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Statement of Organization
Recipient Committee

Statement Type

- [x] Initial
  - ○ Not yet qualified
  - or
  - ○ Date qualification threshold met: 7 / 26 / 2023
- [ ] Amendment — Date qualification threshold met: ___/___/___
- [ ] Termination – See Part 5 — Date of termination: ___/___/___

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
DEC 06 2023

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 2024

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

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

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

E-MAIL ADDRESS OF COMMITTEE (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 ~~SONORA~~ ~~CA~~ ~~95370~~

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

EMAIL ADDRESS OF TREASURER (REQUIRED) [redacted] | AREA CODE/PHONE: Sonora, CA, 95370

NAME OF ASSISTANT TREASURER, IF ANY
N/A

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

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

NAME OF PRINCIPAL OFFICER(S)
Jessica M Williams

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

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | AREA CODE/PHONE
hawkinsfordistrict1@gmail.com

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 11-29-2023 (DATE) By [redacted]

Executed on 11/29/2023 (DATE) By [redacted]

Executed on 11-29-2023 (DATE) By [redacted]

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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I.D. NUMBER

COMMITTEE NAME
Committee to elect Matt Hawkins for District 1 supervisor 2024

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of Stockton	209-536-2101	1395022310

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
549 S. Washington St.	Sonora	CA	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		
			Nonpartisan	Partisan	(list political party below)
Matthew Hawkins	District 1 supervisor	2024	X		Republican
			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