

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

____/____/____

☒ Amendment

Date qualification threshold met

2 / 27 / 2024

☐ Termination – See Part 5

Date of termination

____/____/____

Date Stamp

Filed

FEB 28 2024

Tuolumne County Clerk

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

I.D. Number 1466575
(if applicable)

NAME OF COMMITTEE

Jon Mark Plummer for District 1 Supervisor 2024

STREET ADDRESS (NO P.O. BOX)

CITY

Sonora

STATE

CA

ZIP CODE

95370

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

info@votemarkplummer.com

COUNTY OF DOMICILE

Tuolumne

JURISDICTION WHERE COMMITTEE IS ACTIVE

Tuolumne County

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Matthew Kiolbassa

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.

Executed on

2/28/2024

DATE

By

Executed on

2/28/2024

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/OLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (August/2018)

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

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