

**Statement of Organization
Recipient Committee**

Statement Type

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

Date Stamp RECEIVED AUG 27 2024 KINGS COUNTY ELECTIONS	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Committee to Support Hanford Elementary - Yes on Measure U				NAME OF TREASURER Jamie Dial				
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Hanford	STATE CA	ZIP CODE 93230
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) bbdial2@gmail.com				E-MAIL ADDRESS OF TREASURER (REQUIRED) bbdial2@gmail.com		AREA CODE/PHONE [REDACTED]		
CITY Hanford		STATE CA	ZIP CODE 93230	NAME OF ASSISTANT TREASURER, IF ANY				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) bbdial2@gmail.com				E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE		
COUNTY OF DOMICILE Kings	JURISDICTION WHERE COMMITTEE IS ACTIVE Hanford Elementary School District			NAME OF PRINCIPAL OFFICER(S) David Endo				
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Hanford	STATE CA	ZIP CODE 93230
[REDACTED]				E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) david.endo@gmail.com		AREA CODE/PHONE [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 <u>08/26/2024</u>	By _____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____	By _____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Committee to Support Hanford Elementary - Yes on Measure U	I.D. NUMBER
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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 FAST Federal Credit Union	AREA CODE/PHONE 559-584-0922	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	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	

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
Measure U	Hanford, CA County of Kings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>