

**Statement of Organization  
Recipient Committee**

Statement Type

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

Date Stamp  
**RECEIVED**  
SEP 10 2024  
KINGS COUNTY ELECTIONS

**CALIFORNIA FORM 410**  
For Official Use Only

1. Committee Information		I.D. Number <i>(if applicable)</i>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Paul Gillum for Kings County Water District Area 1, 2024</b>				NAME OF TREASURER <b>Matthew Casarez</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Reedley</b>	
CITY <b>Reedley</b>		STATE <b>CA</b>		STATE <b>CA</b>		ZIP CODE <b>93854</b>	
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED) <b>mattcasarez2002@gmail.com</b>			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) <b>mattcasarez2002@gmail.com</b>				AREA CODE/PHONE [REDACTED]			
COUNTY OF DOMICILE <b>Kings</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>Kings</b>		NAME OF ASSISTANT TREASURER, IF ANY			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]				CITY <b>Hanford</b>			
[REDACTED]				STATE <b>CA</b>			
[REDACTED]				ZIP CODE <b>93230</b>			
[REDACTED]				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
[REDACTED]				AREA CODE/PHONE			
[REDACTED]				NAME OF PRINCIPAL OFFICER(S) <b>Paul Gillum</b>			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <b>Hanford</b>	
[REDACTED]				STATE <b>CA</b>		ZIP CODE <b>93230</b>	
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) <b>pauldgillum@gmail.com</b>			
[REDACTED]				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 9/5/2024 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-10-2024 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Paul Gillum for Kings County Water District Area 1, 2024	I.D. NUMBER <del>Pending</del> 99-4786428
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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 Bank of the Sierra	AREA CODE/PHONE 5595856700	BANK ACCOUNT NUMBER <del>Pending</del> [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		
Paul Gillum	Kings County Water District Area 1	2024	Nonpartisan <input checked="" type="checkbox"/>	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
		SUPPORT	OPPOSE