

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment
<input type="radio"/> Not yet qualified or	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Date qualification threshold met	Date qualification threshold met
____/____/____	____/____/____

Date of termination  
06 / 30 / 2022

Date Stamp	<b>CALIFORNIA FORM 410</b>
<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California	For Official Use Only <b>RECEIVED</b> JUL 13 2022 AMADOR COUNTY ELECTIONS
<b>JUL 05 2022</b>	

1. Committee Information				I.D. Number 1438725 <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Committee to Elect Patrick Weart for Sheriff</b>				NAME OF TREASURER <b>Kristine Hernandez</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) <b>651 Oakshire Drive</b>				CITY <b>Plymouth</b>		STATE <b>CA</b>		ZIP CODE <b>95669</b>		AREA CODE/PHONE [REDACTED]	
CITY <b>Ione</b>		STATE <b>CA</b>		ZIP CODE <b>95640</b>		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				STREET ADDRESS (NO P.O. BOX)							
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				CITY		STATE		ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE <b>Amador</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)							
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)							
				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 _____	By _____
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>6/28/22</u>	By [REDACTED]
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT