

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____

Termination - See Part 9
 Date of termination
12, 31, 22

Date Stamp
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
JAN 09 2023

CALIFORNIA FORM 410
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 Kings County Elections

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <u>Save our parkland 93230</u>		NAME OF TREASURER <u>Patricia A. Pratter</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>Hanford Ca</u>		ZIP CODE <u>93230</u>	
CITY <u>Hanford Ca</u>		STATE <u>Ca</u>		AREA CODE/PHONE <u>(559) 214-3482</u>	
STATE <u>Ca</u>		ZIP CODE <u>93230</u>		NAME OF ASSISTANT TREASURER, IF ANY	
ZIP CODE <u>93230</u>		AREA CODE/PHONE <u>(559) 214-3482</u>		STREET ADDRESS (NO P.O. BOX)	
AREA CODE/PHONE <u>(559) 214-3482</u>		FULL MAILING ADDRESS (IF DIFFERENT)		CITY <u>Mark L. Pratter</u>	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <u>saveourparkland93230@yahoo.com</u>		NAME OF PRINCIPAL OFFICER(S) [REDACTED]		STREET ADDRESS (NO P.O. BOX) <u>Hanford Ca 93230 (559) 214-3482</u>	
COUNTY OF DOMICILE <u>Kings</u>		JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Hanford</u>		CITY <u>Hanford</u>	
Attach additional information on appropriately labeled continuation sheets.		STATE <u>Ca</u>		ZIP CODE <u>93230</u>	
		AREA CODE/PHONE <u>(559) 214-3482</u>			

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 12/31/22 By Patricia A. Pratter
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/31/22 By Mark L. Pratter
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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Save our parkland 93230

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

NAME OF FINANCIAL INSTITUTION Bank of Sierra	AREA CODE/PHONE (559) 585-6700	B
ADDRESS	CITY Hanford	STATE Ca
		ZIP CODE 93230

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)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	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	OPPOSE
Ballot measure to support local park		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE