

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|--|--|
| <input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____ | <input type="checkbox"/> Amendment Date qualification threshold met ____/____/____ | <input checked="" type="checkbox"/> Termination – See Part 5 Date of termination <u>07</u> / <u>23</u> / <u>2023</u> |
|---|--|--|

Date Stamp

CALIFORNIA FORM 410
For Official Use Only
CITY CLERK'S OFFICE
JUL 24 2023 AM 08:39

| 1. Committee Information | | | | I.D. Number (if applicable) | | | | 2. Treasurer and Other Principal Officers | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME OF COMMITTEE Hume for Council 2018 | | | | NAME OF TREASURER Patrick Hume | | | | STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | |
| STREET ADDRESS (NO P.O. BOX) [REDACTED] | | | | CITY Elk Grove | | STATE CA | | ZIP CODE 95624 | | AREA CODE/PHONE 916.687.1693 | |
| CITY Elk Grove | | STATE CA | | ZIP CODE 95624 | | AREA CODE/PHONE 916.687.1693 | | NAME OF ASSISTANT TREASURER, IF ANY none | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) same | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) pat@pathume.com | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | | NAME OF PRINCIPAL OFFICER(S) | | | |
| COUNTY OF DOMICILE Sacramento | | JURISDICTION WHERE COMMITTEE IS ACTIVE Elk Grove | | STREET ADDRESS (NO P.O. BOX) | | | | CITY STATE ZIP CODE AREA CODE/PHONE | | | |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> | | | | | | | | | | | |

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 7.23.23 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7.23.23 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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