

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

Date Stamp

RECEIVED

JAN 28 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

ELECT GREG HAGWOOD DISTRICT 4 SUPERVISOR 2020
STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

QUINCY CA. 95971 530 394 7809

FULL MAILING ADDRESS (IF DIFFERENT)

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

greg.hagwood8@gmail.com

COUNTY OF DOMICILE

PLUMAS

JURISDICTION WHERE COMMITTEE IS ACTIVE

PLUMAS Co. DISTRICT 4

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GREG HAGWOOD

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

QUINCY CA. 95971 (530) 394-7809

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

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

Executed on 1/28/2020

DATE

By

ASSISTANT TREASURER

Executed on 1/28/2020

DATE

By

DATE, 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

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Date of termination

Rejected: _____

Returned: _____

RECEIVED
In the office of the Secretary of State
of the State of California

JAN 30 2020

CALIFORNIA
FORM 410

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RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

1. Committee Information

I.D. Number
(if applicable)

2. Treasurer and Other Principal Officers

FEB 10 2020

NAME OF COMMITTEE

NAME OF TREASURER

GREG HAGWOOD

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

QUINCY

CA.

95971

(530) 394-7809

NAME OF ASSISTANT TREASURER, IF ANY

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STATE

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AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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ELECT GREG HAGWOOD DISTRICT 4 SUPERVISOR

STREET ADDRESS (NO P.O. BOX)

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95971 530 394 7809

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greg.hagwood@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

PLUMAS

PLUMAS Co. DISTRICT 4

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

1/23/2020

By

ASSISTANT TREASURER

Executed on

1/28/2020

By

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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

ELECT GREG HAGWOOD DISTRICT 4 SUPERVISOR 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	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		
GREG HAGWOOD	SUPERVISOR DISTRICT 4	2020	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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	
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

Candidate Intention Statement

FILED

Date Stamp

CALIFORNIA
FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

NOV 11 2019

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

EMAIL (optional)

HAGWOOD, GREGORY J.

(530) 394-7809

STREET ADDRESS

CITY

STATE

ZIP CODE

Quincy

CA

95971

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN OFFICE

COUNTY SUPERVISOR DIST. 4

4

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

☐ State (Complete Part 2.)

☐ City

☒ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

2020

(Year of Election)

☒ PRIMARY / GENERAL

☐ SPECIAL / RUNOFF

X State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/11/19
(month, day, year)

Signature