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Statement of Organization
Recipient Committee

CALIFORNIA FORM 410

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

AUG 06 2024

For Official Use Only

AUG 08 2024

CITY CLERK'S OFFICE
CITY OF GALT

Statement Type

☒ Initial	☐ Amendment	☐ Termination – See Part 5
☒ Not yet qualified or ○ Date qualification threshold met ___/___/___	Date qualification threshold met ___/___/___	Date of termination ___/___/___

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
Mathew Pratton
for City Council 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Galt	CA	95632	[redacted]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
[redacted]

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Sacramento	City of Galt

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mathew Pratton

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Galt	CA	95632	[redacted]

NAME OF ASSISTANT TREASURER, IF ANY
[redacted]

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 Califo[redacted].

Executed on 8-6-24 (DATE) By [redacted]
[redacted]EASURER OR ASSISTANT TREASURER

Executed on 8-6-24 (DATE) By [redacted]
[redacted]EHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2

COMMITTEE NAME	I.D. NUMBER

- **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
Mathew Pratton	Galt City Council	2024	X		Republican
			Nonpartisan	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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE