

Statement of Organization
 Recipient Committee

R13 1446500

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 of the State of California
 MAR 15 2022

CALIFORNIA
 FORM 410
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Date Stamp

Returned: *BA 1-307-2022*

| | | | |
|----------------|--|---|---|
| Statement Type | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified <input type="checkbox"/> Date qualification threshold met | <input type="checkbox"/> Amendment <input type="checkbox"/> Date qualification threshold met | <input type="checkbox"/> Termination - See Part 5 <input type="checkbox"/> Date of termination |
|----------------|--|---|---|

| 1. Committee Information | | I.D. Number (if applicable) | |
|--|---|-------------------------------------|-----------------------------|
| NAME OF COMMITTEE | Committee to elect John Hawk District 5 Supervisor 2022 | | |
| STREET ADDRESS (NO P.O. BOX) | [REDACTED] | CITY | [REDACTED] |
| CITY | [REDACTED] | STATE | [REDACTED] |
| ZIP CODE | [REDACTED] | AREA CODE/PHONE | [REDACTED] |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | [REDACTED] | NAME OF ASSISTANT TREASURER, IF ANY | [REDACTED] |
| | | STREET ADDRESS (NO P.O. BOX) | [REDACTED] |
| | | CITY | [REDACTED] |
| | | STATE | [REDACTED] |
| | | ZIP CODE | [REDACTED] |
| | | AREA CODE/PHONE | [REDACTED] |
| | | NAME OF PRINCIPAL OFFICER(S) | Cathy Dunham MAR 24 2022 |
| | | STREET ADDRESS (NO P.O. BOX) | [REDACTED] |
| | | CITY | [REDACTED] |
| | | STATE | [REDACTED] |
| | | ZIP CODE | [REDACTED] |
| | | AREA CODE/PHONE | [REDACTED] |

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 | [REDACTED] | SIGNATURE OF CONTROLLING OFFICER OR ASSISTANT TREASURER |
| Executed on | 3-10-22 | By | [REDACTED] | 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 |

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INSTRUCTIONS ON REVERSE

Page 2

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 |
| Mechanics Bank | 760-337-3280 | 3505 338710 |
| ADDRESS | CITY | STATE |
| 502 Holt Ave | Holtville CA | 92250 |
| | | ZIP CODE |

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) |
|--|---|------------------|---|--|
| John Hawk | Supervisor District 5 | 2022 | Nonpartisan <input checked="" 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 |
|--|--|--|
| | | SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/> |

**Statement of Organization
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INSTRUCTIONS ON REVERSE

I.D. NUMBER

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, officeholder or point center 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.