

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment

Termination - See Part 5

Date qualification threshold met: 11, 10, 23

Date of termination: _____

RECEIVED

MAR 18 2024

KINGS COUNTY ELECTIONS

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <i>Medeiros for Supervision 2024</i>		I.D. Number <i>1466513</i>		NAME OF TREASURER <i>Adam Medeiros</i>			
CITY <i>Hanford</i>		STATE <i>CA</i>		CITY <i>Hanford</i>		STATE <i>CA</i>	
ZIP CODE <i>93230</i>		ZIP CODE <i>93230</i>		ZIP CODE <i>93230</i>		ZIP CODE <i>93230</i>	
AREA CODE/PHONE <i>5593620034</i>		AREA CODE/PHONE <i>5593620034</i>		EMAIL ADDRESS OF TREASURER (REQUIRED) <i>adam.t.medeiros@kingscoe.org</i>			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <i>adam.t.medeiros@kingscoe.org</i>				NAME OF ASSISTANT TREASURER, IF ANY			
COUNTY OF DOMICILE <i>Kings</i>		JURISDICTION WHERE COMMITTEE IS ACTIVE <i>Kings County</i>		STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.				CITY			
				STATE			
				ZIP CODE			
				AREA CODE/PHONE			
				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
				AREA CODE/PHONE			
				NAME OF PRINCIPAL OFFICER(S)			
				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				AREA CODE/PHONE			
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
				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 3-11-24 By *Adam Medeiros*
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3-11-24 By *Adam Medeiros*
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)
 FPPC Advisor: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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COMMITTEE NAME <i>Medeiros for Supervisor 2024</i>	I.D. NUMBER <i>1466513</i>
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>Bank of the Sierra</i>	AREA CODE/PHONE <i>888-454-2265</i>	BANK ACCOUNT NUMBER [REDACTED]
[REDACTED]	<i>Parterville CA 93258</i>	

Type of Committee *Controlled Committee*

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	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
<i>Adam Medeiros</i>	<i>Supervisor District 5</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
Medeiros For Supervisor 2024

I.D. NUMBER
1466513

4. Type of Committee (Continued)

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

Political Campaign

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, orponent certify 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.