

1523934

Statement of Organization Recipient Committee

Type or print in ink

Statement Type [X] Initial Not yet qualified [] or [] Amendment List I.D. number: # _____ Date qualified as committee 01/21/2010

[] Amendment List I.D. number: # _____ Date qualified as committee (if applicable)

[] Termination - See Part 5 List I.D. number: # _____ Date of Termination

Date Stamp City of Brentwood FEB 1 2010 City Clerk

STATEMENT OF ORGANIZATION CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE: Fix Balfour Road and American Avenue Political Action Committee, a coalition of land owners, educators and taxpayers. STREET ADDRESS: [REDACTED]. CITY: Sacramento, CA 95814. MAILING ADDRESS: Brentwood, CA 94513. COUNTY OF DOMICILE: Contra Costa County.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Mr. Thomas W. Hiltachk. STREET ADDRESS: [REDACTED]. CITY: Sacramento, CA 95814. NAME OF ASSISTANT TREASURER: Ashlee N. Titus. CITY: Sacramento, CA 95814. NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S): Tom Koch, Principal Officer. CITY: Seattle, WA 98116.

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 01/26/2010 DATE. Executed on _____ DATE. Executed on _____ DATE. Executed on _____ DATE.

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT. By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT. By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

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STATEMENT OF ORGANIZATION

**CALIFORNIA
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Fix Balfour Road and American Avenue Political Action Committee, a coalition of land owners, educators and taxpayers

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2a. Additional Officers

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

Lee Hancock, Principal Officer

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Discovery Bay, CA 94505

510-701-0744

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

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

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COMMITTEE NAME

Fix Balfour Road and American Avenue Political Action Committee, a coalition of land owners, educators and taxpayers

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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
			<input type="checkbox"/> Non-Partisan
			<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

ADDRESS	CITY	STATE	ZIP CODE

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	
		SUPPORT	OPPOSE
City of Brentwood Jobs, Public Safety, Fiscal Responsibility and Voter Approved Urban Limit Line/Planning Initiative	City of Brentwood	X	
		SUPPORT	OPPOSE

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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

Small Contributor Committee _____ / ____ / ____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.