

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

09 / 27 / 2024

☐ Termination -- See Part 5

Date of termination

/ /

Date Stamp

RECEIVED
CITY OF HANFORD

SEP 26 REC'D

CITY CLERK

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

i.D. Number
(if applicable)

1472849

NAME OF COMMITTEE

Martin Devine for Hanford City Council 2024

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Martin Devine

STREET ADDRESS (NO P.O. BOX)

CITY

Hanford

STATE

CA

ZIP CODE

93230

EMAIL ADDRESS OF TREASURER (REQUIRED)

AREA CODE/PHONE

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

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

mdevine1967@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Kings

City of Hanford

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and certify that 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

09/27/2024

OR ASSISTANT TREASURER

Executed on

09/07/2024

CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT