

**Statement of Organization
Recipient Committee**

Type or print in Ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified or

List I.D. number:

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

| | |
|-------------------|---|
| Date Stamp | CALIFORNIA FORM 410 For Official Use Only |
| CITY OF BRENTWOOD | |
| MAR 11 2005 | |
| CITY CLERK | |

1. Committee Information

NAME OF COMMITTEE

Committee to Elect Charles Handwork

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Brentwood | CA | 94513 | _____ |

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

| | |
|--------------------|---|
| COUNTY OF DOMICILE | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE |
| Contra Costa | |

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Handwork

STREET ADDRESS

| | | | |
|-----------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Brentwood | CA | 94513 | _____ |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

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 03/11/2005
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/11/2005
DATE

By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Committee to Elect Charles Handwork

I.D. NUMBER

Applied for

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 "non-partisan."
- 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 |
|--|---|------------------|---|
| Charles Handwork | Council member - Brentwood | 2005 | <input type="checkbox"/> Non-Partisan <input checked="" type="checkbox"/> Republican |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
|-------------------------------|-----------------|---------------------|----------|
| Wells Fargo | [REDACTED] | [REDACTED] | |
| ADDRESS | CITY | STATE | ZIP CODE |
| [REDACTED] | ANTIOCH | CA | 94513 |

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) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|---|---------------------------------|
| Charles H. Handwork | City Council | <input checked="" type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |