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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

DIGITALLY RECEIVED AND FILED
in the office of the California Secretary of State
JUN 29 2023

CALIFORNIA FORM 410

For Official Use Only

Filed

JUL 06 2023

Tuolumne County Clerk

By

R / JD

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Steve Griefer for Supervisor District 4 2024

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Groveland | CA | 95321 | [redacted]

FULL MAILING ADDRESS (IF DIFFERENT)
2 Civic Center Drive #4338, San Rafael, CA 94913-5703

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
tom@politicalcommunicationsinc.com

COUNTY OF DOMICILE
Tuolumne

JURISDICTION WHERE COMMITTEE IS ACTIVE
Supervisorial District 4

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Thomas E Montgomery III

STREET ADDRESS (NO P.O. BOX)
95 Professional Center Pkwy, A100

CITY | STATE | ZIP CODE | AREA CODE/PHONE
San Rafael | CA | 94903 | [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 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 _____ (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ 06/29/2023 (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
Steve Griefer for Supervisor District 4 2024	

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank	415 448-0165	

ADDRESS	CITY	STATE	ZIP CODE
630 Las Gallinas Ave	San Rafael	CA	94903

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		
Steve Griefer	Tuolumne County Supervisor District 4	2024	Nonpartisan ✓	Partisan	(list political party below)
			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