

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
09 / 15 / 2024	09 / 15 / 2024	_____ / _____ / _____

Date Stamp
RECEIVED
SEP 16 2024
KINGS COUNTY ELECTIONS

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number (if applicable)		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]				CITY Hanford		STATE ZIP CODE CA 93230	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) bbdial2@gmail.com				EMAIL ADDRESS OF TREASURER (REQUIRED) bbdial2@gmail.com		AREA CODE/PHONE 559-582-4601	
CITY STATE ZIP CODE AREA CODE/PHONE Hanford CA 93230 [REDACTED]				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				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
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)		CITY STATE ZIP CODE Hanford CA 93230	
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) david.endo@gmail.com		AREA CODE/PHONE 559-587-0118	
Attach additional information on appropriately labeled continuation sheets.							

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 09/15/2024 By [REDACTED]

Executed on 9/15/24 By [REDACTED] 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

mailed 9/16/24

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Committee to Support Hanford Elementary - Yes on Measure U	I.D. NUMBER 1474457
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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"/>