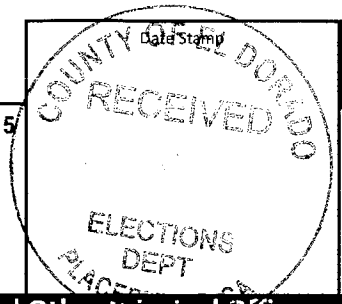
Statement of Organization
Recipient Committee

Statement Type

☐ Initial	☑ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ○ Date qualification threshold met ___/___/___	Date qualification threshold met 12/15/___	Date of termination ___/___/___



Date Stamp

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

I.D. Number *(if applicable)*

NAME OF COMMITTEE

Rate Payers for Pat Dwyer El Dorado Irrigation District 2 2022

STREET ADDRESS (NO P.O. BOX)

[redacted]

AREA CODE/PHONE

530-622-7121

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

El Dorado

JURISDICTION WHERE COMMITTEE IS ACTIVE

District 2 El Dorado Irrigation District

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Linda Dwyer

STREET ADDRESS (NO P.O. BOX)

[redacted]

AREA CODE/PHONE

530-622-7121

NAME OF ASSISTANT TREASURER, IF ANY

Roger "Pat" Dwyer

STREET ADDRESS (NO P.O. BOX)

[redacted]

AREA CODE/PHONE

530-622-7121

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 _____ (DATE) By [redacted] (TREASURER OR ASSISTANT TREASURER)

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

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

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