# Statement of Organization
# Recipient Committee

**Statement Type**

☐ **Initial**
○ Not yet qualified
or
○ Date qualification threshold met
____/____/____

☑ **Amendment**
Date qualification threshold met
06/27/2023

☐ **Termination – See Part 5**
Date of termination
____/____/____

Date Stamp
**RECEIVED AND FILED**
in the office of the Secretary of State
of the State of California
AUG 07 2023

**CALIFORNIA FORM 410**
For Official Use Only
AUG 15 2023
By Tuolumne County Clerk
Deputy

## 1. Committee Information

**I.D. Number** (if applicable) 1461079

NAME OF COMMITTEE
Re-Elect Jaron Brandon District 5 Supervisor 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Columbia | CA | 95310 | [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
[redacted]

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
jaronbrandon@gmail.com

COUNTY OF DOMICILE: Tuolumne
JURISDICTION WHERE COMMITTEE IS ACTIVE: Tuolumne

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Molly Perry

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Sonora | CA | 95370 | [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

## 3. Verification

I have used all reasonable diligence in pre[redacted]y knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the St[redacted] and correct.

Executed on 07/28/2023 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/28/2023 (DATE) By [redacted] (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)

# Statement of Organization
# Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**



| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| Re-Elect Jaron Brandon District 5 Supervisor 2024 | 1461079 |

- **All committees must list the financial institution where the campaign bank account is located.**

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|---|---|---|
| Bank of America | 209-533-6100 | [redacted] |

| ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 180 S. Washington Street | Sonora | CA | 95370 |

## 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 | | |
|---|---|---|---|---|---|
| | | | Nonpartisan | Partisan | (list political party below) |
| Jaron Brandon | Supervisor, District 5, Tuolumne County | 2024 | ✓ | | N.P.P. |
| | | | 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 |