**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

CALIFORI FORM	WIA 460
Page 2	of

5. Officeholder or Candidate Contro	lled Committee	6.	Primarily Formed Ballot	Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
John McCormick						
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT
Lafayette City Council			2			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP  Lafayette CA 94549		Identify the controlling officeh	older, candid	ate, or state measure pr	roponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PE	ROPONENT	
	I in this Statement: List any committees olled by you or are primarily formed to receive if of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		4			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Office	holder Committee	List names of med.
	☐ YES ☐ NO					
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
	ATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDR	CONTROLLED COMMITTEE?  YES NO ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
And a compact of the control of the	ATE 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	- I ORIVI
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)  \$ \frac{0}{9000} \$ \frac{9000}{0} \$ \frac{9000}{9000} \$ \frac{9000}{0}	### Column B	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 \$ \$
Expenditures Made  6. Payments Made	\$\frac{5670.44}{0}\$ \$\frac{5670.44}{0}\$ 0	\$ 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	9000 0 5670.44 \$ 3329.56 \$ 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	CALIFO FOR	
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.

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SCC - Small Contributor Committee

	Am	ounts may be ro	unded				SCHEE	DULE B - PART
Schedule B – Part 1 Loans Received	All	to whole dollar			Statement cov	-	CALIFORN FORM	<sup>IA</sup> 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
<sup>†</sup> □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

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<sup>\*</sup>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 b to whole do			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 describe  CMP campaign paraphernalia/misc.  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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearances ses lating urvey research very and mess	n Benger 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 committee 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 (CO	ON I.
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#### Schedule E (Continuation Sheet) **Payments Made**

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

PRT print ads

	OOTTEBOLE (COTT)
Statement covers period from	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

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 546.05** 

	t of Organization	on				Date Stamp  DIGITALLY	CALIFORNI FORM	<sup>A</sup> 410
Statement <sup>*</sup>	- I IIII Ciai		☑ Amendment		Termination – See Part 5	RECEIVED AND FILED in the office of the California Secretary of State	RECE	THE POT
	O Not yet qua	lified		1		AUGUST 30 2024		
	O Date qualific	cation threshold met	Date qualification threshold me	et	Date of termination		SEP 20	2024
	/_	/			//		CITY OF LA	AFAYETTE
1. Commi	ittee Information	I.D. Numbe	1471060		2. Treasurer and O	ther Principal Officers		
NAME OF COMM	MITTEE				NAME OF TREASURER			
Committe	ee to Flect McCorr	mick to Lafavet	te City Council 2024		John McCormick			
Committee	ee to Elect McColl	inck to Latayet	te City Council 2024		STREET ADDRESS (NO P.O. BOX)		STAT	
						Lafayette	CA	
STREET ADDRES	S (NO PO ROY)			_	EMAIL ADDRESS OF TREASURER	R (REQUIRED)	AREA	CODE/PHONE
JIKEET ADDRES	5 (110 1.0. 50%)							
CITY		STATE	ZIP CODE AREA CODE/PHON	E	NAME OF ASSISTANT TREASURE	ER, IF ANY		
Lafayette		CA	94549		STREET ADDRESS (NO P.O. BOX)	CITY	STAT	E ZIP CODE
FULL MAILING A	ADDRESS (IF DIFFERENT)				_			
					EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA	CODE/PHONE
	S OF COMMITTEE (REQUIRED	D) / FAX (OPTIONAL)						
3	rindamusic.com				NAME OF PRINCIPAL OFFICER(S	5)		
COUNTY OF DO		JURISDICTION WHERE	COMMITTEE IS ACTIVE		John McCormick			
Contra Cos	ta	City of Lafayette			STREET ADDRESS (NO P.O. BOX)		STAT	E ZIP CODE
					1030 Sunnybrook Drive	e Lafayette	CA	94549
Attach addi	tional information on	annropriately lahe	eled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL	OFFICER(S) (REQUIRED)	AREA	CODE/PHONE
/ ittac// adam	ionar mjormacion on	appropriately labe	ned community streets.		john@lamorindam	usic.com	92	5-997-5070
3. Verifica	ation		•		PUNE THE I - I -			
						on contained herein is true and	d complete. I certi	fy under
penalty of p	erjury under the laws	s of the State of Ca	lifornia that the foregoing is	true				
Executed on	08/30/24	By John M	ccormick		Digitally signed by John Mcco Date: 2024.08.30 11:57:37 -07	7'00'		
Executed on	08/30/24	By John M	ccormick	NATUR	E OF TREASURER OR ASSISTANT TREASURER Digitally signed by John Mcco Date: 2024.08.30 11:57:50 -07	ormick		
	DATE		SIGNATURE OF CONTR	OLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		
Executed on	DATE	Ву	SIGNATURE OF CONTR	OLLING	OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		
Executed on	DATE	Ву	SIGNATURE OF CONTR	OLLING	G OFFICEHOLDER, CANDIDATE, OR STATE MEA	ASURE PROPONENT		

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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	Lafayette CA				
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 <sup>*</sup> CHECK			
John McCormick	Lafayette City Council	2024	Nonpartisan <b>√</b>	Partisan	(list political party below)	
			Nonpartisan	Partisan	(list political party below)	
	3					

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	CTIVITY					
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 C Recipient Com	_	Date Stamp	CALIFORNIA 410			
-	✓ Initial	I	lm -	and a firm of a firm of a	RECEIVED	For Official Use Only
Statement Type	Not yet qualified	☐ Amendment	'	ermination – See Part 5	JUL 15 2024	Pol Official use Offiy
	O Date qualification threshold met	Date qualification threshol	ld met	Date of termination		
			_   _		CITY OF LAFAYETTE	
1. Committee Ir	formation I.D. Number	er		2. Treasurer and O	ther Principal Officers	
NAME OF COMMITTEE	CONTROL OF A DECEMBER OF THE PARTY OF THE PA			NAME OF TREASURER	THE PARTY OF THE P	And the second s
Committee to E	lect McCormick to Lafaye	tto City Council 2024	1	John McCormick		
Committee to E	lect McCoriffick to Laraye	tte City Council 2024	ŧ	STREET ADDRESS (NO P.O. BOX		STATE ZIP CODE
					Lafayette	CA 94549
STREET ADDRESS (NO P.O.	pov)			EMAIL ADDRESS OF TREASURE	R (REQUIRED)	AREA CODE/PHONE
STREET ADDRESS (NO P.O.	BOX)					
CITY	STATE	ZIP CODE AREA CODE/F	HONE	NAME OF ASSISTANT TREASUR	ER, IF ANY	
Lafayette	CA	94549	HONE			
FULL MAILING ADDRESS (		74547		STREET ADDRESS (NO P.O. BOX	CITY	STATE ZIP CODE
TOLE WALLING ADDRESS (	, on them,					
F-MAIL ADDRESS OF COM	MITTEE (REQUIRED) / FAX (OPTIONAL)			EMAIL ADDRESS OF ASSISTANT	TREASURER (REQUIRED)	AREA CODE/PHONE
john@mccormickfo						
COUNTY OF DOMICILE		COMMITTEE IS ACTIVE		Iohn McCormick	)	
Contra Costa	City of Lafayette				CITY	STATE ZIP CODE
	, ,			STREET ADDRESS (NO P.O. BOX	Lafayette	STATE ZIP CODE  CA 94549
				EMAIL ADDRESS OF PRINCIPAL		AREA CODE/PHONE
Attach additional in	formation on appropriately lab	eled continuation sheets		EMAIL ADDITEDS OF TRITTED AL	or recinis/ (nedomes/	
				Published to the substrate with the total	NOT THE RESIDENCE OF THE PARTY	TO SHOW THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE
3. Verification	BUILDING SEED AND SEED AND					P. Standard Market St.
I have used all reas	onable diligence in preparing th	is statement and to the	best of my	knowledge the informatio	n contained herein is true and	complete. I certify under
penalty of perjury t	inder the laws of the State of C	alifornia that the foregoi	ing is true a	nd correct.		
Executed on July 0	5 2024 John M	IcCormick		Digitally signed by John McCi Date: 2024.07,06 13:39:32 -0		
-	DATE	laCarmiak	SIGNATURE OF	TREASURER OR ASSISTANT TREASURER Digitally signed by John McCi	ormick	
Executed on July 0	5 2024 By John M	IcCormick SIGNATURE OF C	CONTROLLING OF	Date: 2024.07.06 13:39:49 -0 FICEHOLDER, CANDIDATE, OR STATE ME	7'00'	
Evanutad or	0					
Executed on	DATE By	SIGNATURE OF C	CONTROLLING OF	FICEHOLDER, CANDIDATE, OR STATE ME	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	CALIFORNIA 410 FORM				
INSTRUCTIONS ON REVERSE					
COMMITTEE NAME Committee to Elect McCormick to Lafayette City Council 2024	I.D. NUMBER				
All committees must list the financial institution where the c	campaign bank account is located and the	person(s) authorized t	o obtain ba	nk records.	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK REC	CORDS	EA CODE/PHONE	BANK ACCO	UNT NUMBER	
Mechanics Bank, John McCormick	80	00-797-6324			
ADDRESS OF FINANCIAL INSTITUTION	спу		STATE	Z	P CODE
	Lafayette		CA	9	14549
List the name of each controlling officeholder, candidate, or st also 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.	-	ice" is accep	table.	
<ul> <li>If this committee acts jointly with another controlled committee</li> </ul>	tee, list the name and identification numbe	er of the other controlle	ed committe	e.	
	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICA		PAR*		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT			Nonpartisan	Partisan	(list political party below)
John McCormick	Lafayette City Council	2024	1		
	Lafayette City Council	2024	Nonpartisan	Partisan	(list political party below)

CHECK ONE

OPPOSE

OPPOSE

SUPPORT

SUPPORT

Check One: Initial Amendment (Explain)  MAR 1 2 2024  CITY OF LAFAYETTE  1. Candidate Information:  NAME OF CANDIDATE (Last, First Middle Initial)  McCormick, John E  NUMBER (  CITY  STATE  ZIP CODE  Lafayette  CA  94549  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  City Council (2-year term)  OFFICE JURISDICTION  State (Complete Part 2)  Check  PR		RECEIVED		Candidate Intention Statement				
1. Candidate Information:  NAME OF CANDIDATE (Last First Middle Initial)  DAYTIME TELEPHONE  FAX NUMBER (optional)  EMAIL (optional  McCormick, John E  NUMBER (  STATE  VIP CODE  Lafayette  CA  94549  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable  PARTY PREFE  City Council (2-year term)  OFFICE JURISDICTION  State (complete Part 2)  City County Multi-County:  (Name of Multi-County Jurisdiction)  (Check  (Cal/PERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2)  (Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:  I did not exceed the expenditure ceiling in the primary or special election held on  (Mark if applicable)	For Official Use Only		(Explain)	☑Initial ☐ Amendment (	Check One:			
NAME OF CANDIDATE (Last, First Middle Initial)  McCormick, John E  NUMBER (  CITY  STATE  ZIP CODE  Lafayette  CA  94549  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable  NON-PARTY  PREFE  City Council (2-year term)  Check  State (complete Part 2)  City County Multi-County:  (Name of Multi-County Jurisdiction)  Calpers and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2)  (Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:  I did not exceed the expenditure ceiling in the primary or special election held on/ and I accept the ceiling for the general or special run-off election.		CITY OF LAFAYETTE		rmation:	1 Candidate In			
McCormick, John E  STREET ADDRESS  CITY  Lafayette  CA 94549  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  OISTRICT NUMBER, if applicable PARTY PREFE  City Council (2-year term)  OFFICE JURISDICTION  State (Complete Part 2)  City County Multi-County:  (Name of Multi-County Jurisdiction)  PR  2024  PR  2024  PR  2024  PR  2024  PR  2015  Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:  I did not exceed the expenditure ceiling in the primary or special election held on and I accept the ceiling for the general or special run-off election.	D	FAXAUMOED ( - Kanada - FAMAU ( - K	DAVIME TELEDIJONE					
STREET ADDRESS  CTY  Lafayette  CA  94549  OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable PARTY PREFE  OFFICE JURISDICTION  State (complete Part 2)  City County Multi-County:  (Name of Multi-County Jurisdiction)  (Check Ca)  PARTY PREFE  (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2)  (Check one box)  I do not accept the voluntary expenditure ceiling for the election stated above.  Amendment:  I did not exceed the expenditure ceiling in the primary or special election held on/ and I accept the ceiling for the general or special run-off election.	onal)	FAX NUMBER (optional) EMAIL (opti		st, First Middle Inibal)				
Lafayette CA 94549  OFFICE SOUGHT (POSITION TITLE) AGENCY NAME  DISTRICT NUMBER, if applicable		STATE ZIP CODE						
OFFICE SOUGHT (POSITION TITLE)  AGENCY NAME  DISTRICT NUMBER, if applicable  NON-PART PARTY PREFE  PARTY PREFE  OFFICE JURISDICTION State (complete Part 2) City County  Multi-County: (Name of Multi-County Jurisdiction)  2024  PR  2024  PR  2024  PR  2024  PR  2024  PR  2024  PR  2025  PR  2026  PR  2026  PR  2027  PR  2027  PR  2028  PR  2029  PR  2029  PR  2029  PR  2020  PR  2021  PR  2022  PR  2022  PR  2023  PR  2024  PR  2024  PR  2024  PR  2024  PR  2024  PR  2026  PR  2026  PR  2027  PR  2028  PR  2029  PR  2020					STREET ADDRESS			
City Council (2-year term)  OFFICE JURISDICTION  State (complete Part 2)  City County Multi-County: (Name of Multi-County Jurisdiction)  2024  PR  2024  PR	ARTISAN OFFICE			ON TITLE) AGENC	OFFICE SOUGHT (POS			
OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: (Name of Multi-County Jurisdiction)  2. State Candidate Expenditure Limit Statement: (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box) I accept the voluntary expenditure ceiling for the election stated above.  Amendment: I did not exceed the expenditure ceiling in the primary or special election held on//_ and I accept the ceiling for the general or special run-off election.				term)	City Council (2-yes			
City	neck one box, if applicable.)							
City	PRIMARY / GENERAL	2024		rt2)	State (Complete			
2. State Candidate Expenditure Limit Statement:  (CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)  I accept the voluntary expenditure ceiling for the election stated above.  Amendment:  I did not exceed the expenditure ceiling in the primary or special election held on/ and I accept the ceiling for the general or special run-off election.	SPECIAL / RUNOFF		(Name of Multi-County Jurisdiction)	ty Multi-County:	City Co			
ceiling for the general or special run-off election.  (Mark if applicable)			or the election stated above.	oluntary expenditure ceiling for				
			ceiling for the election stated above.	pt the voluntary expenditure ce	☐ I accept the ☐ I do not acc			
	he voluntary expenditure	on/ and I accept th	ceiling for the election stated above.  ng in the primary or special election held	pt the voluntary expenditure ce t: exceed the expenditure ceiling	☐ I accept the ☐ I do not acc Amendme			
On,I contributed personal funds in excess of the expenditure ceiling for the election stated above.	he voluntary expenditure	on/ and I accept t	ceiling for the election stated above.  ng in the primary or special election held	pt the voluntary expenditure ce t: exceed the expenditure ceiling	☐ I accept the ☐ I do not acc Amendme			
	he voluntary expenditure	on/ and I accept th	ceiling for the election stated above.  ng in the primary or special election held	pt the voluntary expenditure ce t: exceed the expenditure ceiling	☐ I accept the ☐ I do not acc Amendme ☐ I did not accelling			
3. Verification:	he voluntary expenditure		ceiling for the election stated above.  ng in the primary or special election held off election.	pt the voluntary expenditure ce t: exceed the expenditure ceiling or the general or special run-or	☐ I accept the ☐ I do not acc Amendme ☐ I did not ceiling			
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	he voluntary expenditure		ceiling for the election stated above.  ng in the primary or special election held off election.	pt the voluntary expenditure ce t: exceed the expenditure ceiling or the general or special run-or	☐ I accept the ☐ I do not acc Amendme ☐ I did not ceiling  (Mark if applicable) ☐ On,			
Executed on 03 11 2024 Signature Old (Candidate)  Signature (Candidate)  FPPC Advice	he voluntary expenditure	ng for the election stated above.	ceiling for the election stated above.  Ing in the primary or special election held off election.  al funds in excess of the expenditure ce	pt the voluntary expenditure cett: exceed the expenditure ceiling or the general or special run-or	☐ I accept the ☐ I do not acc Amendme ☐ I did not ceiling  (Mark if applicable) ☐ On,			



# 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.			SAN: TTT 6
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 Men	mber
	► If filing for multiple positions, list below or on an	attachment. (Do not us		libei
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least on	e box)		
	State	·	Judge, Retired Judge	e, Pro Tem Judge, or Court Commissioner
			(Statewide Jurisdiction	
	Multi-County		County of	
	City of Lafayette			
_				
3.	Type of Statement (Check at least one be	ox)		
	Annual: The period covered is January 1, 20 December 31, 2023.	23, through	Leaving Office: Da	te Left
	-or- The period covered is/	J, through	The period cover	red is January 1, 2023, through the date
	December 31, 2023.	3,,, 3	of leaving office.	
	Assuming Office: Date assumed/	<i>J</i>	The period cover the date of leaving	red is, through ng office.
	➤ 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 att	ached 5	Schedule C - Income, Loans	s, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule att		Schedule D - Income – Gifts	s - schedule attached
	Schedule B - Real Property - schedule att	ached	Schedule E - Income - Gifts	s - Travel Payments - schedule attached
-(	or- 🗌 None - No reportable interests on	any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE ZIP CODE
	3675 Mt Diablo Blvd Ste 210	Lafaye	ette	CA 94549-3793
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	( 925 ) 299-3210			
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and of			pest of my knowledge the information contained
	I certify under penalty of perjury under the laws	s of the State of Califor	nia that the foregoing is true	and correct.
	Date Signed 07/16/2024 08:26 PM	S	Signature	John McCormick
	(month, day, year)			signed paper statement with your filing 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
\$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	[_] \$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	X 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:
	6 6
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	P TANKE OF BOOMEOU 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
Φ100,001 - Ψ1,000,000 Over Ψ1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock (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)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 1	- J. J
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BURINESS ENTITY	► 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 Qver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1.02011.20	
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 - \$100,000   \$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	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.)  Loan repayment
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)
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000	<del></del>
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
	_
OVER \$100,000	Other(Describe)
Comments:	