

**Statement of Organization
Recipient Committee**

Statement Type

<input 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
____/____/____	____/____/____	____/____/____

Date Stamp
RECEIVED
AUG 11 2022
CITY OF ARCATA
CITY MANAGER'S OFFICE

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information	I.D. Number <i>(if applicable)</i>	2. Treasurer and Other Principal Officers
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NAME OF COMMITTEE
Brett Watson for Arcata City Council 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED] *Arcata CA 95521*

CITY STATE ZIP CODE AREA CODE/PHONE
Arcata CA 95521 707

FULL MAILING ADDRESS (IF DIFFERENT)
Box Arcata CA 95521 707

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
BWatson@humboldt.edu 293-3585

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Humboldt City of Arcata

NAME OF TREASURER
Brett Watson

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

CITY STATE ZIP CODE AREA CODE/PHONE
Arcata CA 95521 707 293 3585

NAME OF ASSISTANT TREASURER, IF ANY
—

STREET ADDRESS (NO P.O. BOX)
—

CITY STATE ZIP CODE AREA CODE/PHONE
—

NAME OF PRINCIPAL OFFICER(S)
Brett Watson

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

CITY STATE ZIP CODE AREA CODE/PHONE
Arcata CA 95521 707 293 3585

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 8/11/22 By [REDACTED]

Executed on 8/11/22 By [REDACTED]
OR ASSISTANT TREASURER

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

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

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME Brett Watson for Arata City Council 2022 I.D. NUMBER T13D

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

NAME OF FINANCIAL INSTITUTION Coast Central AREA CODE/PHONE 707 445 8801 BANK ACCOUNT NUMBER [REDACTED]

ADDRESS 1551 Escondido Lane CITY Arata STATE CA ZIP CODE 95521

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		(list political party below)
			Nonpartisan	Partisan	
<u>Brett Watson</u>	<u>Council Member</u>	<u>2022</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>