

16  
**Statement of Organization  
Recipient Committee**

1472265

**Statement Type**

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified OR		
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp  
**RECEIVED AND FILED**  
 In the office of the Secretary of State  
 of the State of California

**CALIFORNIA FORM 410**

For Official Use Only

**JUL 31 2024**

<b>1. Committee Information</b>		<b>I.D. Number (if applicable)</b>		<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE				NAME OF TREASURER			
Committee to Elect Judy Scott for Hanford City Council, District C 2024				Judy Scott			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE
[REDACTED]				[REDACTED]		Hanford	CCA 93230
CITY		STATE	ZIP CODE	EMAIL ADDRESS OF TREASURER (REQUIRED)			
Hanford		CA	93230	[REDACTED]			
AREA CODE/PHONE				AREA CODE/PHONE			
[REDACTED]				[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
				N/A			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				CITY			
[REDACTED]				STATE ZIP CODE			
[REDACTED]				[REDACTED]			
[REDACTED]				NAME OF ASSISTANT TREASURER (REQUIRED)			
[REDACTED]				[REDACTED]			
[REDACTED]				AREA CODE/PHONE			
[REDACTED]				[REDACTED]			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Kings		Hanford, District C		Judy Scott			
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)			
[REDACTED]				CITY			
[REDACTED]				Hanofrd			
[REDACTED]				STATE ZIP CODE			
[REDACTED]				CA 93230			
[REDACTED]				[REDACTED]			
[REDACTED]				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			
[REDACTED]				electjudyscott@gmail.com			
[REDACTED]				[REDACTED]			
<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.

Executed on 7/29/2024

DATE

By \_\_\_\_\_

ANT TREASURER

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME Committee to Elect Judy Scott for Hanford City Council, District C 2024	I.D. NUMBER 99-3976974		
<ul style="list-style-type: none"> <li>• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</li> </ul>			
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Bank of The Sierra	AREA CODE/PHONE 559-585-6700	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 427 W. Lacey Blvd.	CITY Hanford	STATE CA	ZIP CODE 93230

**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 PROPOINTER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
Judy Scott	Hanford City Council, District C	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(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

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I.D. NUMBER

COMMITTEE NAME

## 4. Type of Committee *(Continued)*

### 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

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- 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 Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.