Statement of Organization
Recipient Committee

Statement Type

☐ Initial
○ Not yet qualified
or
⊘ Date qualification threshold met: 7/26/2023

☐ Amendment
Date qualification threshold met: ____/____/____

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

Date Stamp
Filed
JUL 28 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 Matt Hawkins for District 1 supervisor

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

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

FULL MAILING ADDRESS (IF DIFFERENT)
P.O. Box 3383 Sonora CA 95370

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
hawkinsfordistrict1@gmail.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kurt Bryant

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)
Jessica M Williams

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Sonora | CA | 95370 | [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 California that the foregoing is true and correct.

Executed on 7-26-2023 (DATE) By [redacted]
Executed on 7-26-2023 (DATE) By
Executed on 7-26-2023 (DATE) By
Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)