative number)

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

						SCHEDULE
Schedule E Payments Made		Amounts may be rounded to whole dollars. Statement covers from Sept 22 2024			CALIFO	DRNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER John McCormick				through Oct 19 2024	Page6	of BER
CODES: If one of the following codes accurately do CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s postage, deli	nmunications d appearances ses lating urvey research	n senger services	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production randidate travel, lodging, as staff/spouse travel, lodging, as transfer between committees votre registration WEB information technology costs	uction costs d meals and meals s of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD, NUMBER)		CODE C	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAIC
Minuteman Press 3289 Mt. Diablo Blvd		LIT	Mailer Postage			2879.25
Lamorinda Weekly 1480 Moraga Road STE C #202	Ð	PRT	Newspaper Ad Inc	remental Size Increase		152
Contra Costa County Registrar 555 Escobar St, Martinez, CA 94553		FIL	Vote By Mail List			100
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. * SUBTOTAL \$ 3131.25						
Schedule F Summary						

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$ 6414.28

6414.28

Schedule E		SCHEDULE E (CONT.)			
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period Sept 22 2024 from	CALIFORNIA FORM	460	
SEE INSTRUCTIONS ON REVERSE		through Oct 19 2024	Page 0	of	
NAME OF FILER			I D. NUMBER		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* SAL campaign workers' salaries OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Minuteman Press 3289 Mt. Diablo Blvd Lafavetta CA 04540	LIT	Mailer #1 Print Services	1727.28
Minuteman Press 3289 Mt. Diablo Blvd Lafaretta CA 04540	LIT	Mailer #2 Postage	1555.75

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

John McCormick

SUBTOTAL \$ 3283.03

1471060

Recipient Committee Date Stamp **CALIFORNIA Campaign Statement** FORM **Cover Page** Page 1 of $_{-}^{7}$ Date of election if applicable Statement covers period (Month, Day, Year) OCT 0 2 2024 For Official Use Only from July 1 2024 November 5, 2024 through Sept 21 2024 SEE INSTRUCTIONS ON REVERSE CITY OF LAFAYETTE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement ✓ Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report Recall Controlled Termination Statement (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) ☐ General Purpose Committee Sponsored Primarily Formed Candidate/ Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) LD NUMBER 3. Committee Information Treasurer(s) 1471060 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER John McCormick Committee to Elect McCormick to Lafayette City Council 2024 MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Lafavette CA 94549 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Lafavette CA 94549 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO BOX MAILING ADDRESS CITY CITY STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 Sept 24 2024 By John Mccormick Dignally signed by John Mocomick Dale: 2024 50:24 21:32:29 -07:00* By John Mccormic Executed on -Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

DESCRIPTION OF THE PARTY OF THE	NIA 460
Page 2	of

. Officeholder or Candidate Contro	olled Committee	6.	Primarily Formed Ballot	Measure C	committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
John McCormick						
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N	SUPPORT
Lafayette City Council			2			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A)	ND STREET) CITY STATE ZIP Lafayette CA 94549		Identify the controlling officeh	older, candid	ate, or state measure pr	oponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PI	ROPONENT	
	d in this Statement: List any committees rolled by you or are primarily formed to receive alf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	IO, IFANY
COMMITTEE NAME	I.D. NUMBER		1			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Office	holder Committee	List names of
	☐ YES ☐ NO		onicenoider(s) or candidate(s) i	or winch this (committee is primarily for	med.
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
8	TATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADD	CONTROLLED COMMITTEE? YES NO RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
And the state of t	TATE ZIP CODE AREA CODE/PHONE		Attac	h continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA FORM July 1 2024

	from	TORM		
SEE INSTRUCTIONS ON REVERSE	through Sept 21 2024	Page _3 of _7		
NAME OF FILER		I.D. NUMBER		
John McCormick		1471060		

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 0 9000 \$ 9000 0 9000 \$ 9000	* O S S S S S S S S S S S S S S S S S S	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 5670.44 0 \$ 5670.44 0 0 0 5670.44	\$ 5670.44 0 5670.44 0 0 0 5670.44	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See Instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0 9000 0 5670.44 \$ 3329.56 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through Sept 21 2	024	Page 4	of
NAME OF FILER John McCore						I.D. NUME 1471060	BER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
	NONE	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		□IND □COM □OTH □PTY □SCC					
5		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL S	\$			
1. Amount re (Include al	A Summary ceived this period – itemized monetary contribution Il Schedule A subtotals.)				IND - COM-	(other that	nt Committee an PTY or SCC) g., business entity)

2. Amount received this period – unitemized monetary contributions of less than \$100 $\$ \frac{0}{2}$

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SCC - Small Contributor Committee

	Am	ounts may be ro	unded		SCHEDULE B - PA					
Schedule B – Part 1 Loans Received	All	to whole dollar			Statement cov	-	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through Sept 21	2024	Page 5	of_7		
NAME OF FILER							I.D. NUMBER			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I D NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(i) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIO TO DATE		
John McCormick Lafayette, CA 94549	Owner, Lamorinda Music	0	0000	PAID \$ FORGIVEN	s 9000	RATE %	s	\$ 900() PER ELECTION		
TO IND COM OTH PTY SCC		s	s_9000	\$	DATE DUE	\$	DATE INCURRED	\$CALENDAR YE/		
				\$ FORGIVEN	_ s	RATE	s	SPER ELECTION		
TO IND COM OTH PTY SCC		s	s	5	DATE DUE	S	DATE INCURRED	s		
				PAID \$ FORGIVEN	- \$	% RATE	s	SPER ELECTION		
[†] □IND □ COM □ OTH □ PTY □ SCC		\$	s	\$	DATE DUE	s	DATE INCURRED	s		
	S	SUBTOTALS S	\$	\$	\$	\$				
Schedule B Summary 1. Loans received this period				\$ 90	000	(Enter (e) on School	ulo E. Line 3)			
(Total Column (b) plus unitemized loar	ns of less than \$100.)					_				

(May be a negative number)

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

^{*}Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amounts may to whole				Statement covers period from July 1 2024 through Sept 21 2024	CALIF FO Page	of
John McCormick					14710	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	imunications di appearances ses sating urvey research	ı enger services	wise, describe the payment. RAD radio airtime and production RFD returned contributions SAL campaign workers' salarles TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committees VOT voter registration WEB information technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Good Guys Signs Inc. Tampa, FL 33603		СМР	Lawn Signs			1113.76
Lamorinda Weekly		PRT	Newspaper Ad (4)			3192
Contra Costa County Registrar		FIL	Campaign Stateme	ent for Sample Ballot		529
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.		su	BTOTAL \$	4834.76
Schedule E Summary						

1. Itemized payments made this period. (Include all Schedule E subtotals.)

FPPC Form 460 (Jan/2016))

5380.81

289.63

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SCHEDULE E (C

Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

PRT print ads

	CONEBCEE (CONT.)
Statement covers period from July 1 2024	CALIFORNIA 460
through Sept 21 2024	Page of
	I.D. NUMBER
	1471060

NAME OF FILER John McCormick

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)*

LEG legal defense campaign literature and mailings RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals PHO phone banks TRS staff/spouse travel, lodging, and meals POL polling and survey research POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

VOT voter registration PRO professional services (legal, accounting) WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Daley Professional Web Solutions	WEB	Website, hosting	164
NextDayFlyers Von Name CA 01406	СМР	Flyers, postcards	382.05

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 546.05

Statement of Organization Recipient Committee						Date Stamp DIGITALLY	CALIFORNIA FORM	410
Statement 1			✓ Amendment		Termination – See Part 5	RECEIVED AND FILED in the office of the California Secretary of State	RECEN	MED]
	O Not yet qua	lified				AUGUST 30 2024		
	O Date qualific	cation threshold met	Date qualification thresho	old met	Date of termination		SEP 2 0 2	024
	/_	/	08 / 21 / 24	<u> </u>	///		CITY OF LAFA	YETTE
1. Commi	ttee Information	I.D. Number	r 1471060		2. Treasurer and O	ther Principal Officers		
NAME OF COMM	NITTEE				NAME OF TREASURER			
Committe	e to Flect McCorr	nick to Lafavet	te City Council 202	4	John McCormick			
Committee to Elect McCormick to Lafayette City Council 2024			STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE		
						Lafayette	CA	94549
STREET ADDRESS	S (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER	R (REQUIRED)	AREA CODE	E/PHONE
J. T. C. T. T. C.	o (No 1.o. box)				NAME OF ASSISTANT TOPACION			
CITY		STATE	ZIP CODE AREA CODE	/PHONE	NAME OF ASSISTANT TREASURE	ER, IF ANY		
Lafayette		CA	94549		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
FULL MAILING A	DDRESS (IF DIFFERENT)				STREET ADDRESS (NO F.O. BOX)	CITI	JIAIL	ZIF CODE
					EMAIL ADDRESS OF ASSISTANT	TREASURER (RECUIRED)	AREA COD	E/PHONE
E-MAIL ADDRES	S OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			E WALL ADDRESS OF ASSISTANT	The south (negoties)	Allen eoo	L/ / / IONE
john@lamo	rindamusic.com				NAME OF PRINCIPAL OFFICER(S)		
COUNTY OF DO	MICILE	JURISDICTION WHERE	COMMITTEE IS ACTIVE		John McCormick	,		
Contra Cos	ta	City of Lafayette			STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
					1030 Sunnybrook Drive	e Lafayette	CA	94549
Attach and and alit				_	EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA COD	E/PHONE
Attach addit	nonai information on	арргоргіатеіу іарв	eled continuation sheet	S.	john@lamorindamı	usic.com	925-99	97-5070
-			140					
3. Verifica	ation							
						n contained herein is true and	d complete. I certify u	nder
penaity of p			llifornia that the forego	ing is true	and correct. Digitally signed by John Mccor	rmid		
Executed on	08/30/24	_{By} John Me	ccormick		Date: 2024.08.30 11:57:37 -07	7'00'		
Executed on .	08/30/24	By John Me	ccormick		OF TREASURER OR ASSISTANT TREASURER Digitally signed by John Mooor Date: 2024.08.30 11:57:50 -07	7'00'		
	DATE		SIGNATURE OF	CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT		
Executed on .	DATE	Ву	SIGNATURE OF	CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	SURE PROPONENT		
Executed on	DATE	Ву	SIGNATURE OF	CONTROLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

statement of Organization Recipient Committee structions on reverse				FO Page 2	ORNIA 410
OMMITTEE NAME Committee to Elect McCormick to Lafayette City Council 2024				1.D. NUMBER 1471060	
All committees must list the financial institution where the cal	mpaign bank account is located and th	e person(s) authorized	to obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECO	DRDS	AREA CODE/PHONE	BANK ACCO	UNT NUMBER	
Mechanics Bank, John McCormick		800-797-6324			
ADDRESS OF FINANCIAL INSTITUTION	CITY		STATE	Z	P CODE
3640 Mount Diablo Blvd	Lafayette		CA	ć	94549
1. Type of Committee Complete the applicable sections.				v 10 11 11	
Controlled Committee					
List the name of each controlling officeholder, candidate, or star also list the elective office sought or held, and district number, i		officeholder controlled,			
List the political party with which each officeholder or candidate	e is affiliated or check "nonpartisan." S	tating "No party prefere	nce" is accep	table.	
If this committee acts jointly with another controlled committee	e, list the name and identification num	ber of the other control	led committe	e.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HE (INCLUDE DISTRICT NUMBER IF APPLI		PAR [*] CHECK		
John McCormick	Lafayette City Council	2024	Nonpartisan √	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
	1				

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

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.

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPORT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 3

I.D. NUMBER

4. Type of Committee	2 (Continued)		E 10 2 2 7 7 10	DOLLAR		
General Purpose Commit	Not formed to suppo	rt or oppose specific candidates of		ion. Chec	-	
PROVIDE BRIEF DESCRIPTION OF AC	TIVITY					
Sponsored Committee	List additional sponsors on	an attachment.				
NAME OF SPONSOR		INDUSTRY GR	OUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS NO). AND STREET	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Small Contributor Commi	ittee	/		- 4		
5. Termination Requi	The state of the s	verification, the treasurer, assistant treasu	rer and/or candidate, officeholder	r, or ponent	certify that all of the fo	ollowing 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.

Statement of Organization Recipient Committee							Date Stamp	CALIFORNIA FORM	410
-	✓ Initial				Toronto et la constant	REC	EIVED	FOR Official Use	Only
Statement Type	☑ Initial ☑ Not yet qualified	Amend	ment	Ч	Termination – See Part 5	1111	15 2024	Por Omciai use	Only
	or					JOL	13 2024		
	O Date qualification threshold met	Date qualific	ation threshold met		Date of termination	CITY OF	LABAVETTE		
	//	/_			/	CITYON	LAFAYETTE		
1. Committee li	nformation I.D. Number	r			2. Treasurer and C	ther Princ	cipal Officers		
NAME OF COMMITTEE	Indiana III.				NAME OF TREASURER				34.00 3,000
Committee to E	lect McCormick to Lafayet	to City Co	uncil 2024		John McCormick				
Committee to E	lect McCornick to Larayer	ite City Co	unch 2024		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
							Lafayette	CA	94549
STREET ADDRESS (NO P.O.	POV1				EMAIL ADDRESS OF TREASURE	R (REQUIRED)	•	AREA COL	DE/PHONE
STREET ADDRESS (NO P.O.	, BOX)								
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF ASSISTANT TREASUR	ER, IF ANY			
Lafayette	CA	94549	AREA CODE/PHONE	ř			AUTH	4747	715.6005
FULL MAILING ADDRESS (7 10 17			STREET ADDRESS (NO P.O. BOX	.)	CITY	STATE	ZIP CODE
,					EMAIL ADDRESS OF ASSISTANT	TOTACI IDED ID	EOLUBED)	AREA COL	DE/PHONE
E-MAIL ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)				EMAIL ADDRESS OF ASSISTANT	I KEASOKEK (K	EQUIRED	AREA COI	DE/PHONE
john@mccormickf	orlafayette.com				NAME OF PRINCIPAL OFFICER(5)			
COUNTY OF DOMICILE	JURISDICTION WHERE	COMMITTEE IS A	CTIVE		John McCormick	-			
Contra Costa	City of Lafayette				STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
	***************************************						Lafayette	CA	94549
					EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (RE	QUIRED)	AREA COI	DE/PHONE
Attach additional in	formation on appropriately lab	eled continu	ation sneets.						-
3. Verification				117					
Thave used all reas	onable diligence in preparing th	is statement	and to the hest o	of m	y knowledge the information	on contained	d herein is true and	complete certify	ınder
	under the laws of the State of C					on contained	a mereni io ci ue uni	t dompieter i dertity e	
		cCormick			Digitally signed by John McC Date: 2024.07,06 13:39:32 -(
	DATE	-0	SIGNA	ATURE	OF TREASURER OR ASSISTANT TREASURED				
Executed on July 0	6 2024 By John M	cCormick	SIGNATURE OF CONTROL	LING	Date: 2024.07.06 13:39:49 - OFFICEHOLDER, CANDIDATE, OR STATE ME	7'00'	(T		
Executed on	Bu -								
LACCULEU OII	DATE		SIGNATURE OF CONTROL	LING	OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONEN	4T		
Executed on	DATE By		SIGNATURE OF CONTROL	LLING	OFFICEHOLDER, CANDIDATE, OR STATE ME	ASURE PROPONER	NT .		ta . I laces

FPPC Form 410 (October/2023)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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Statement of Organization Recipient Committee	CALIFORNIA 410				
INSTRUCTIONS ON REVERSE	Page 2				
COMMITTEE NAME Committee to Elect McCormick to Lafayette City Council 2024				I.D. NUMBER	
All committees must list the financial institution where the committees in the committee of the committee of the committee.	ampaign bank account is located and the	e person(s) authorized	to obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RE	CORDS	REA CODE/PHONE	BANK ACCO	UNT NUMBER	
Mechanics Bank, John McCormick	8	800-797-6324			
ADDRESS OF FINANCIAL INSTITUTION	спу		STATE	Z	IP CODE
	Lafayette		CA	9	94549
List the name of each controlling officeholder, candidate, or stalso list the elective office sought or held, and district number. List the political party with which each officeholder or candidate.	r, if any, and the year of the election.		nce" is accep	table.	
 If this committee acts jointly with another controlled committee 	tee, list the name and identification numb	er of the other controll	ed committe	e.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HEL (INCLUDE DISTRICT NUMBER IF APPLIC		PAR*		
John McCormick	Lafayette City Council	2024	Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)
Primarily Formed Committee Primarily formed to support or	r oppose specific candidates or measures				

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPORT

Candidate In	ntention St	atement		RECEIVE	california 501
Check One:	☑ Initial	Amendment (Explain)		MAR 1 2 2024	For Official Use Only
1. Candidate Ir	oformation.			CITY OF LAFAYI	ETTE
NAME OF CANDIDATE	-	1)	DAYTIME TELEPHONE	FAX NUMBER (optional)	EMAIL (optional)
McCormick, John	E		NUMBER (STATE	ZIP CODE
STREET ADDRESS			Lafayette	CA	94549
OFFICE SOUGHT (POS	SITION TITLE)	AGENCY NAME		DISTRICT NUMBER, if applicable	
City Council (2-ye	ear term)				PARTY PREFERENCE
OFFICE JURISDICTION					(Check one box, if applicable.)
State (Complete	e Part 2)			2024	PRIMARY / GENERAL
City C	county Mult	ti-County:	(Name of Multi-County Jurisdiction)	(Year of Elec	stion) SPECIAL / RUNOFF
Amendm	ient:	, .	or the election stated above.		
		expenditure ceiling in the ral or special run-off elec		on// and	I accept the voluntary expenditure
(Mark if applicable)					
☐ On,	/I co	ontributed personal funds	in excess of the expenditure ceil	ling for the election stated a	above.
3. Verification:					_
certify under	r penalty of pe	rjury under the laws of the	e State of California that the foreg	going is true and correct.	
Executed on	03 11 (month, day,)	2024 Signatu	Tre John E Hon (Candidale)	6	FPPC Form 501 (August/2018
		l l			FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 07/16/2024 08:26 PM SAN: FPPC

Ple	ease type or print in ink.			OAN. I	110	
ΝA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	-	
Μ	1cCormick	John				
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	City of Lafayette					
	Division, Board, Department, District, if applicable		Your Position			
			City Council Mem	ber		
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Position			
2.	Jurisdiction of Office (Check at least or	ne box)				
	State	·	Judge. Retired Judge.	Pro Tem Judge, or Court	Commissioner	
			(Statewide Jurisdiction			
	Multi-County		County of			
	City of Lafayette					
_	· · · · · · · · · · · · · · · · · · ·					
3.	Type of Statement (Check at least one b	ox)				
	Annual: The period covered is January 1, 20 December 31, 2023.	023, through	Leaving Office: Dat	te Left/		
	-or- The period covered is/	, through	The period cover	ed is January 1, 2023, thr	ough the date	
	December 31, 2023.	3,7,	of leaving office.			
	Assuming Office: Date assumed		The period covered the date of leaving	ed is/ ig office.	, through	
	➤ Candidate: Date of Election11/05/202	24 and office sought	t, if different than Part 1:			
4. Schedule Summary (required) ► Total number of pages including this cover page: 4						
	Schedules attached					
	Schedule A-1 - Investments - schedule at	tached [3	Schedule C - Income, Loans,	, & Business Positions – s	schedule attached	
	Schedule A-2 - Investments – schedule at		Schedule D - Income – Gifts	 schedule attached 		
	Schedule B - Real Property - schedule at	tached	Schedule E - Income - Gifts	- Travel Payments - scho	edule attached	
_	or- None - No reportable interests or	n any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY		STATE ZIP C	ODE	
	3675 Mt Diablo Blvd Ste 210	Lafaye	ette	CA 94549-37	93	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(925) 299-3210					
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conta herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	Date Signed 07/16/2024 08:26 PM	l s	Signature	John McCormick		
	(month, day, year)			signed paper statement with your filin	g official.)	

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

John McCormick

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
Amazon	Veeva Systems		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Online Marketplace	B2B Pharma Software		
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000		
▼ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
X Stock Other (Describe)	X Stock (Describe)		
	Partnership O Income Received of \$0 - \$499		
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
Walt Disney			
	GENERAL DESCRIPTION OF THIS BUSINESS		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Entertainment			
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
X Stock Other (Describe)	Stock Other (Describe)		
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499		
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BURINESS SHITTY	► NAME OF BUSINESS ENTITY		
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Stock Other	Stock Other		
(Describe)	(Describe)		
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
ļ			
Comments:			

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

John McCormick

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Lamorinda Music, Inc	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Music Instrument Store, Repairs, Lessons	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 X \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship S-Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box;
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
John McCormick				

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED				
NAME OF SOURCE OF INCOMÉ	NAME OF SOURCE OF INCOME				
Lamorinda Music	Lamorinda Music				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Music Instrument Store, Repairs, Lessons	Music Instrument Store, Repairs, Lessons				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION				
Owner	Owner				
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 X \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 X \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED				
▼ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)				
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)				
Sale of	Sale of				
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)				
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more				
(Describe)	(Describe)				
Other	Other				
(Describe)	(Describe)				
* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:					
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)				
ADDRESS (Business Address Acceptable)	% None				
	SECURITY FOR LOAN None Personal residence				
BUSINESS ACTIVITY, IF ANY, OF LENDER					
	Real PropertyStreet address				
HIGHEST BALANCE DURING REPORTING PERIOD	on our auditore				
<u>\$500 - \$1,000</u>	City				
\$1,001 - \$10,000	Guarantor				
\$10,001 - \$100,000					
OVER \$100,000	Other(Describe)				
Community					
Comments:					