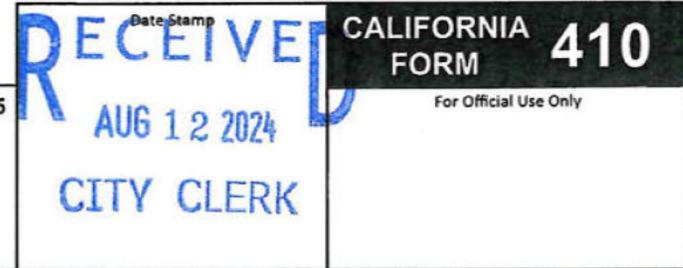


**Statement of Organization
Recipient Committee**



Statement Type

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

1. Committee Information		I.D. Number <i>(if applicable)</i>				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)		CITY	STATE	ZIP CODE
STREET ADDRESS (NO P.O. BOX)				Newark		CA		94560		
CITY		STATE	ZIP CODE	AREA CODE/PHONE		EMAIL ADDRESS OF TREASURER (REQUIRED)				
Newark		CA	94560							
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY				STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)						CITY		STATE	ZIP CODE	
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
Alameda		City of Newark								
Attach additional information on appropriately labeled continuation sheets.		NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
						CITY		STATE	ZIP CODE	
		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				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 13, 2024 By _____
DATE IR ASSISTANT TREASURER

Executed on 8/13/24 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

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 and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Fremont Bank	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION	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	(list political party below)
			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