

Statement of Organization
 Recipient Committee

R13 1446500

Statement Type

Initial
 Not yet qualified
 Amendment
 Termination - See Part 5

RECEIVED
 In the office of the Secretary of State
 of the State of California
 MAR 15 2022

CALIFORNIA
 FORM 410
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APR 20 2022

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

RECEIVED AND FILED
 of the State of California

MAR 24 2022

1. Committee Information		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE		NAME OF TREASURER	
Committee to elect John Hawk District 5 Supervisor 2022		Cathie Dunham	
STREET ADDRESS (NO P.O. BOX)	CITY	STREET ADDRESS (NO P.O. BOX)	CITY
999 Kehler Rd	Holtville	710 PAUM AVE	HOUMA
STATE	STATE	STATE	STATE
CA	CA	LA	LA
ZIP CODE	AREA CODE/PHONE	ZIP CODE	AREA CODE/PHONE
92250	760960-1473	70070	7007914781
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)		CITY	
jshankr@msw.com			
COUNTY OF DOMICILE		NAME OF PRINCIPAL OFFICER(S)	
Imperial			
JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX)	
Attach additional information on appropriately labeled continuation sheets.		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 3-10-22 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 3-10-22 By [Signature] SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Committee to elect John Hawk District 5 supervisor

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<i>Mechanics Bank</i>	<i>760-337-3280</i>	<i>3505338710</i>
ADDRESS	CITY	STATE
<i>502 Holt Ave</i>	<i>Holtville CA</i>	<i>92250</i>

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	(list political party below)
<i>John Hawk</i>	<i>Supervisor District 5</i>	<i>2022</i>	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> 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
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to elect John Han District 5 supervisor

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder of potent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.