

Statement of Organization  
Recipient Committee

Statement Type

☒ Initial

☐ Not yet qualified  
or

☒ Date qualification threshold met

10 / 4 / 22

☐ Amendment

Date qualification threshold met

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Termination – See Part 5

Date of termination

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Stamp

SEP 22 2022

CALIFORNIA  
FORM 410

For Official Use Only

OCT 19 2022

CITY OF ARCATA  
CITY MANAGER'S OFFICE

1. Committee Information

I.D. Number

e)

Committee to Elect Meredith  
Matthews for Arcata City Council 2022

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Sarah Knight

STREET ADDRESS (NO P.O. BOX)

CITY

Trinidad

STATE

ZIP CODE

CA 95570

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

COUNTY OF DOMICILE

Humboldt

JURISDICTION WHERE COMMITTEE IS ACTIVE

Arcata

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 7.27.22

DATE

By

Executed on 7.22.22

DATE

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
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I.D. NUMBER

COMMITTEE NAME

Committee to Elect Meredith Matthews for City Council

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

NAME OF FINANCIAL INSTITUTION

Redwood Capital Bank

AREA CODE/PHONE

707 826 0878

BANK ACCOUNT NUMBER

ADDRESS

1315 G Street, Arcata, CA 95521

CITY

STATE

ZIP CODE

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

Meredith Matthews	Arcata City Council	2022	Nonpartisan	Partisan X	(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