Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

Statement Type		
☑ Initial	☐ Amendment	☐ Termination – See Part 5
⊘ Not yet qualified or		
○ Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
Andrew Brazil for Kings County Water District Area 5, 2024

STREET ADDRESS (NO P.O. BOX)
█████████

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Reedley	CA	93654	███████

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
mattcasarez2002@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Kings	Kings

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Matthew Casarez

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
██████████	Reedley	CA	93654

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
mattcasarez2002@gmail..com	██████

NAME OF ASSISTANT TREASURER, IF ANY

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

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

NAME OF PRINCIPAL OFFICER(S)
Andrew Brazil

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
████████	Hanford	CA	93230

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE
Andrew_brazil1985@outlook.com	

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	_____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	9-11-24	By	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on		By	_____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

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COMMITTEE NAME
Andrew Brazil for Kings County Water District Area 5, 2024

I.D. NUMBER
~~Pending~~ 99-4786329

- 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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of the Sierra	5595856700	~~Pending~~ ▉

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
▉	Hanford,	CA	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		
			Nonpartisan	Partisan	(list political party below)
Andrew Brazil	Kings County Water District Area 5	2024	✓		
			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