

Statement of Organization Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

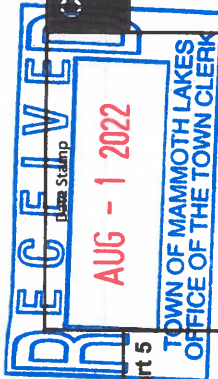
☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

☐ Termination - See Part 5

Date of termination



CALIFORNIA 410
FORM

For Official Use Only

1. Committee Information		I.D. Number 1365700 (if applicable)	
NAME OF COMMITTEE			
Committee To Elect John Wentworth 2022			
NAME OF TREASURER			
John Wentworth			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
AREA CODE/PHONE		AREA CODE/PHONE	
NAME OF ASSISTANT TREASURER, IF ANY			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
AREA CODE/PHONE		AREA CODE/PHONE	
NAME OF PRINCIPAL OFFICER(S)			
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS (NO P.O. BOX)	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
AREA CODE/PHONE		AREA CODE/PHONE	
JURISDICTION WHERE COMMITTEE IS ACTIVE			
Town of Mammoth Lakes			
Attach additional information on appropriately labeled continuation sheets.			

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	DATE	By	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	DATE	By	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Committee To Elect John Wentworth 2022

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

NAME OF FINANCIAL INSTITUTION

Eastern Sierra Community Bank

AREA CODE/PHONE

(760) 924-0990

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

307 Old Mammoth Rd

CITY

Mammoth Lakes

STATE

CA

ZIP CODE

93546

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

John Wentworth

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

Town Council

YEAR OF
ELECTION

2022

PARTY
CHECK ONE

Nonpartisan

☒

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