

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b> Date of termination _____/_____/_____
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Date Stamp  
**RECEIVED  
CITY CLERK'S OFFICE**  
**AUG -2 2022**  
**CITY OF PASO ROBLES**

**CALIFORNIA FORM 410**  
 For Official Use Only

1. Committee Information				I.D. Number <i>(if applicable)</i>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE <b>Committee to re-elect John R. Hamon Jr., Paso Robles City Council 2022</b>				NAME OF TREASURER <b>Cathryn Matthews</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]					
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Paso Robles</b>		STATE <b>CA</b>		ZIP CODE <b>93446</b>		AREA CODE/PHONE [REDACTED]			
CITY <b>Paso Robles</b>		STATE <b>CA</b>		ZIP CODE <b>93446</b>		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY <b>Marjorie Hamon</b>					
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Paso Robles</b>		STATE <b>CA</b>		ZIP CODE <b>93446</b>	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY <b>Paso Robles</b>		STATE <b>CA</b>		ZIP CODE <b>93446</b>		AREA CODE/PHONE [REDACTED]			
COUNTY OF DOMICILE <b>San Luis Obispo</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)					
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY		STATE		ZIP CODE		AREA CODE/PHONE			
				[REDACTED]		[REDACTED]		[REDACTED]		[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 8/2/22 By [REDACTED]

Executed on 8/2/22 By [REDACTED]

Executed on \_\_\_\_\_ By [REDACTED]

Executed on \_\_\_\_\_ By \_\_\_\_\_