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 _____/_____/_____

Date Stamp
RECEIVED
AUG 08 2024
CITY OF BEAUMONT
CITY CLERK

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Committee to Elect Joe Mathews

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Beaumont | CA | 92223

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Doresa Mathews

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE
Beaumont | CA | 92223

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE
~~Dmama830~~ dmama83079@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)
Joseph Mathews

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE
Beaumont | CA | 92223

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | 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 8/7/24 (DATE) By Doresa Mathews (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 8/7/2024 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER
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	AREA CODE/PHONE	BANK ACCOUNT NUMBER
HCN Bank	951-766-4195	

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
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 ✓	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