

**Statement of Organization
Recipient Committee**

Statement Type

| | |
|--|---|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Amendment |
| <input type="radio"/> Not yet qualified or | <input type="checkbox"/> Termination – See Part 9 |
| <input type="radio"/> Date qualification threshold met | Date of termination |
| ____/____/____ | ____/____/____ |
| | 12/29/23 |

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
JAN 02 2024

CALIFORNIA FORM 410
For Official Use Only
JAN 09 2024
AMADOR COUNTY ELECTIONS

1. Committee Information I.D. Number (if applicable) 1465361

NAME OF COMMITTEE
CARNELL FOR AMADOR COUNTY DISTRICT 4 SUPERVISOR 2024

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

CITY STATE ZIP CODE AREA CODE/PHONE
PINE GROVE CA 95665 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)
PO BOX 522 PINE GROVE CA 95665

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) (LEAVE OPTIONAL)
[REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
AMADOR AMADOR COUNTY DISTRICT 4

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
LOGAN CARNELL

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
13901 TANK DR PINE GROVE CA 95665

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

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

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE
[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
[REDACTED]

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

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
[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 complete.

Executed on 12-29-23 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 12-29-23 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