

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
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Date Stamp
RECEIVED
 AUG 5 2024
 CITY CLERK

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Re-elect Michael Hannon Mayor of Newark 2024				NAME OF TREASURER Michael Hannon				STREET ADDRESS (NO P.O. BOX)					
STREET ADDRESS (NO P.O. BOX)				CITY Newark		STATE CA		ZIP CODE 94560		AREA CODE/PHONE			
CITY Newark		STATE CA		ZIP CODE 94560		AREA CODE/PHONE		NAME OF ASSISTANT TREASURER, IF ANY					
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)				CITY				STATE		ZIP CODE		AREA CODE/PHONE	
COUNTY OF DOMICILE Alameda		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Newark		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.				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 August 5, 2024 By _____
DATE IF TREASURER OR ASSISTANT TREASURER

Executed on 8/5/2024 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Re-elect Michael Hannon Mayor of Newark 2024	I.D. NUMBER
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Fremont Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY Newark	STATE CA	ZIP CODE 94560

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		
Michael Hannon	Mayor	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <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