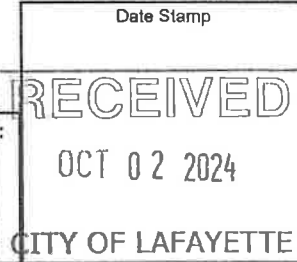


# Recipient Committee Campaign Statement Cover Page



Statement covers period  
 from July 1 2024  
 through Sept 21 2024

Date of election if applicable:  
 (Month, Day, Year)  
November 5, 2024

Page 1 of 7  
 For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

ID NUMBER  
1471060

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect McCormick to Lafayette City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Lafayette CA 94549

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

John McCormick

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lafayette CA 94549

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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  
 Date

Executed on Sept 24 2024  
 Date

Executed on \_\_\_\_\_  
 Date

Executed on \_\_\_\_\_  
 Date

By John McCormick  
 Digitally signed by John McCormick  
 Date: 2024.09.24 21:32:29 -0700

By John McCormick  
 Digitally signed by John McCormick  
 Date: 2024.09.24 21:32:43 -0700

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
John McCormick

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Lafayette City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
[REDACTED] Lafayette CA 94549

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John McCormick

Statement covers period

from July 1 2024

through Sept 21 2024

CALIFORNIA  
FORM **460**

Page 3 of 7

I.D. NUMBER

1471060

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received ..... Schedule B, Line 3	9000	9000
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 9000	\$ 9000
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 9000	\$ 9000

## 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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ 5670.44	\$ 5670.44
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 5670.44	\$ 5670.44
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment ..... Schedule G, Line 3	0	0
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 5670.44	\$ 5670.44

## Expenditure Limit Summary for State Candidates

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts ..... Column A, Line 3 above	9000
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	5670.44
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3329.56

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0
---	------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See Instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>July 1 2024</u> through <u>Sept 21 2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>John McCormick</u>	I.D. NUMBER <u>1471060</u>
--	-------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 0

\*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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>July 1 2024</u> through <u>Sept 21 2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

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	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
John McCormick [REDACTED] Lafayette, CA 94549 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Lamorinda Music	\$ 0	\$ 9000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 9000 DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ 9000 PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>			

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 9000  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 9000  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

† 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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from July 1 2024 through Sept 21 2024	<b>CALIFORNIA FORM 460</b>
	Page 6 of 7
	I.D. NUMBER 1471060

SEE INSTRUCTIONS ON REVERSE

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Good Guys Signs Inc. [REDACTED] Tampa, FL 33603	CMP	Lawn Signs	1113.76
Lamorinda Weekly [REDACTED] MORNING CALIFORNIA	PRT	Newspaper Ad (4)	3192
Contra Costa County Registrar [REDACTED]	FIL	Campaign Statement for Sample Ballot	529

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

**SUBTOTAL \$ 4834.76**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5380.81
2. Unitemized payments made this period of under \$100	\$ 289.63
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 5670.44</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>July 1 2024</u> through <u>Sept 21 2024</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER 1471060

SEE INSTRUCTIONS ON REVERSE

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daley Professional Web Solutions ██████████ Montgomery, NY 12540	WEB		Website, hosting	164
NextDayFlyers ██████████ Van Nuys, CA 91406	CMP		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

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	08 / 21 / 24	____/____/____

Date Stamp

**DIGITALLY RECEIVED AND FILED**  
in the office of the California Secretary of State  
**AUGUST 30 2024**

**CALIFORNIA FORM 410**

For Official Use Only

**RECEIVED**

SEP 20 2024

CITY OF LAFAYETTE

1. Committee Information				I.D. Number 1471060 (if applicable)				2. Treasurer and Other Principal Officers							
NAME OF COMMITTEE								NAME OF TREASURER							
Committee to Elect McCormick to Lafayette City Council 2024								John McCormick							
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE	
[REDACTED]								[REDACTED]		Lafayette		CA		94549	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)								EMAIL ADDRESS OF TREASURER (REQUIRED)							
john@lamorindamusic.com								[REDACTED]							
CITY								NAME OF ASSISTANT TREASURER, IF ANY							
Lafayette															
STATE								STREET ADDRESS (NO P.O. BOX)							
CA								[REDACTED]							
ZIP CODE								CITY							
94549								Lafayette							
AREA CODE/PHONE								STATE							
[REDACTED]								CA							
FULL MAILING ADDRESS (IF DIFFERENT)								ZIP CODE							
								94549							
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)								EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)							
john@lamorindamusic.com								[REDACTED]							
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)							
Contra Costa				City of Lafayette				John McCormick							
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE	
[REDACTED]								1030 Sunnybrook Drive		Lafayette		CA		94549	
E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)								EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)							
[REDACTED]								john@lamorindamusic.com							
AREA CODE/PHONE								925-997-5070							

### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/30/24 By John McCormick Digitally signed by John McCormick Date: 2024.08.30 11:57:37 -07'00'

Executed on 08/30/24 By John McCormick Digitally signed by John McCormick Date: 2024.08.30 11:57:50 -07'00'

Executed on \_\_\_\_\_ By \_\_\_\_\_ Digitally signed by \_\_\_\_\_ Date: \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_ Digitally signed by \_\_\_\_\_ Date: \_\_\_\_\_



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Committee to Elect McCormick to Lafayette City Council 2024	I.D. NUMBER 1471060
---	------------------------

• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Mechanics Bank, John McCormick	AREA CODE/PHONE 800-797-6324	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 3640 Mount Diablo Blvd	CITY Lafayette	STATE CA	ZIP CODE 94549

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
John McCormick	Lafayette City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM **410**

Page 3

COMMITTEE NAME

I.D. NUMBER

## 4. Type of Committee *(Continued)*

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

### Small Contributor Committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

## 5. Termination Requirements

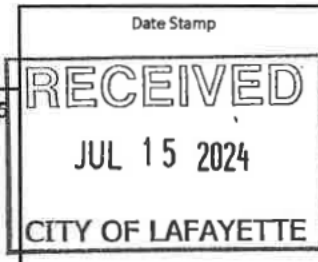
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- 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.

**Statement of Organization  
Recipient Committee**

Statement Type

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



**CALIFORNIA FORM 410**

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		NAME OF TREASURER		NAME OF TREASURER		NAME OF TREASURER	
Committee to Elect McCormick to Lafayette City Council 2024				John McCormick		John McCormick	
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)		CITY		STATE ZIP CODE	
[REDACTED]		[REDACTED]		Lafayette		CA 94549	
CITY STATE ZIP CODE AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED)		NAME OF ASSISTANT TREASURER, IF ANY		AREA CODE/PHONE	
Lafayette CA 94549 [REDACTED]		[REDACTED]				[REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		CITY		STATE ZIP CODE	
		[REDACTED]		Lafayette		CA 94549	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		NAME OF PRINCIPAL OFFICER(S)		AREA CODE/PHONE	
john@mccormickforlafayette.com		[REDACTED]		John McCormick		[REDACTED]	
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)		CITY		STATE ZIP CODE	
Contra Costa City of Lafayette		[REDACTED]		Lafayette		CA 94549	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)		NAME OF PRINCIPAL OFFICER(S)		AREA CODE/PHONE	
		[REDACTED]		John McCormick		[REDACTED]	

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	<u>July 06 2024</u>	By	<u>John McCormick</u>	Digitally signed by John McCormick Date: 2024.07.06 13:39:32 -07'00'
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	<u>July 06 2024</u>	By	<u>John McCormick</u>	Digitally signed by John McCormick Date: 2024.07.06 13:39:49 -07'00'
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	_____	By	_____	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	
Executed on	_____	By	_____	
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT	

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME Committee to Elect McCormick to Lafayette City Council 2024
---

**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Mechanics Bank, John McCormick	AREA CODE/PHONE 800-797-6324	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Lafayette	STATE CA	ZIP CODE 94549

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
John McCormick	Lafayette City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Candidate Intention Statement**

Date Stamp <b>RECEIVED</b> MAR 12 2024 <b>CITY OF LAFAYETTE</b>	<b>CALIFORNIA FORM 501</b> For Official Use Only
--	---

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

**1. Candidate Information:**

NAME OF CANDIDATE (Last, First Middle Initial) McCormick, John E	DAYTIME TELEPHONE NUMBER ( )	FAX NUMBER (optional) ( )	EMAIL (optional)
STREET ADDRESS Lafayette		CITY Lafayette	STATE ZIP CODE CA 94549
OFFICE SOUGHT (POSITION TITLE) City Council (2-year term)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION <input type="checkbox"/> State (Complete Part 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)		2024 (Year of Election)	(Check one box, if applicable.) <input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF

**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.

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 voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, \_\_\_/\_\_\_/\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

**3. Verification:**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03 11 2024  
(month, day, year)

Signature   
(Candidate)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McCormick 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 Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Lafayette  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2023, through December 31, 2023.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2023.  The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 11/05/2024 and office sought, 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 attached  Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
3675 Mt Diablo Blvd Ste 210 Lafayette CA 94549-3793  
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 contained 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 Signature John McCormick  
(month, day, year) (File the originally 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.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: center; font-weight: bold;">John McCormick</div>

▶ NAME OF BUSINESS ENTITY  
Amazon

GENERAL DESCRIPTION OF THIS BUSINESS  
Online Marketplace

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Veeva Systems

GENERAL DESCRIPTION OF THIS BUSINESS  
B2B Pharma Software

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Walt Disney

GENERAL DESCRIPTION OF THIS BUSINESS  
Entertainment

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

Comments: \_\_\_\_\_



# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name

John McCormick

**▶ 1. BUSINESS ENTITY OR TRUST**

Lamorinda Music, Inc

---

Name

---

Address (Business Address Acceptable)

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

---

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/____      ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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**NATURE OF INVESTMENT**

Partnership     Sole Proprietorship     S-Corporation

Other \_\_\_\_\_

---

**YOUR BUSINESS POSITION**    Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                 OVER \$100,000

\$1,001 - \$10,000

**▶ 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:

INVESTMENT             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

---

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/____      ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
--	---

---

**NATURE OF INTEREST**

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_

Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

---

Address (Business Address Acceptable)

Check one

Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

---

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/____      ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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---

**NATURE OF INVESTMENT**

Partnership     Sole Proprietorship     Other

---

**YOUR BUSINESS POSITION** \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                 OVER \$100,000

\$1,001 - \$10,000

**▶ 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:

INVESTMENT             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

---

<p><b>FAIR MARKET VALUE</b></p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p><b>IF APPLICABLE, LIST DATE:</b></p> <p style="text-align: center;">____/____/____      ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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**NATURE OF INTEREST**

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_

Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_



