

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date of qualification threshold met

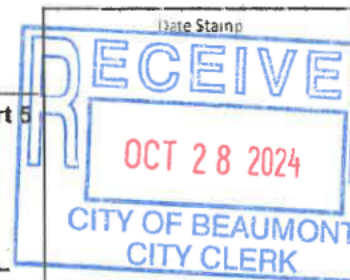
☒ Amendment

Date of qualification threshold met

10 / 23 / 2024

☐ Termination - See Part 5

Date of termination



CALIFORNIA
FORM 410

For Official Use Only

I.D. Number (if applicable) 1476570			
NAME OF COMMITTEE Committee to Elect Joe Mathews		NAME OF TREASURER Doresa Mathews	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY Beaumont	STATE CA
		ZIP CODE 92223	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) jmathewsfam@gmail.com		EMAIL ADDRESS OF TREASURER (REQUIRED) dma83079@gmail.com	
COUNTY OF DOMICILE Riverside		AREA CODE/PHONE [REDACTED]	
JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF ASSISTANT TREASURER, IF ANY	
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
		CITY Beaumont	STATE CA
		ZIP CODE 92223	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) jmathewsfam@gmail.com		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]	
COUNTY OF DOMICILE Riverside		NAME OF PRINCIPAL OFFICER(S) Joseph (Joe) Mathews	
JURISDICTION WHERE COMMITTEE IS ACTIVE		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
		CITY Beaumont	STATE CA
		ZIP CODE 92223	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) jmathewsfam@gmail.com		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) jmathewsfam@gmail.com	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) jmathewsfam@gmail.com		AREA CODE/PHONE [REDACTED]	

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 10/28/2024 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/28/2024 By [Signature] SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER, HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Advice:

FPPC Form 410 (October/2023)
(856/275-3772)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Committee to Elect Joe Mathews

I.D. NUMBER

1476570

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

HCN Bank

A.F.E.A. CODE/PHONE

951-766-4195

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS OF FINANCIAL INSTITUTION

1540 E 6th St

CITY

Beaumont

STATE

CA

ZIP CODE

92223

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

Joseph (Joe) Mathews

Beaumont City Council

2024

Nonpartisan

Nonpartisan

(list political party below)

(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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

1476570

COMMITTEE NAME

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee

☐ COUNTY Committee

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE / PHONE

Small Contributor Committee

Date qualified

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Section 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.