Statement of Organization
Recipient Committee

Statement Type

☑ Initial
○ Not yet qualified
or
○ Date qualification threshold met
_____/_____/_____

☐ Amendment
Date qualification threshold met
_____/_____/_____

☐ Termination – See Part 5
Date of termination
_____/_____/_____

Date Stamp
Filed
DEC 27 2023
Tuolumne County Clerk
By _____ Deputy

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Committee to Elect Ann Segerstrom to Sonora City Council 2024

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

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

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
annseg4sonoracitycouncil@gmail.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Sean Brennan

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Sonora | STATE: CA | ZIP CODE: 95370

EMAIL ADDRESS OF TREASURER (REQUIRED): sbrennan@mlode.com | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Ann Segerstrom

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: SONORA | STATE: CA | ZIP CODE: 95370

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): annseg4sonoracitycouncil@gmail.com | AREA CODE/PHONE: [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 Cal[redacted]

Executed on December 27, 2023 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on December 27, 2023 (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)