

Statement of Organization Recipient Committee

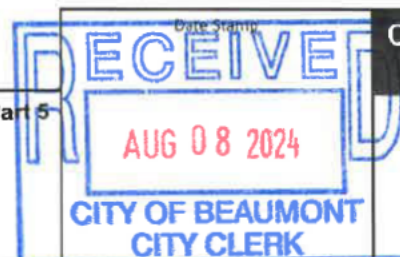
Statement Type

☒ Initial☐ Not yet qualified
or☐ Date qualification threshold met☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers	
NAME OF COMMITTEE <i>Committee to Elect Joe Mathews</i>		NAME OF TREASURER <i>Dorena Mathews</i>			
STREET ADDRESS (NO P.O. BOX)		CITY <i>Beaumont</i>		STATE <i>CA</i>	ZIP CODE <i>92223</i>
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		EMAIL ADDRESS OF TREASURER (REQUIRED) <i>Dmama830@gmail.com</i>			
CITY <i>Beaumont</i>		STATE <i>CA</i>		AREA CODE/PHONE <i>830 83079</i>	
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE <i>Riverside</i>		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY <i>Beaumont</i>	
Attach additional information on appropriately labeled continuation sheets.				STATE <i>CA</i>	
				ZIP CODE <i>92223</i>	
				AREA CODE/PHONE	
				NAME OF PRINCIPAL OFFICER(S) <i>Joseph Mathews</i>	
				STREET ADDRESS (NO P.O. BOX)	
				CITY <i>Beaumont</i>	
				STATE <i>CA</i>	
				ZIP CODE <i>92223</i>	
				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	<u>8/7/24</u>	By	<u>Dorena Mathews</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	<u>8/7/2024</u>	By	<u>Joe Mathews</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
	DATE			

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Joe Mathews

- 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 ACCOUNT NUMBER

AREA CODE/PHONE

CITY

STATE

ZIP CODE

HCN Bank

951-766-4195

Beaumont

CA

92223

ADDRESS OF FINANCIAL INSTITUTION

1540 E 6th St.

Beaumont

CA

92223

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

Joe Mathews	Beaumont City Council 2024	Nonpartisan	Nonpartisan	(list political party below)
		Nonpartisan	Nonpartisan	(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