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**Statement of Organization  
Recipient Committee**

**Statement Type**

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or	<input type="checkbox"/> 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

AUG 09 2024

**CALIFORNIA  
FORM**

**410**

For Official Use Only

R/RCM

**1. Committee Information**

**I.D. Number  
(if applicable)**

NAME OF COMMITTEE

Martin Devine for Hanford City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY Hanford	STATE CA	ZIP CODE 93230	AREA CODE/PHONE (559) 212-8709
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FULL MAILING ADDRESS (IF DIFFERENT)

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

COUNTY OF DOMICILE Kings	JURISDICTION WHERE COMMITTEE IS ACTIVE City of Hanford
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Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Martin Devine

STREET ADDRESS (NO P.O. BOX)	CITY Hanford	STATE CA	ZIP CODE 93230
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EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
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EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
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EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE
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**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 information is true and correct.

Executed on 08/06/2024

By \_\_\_\_\_

RE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/06/2024

By \_\_\_\_\_

CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

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

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
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COMMITTEE NAME <i>Martin Devine for Hanford City Council 2024</i>	I.D. NUMBER		
<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	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE

**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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Martin Devine	Hanford City Council District B	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE