# Statement of Organization
## Recipient Committee

**Statement Type**

| ☐ Initial | ☐ Amendment | ☒ Termination – See Part 5 |
|---|---|---|
| ☒ Not yet qualified<br>or<br>○ Date qualification threshold met<br>____/____/____ | Date qualification threshold met<br>____/____/____ | Date of termination<br>3/14/22 |

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
MAR 17 2022

CALIFORNIA FORM 410
For Official Use Only
FILED
MAR 28 2022
ROSE GALLO-VASQUEZ
COLUSA COUNTY CLERK-RECORDER

### 1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE
Elect Beauchamp DA

[redacted]

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Penn Valley | CA | 95946 | 530 301 6191

FULL MAILING ADDRESS (IF DIFFERENT)
Same as above

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

COUNTY OF DOMICILE
Colusa

JURISDICTION WHERE COMMITTEE IS ACTIVE
Nevada

*Attach additional information on appropriately labeled continuation sheets.*

### 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Matthew R. Beauchamp

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Penn Valley | CA | 95946 | (530) 301-6191

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX)
N/A

CITY | STATE | ZIP CODE | AREA CODE/PHONE
N/A

NAME OF PRINCIPAL OFFICER(S)
N/A

STREET ADDRESS (NO P.O. BOX)
N/A

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 California that the foregoing is true and correct.

Executed on 3/15/22 (DATE) By [redacted] (SIGNATURE OF CONTROLLING OFFICEHOLDER, 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)

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

# Statement of Organization
# Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**



| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| Elect Beauchamp DA | |

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

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|---|---|---|
| N/A | N/A | N/A |

| ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

## 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 | | |
|---|---|---|---|---|---|
| Matthew R. Beauchamp | Nevada County District Attorney | 2022 | Nonpartisan ✓ | Partisan | (list political party below) no party preference |
| | | | 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 |