

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

Filed

JUL 28 2023

Tuolumne County Clerk

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number

1461079

(if applicable)

NAME OF COMMITTEE

Re-Elect Jaron Brandon District 5 Supervisor 2024

STREET ADDRESS (NO P.O. BOX)

CITY

Columbia

STATE

CA

ZIP CODE

95310

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

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)

CITY

Sonora

STATE

CA

ZIP CODE

95370

AREA CODE/PHONE

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 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 07/28/2023

By

DATE

Executed on 07/28/2023

By

DATE

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Re-Elect Jaron Brandon District 5 Supervisor 2024

I.D. NUMBER

1461079

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

NAME OF FINANCIAL INSTITUTION

Bank of America

AREA CODE/PHONE

209-533-6100

BANK ACCOUNT NUMBER

ADDRESS

180 S. Washington Street

CITY

Sonora

STATE

CA

ZIP CODE

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

Jaron Brandon	Supervisor, District 5, Tuolumne County	2024	Nonpartisan ✓	Partisan	(list political party below) 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