

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="checkbox"/> Not yet qualified or	Date qualification threshold met	
<input type="radio"/> Date qualification threshold met	_____/_____/_____	

Date of termination

_____/_____/_____

Date Stamp

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JAN 28 2020

KATHLEEN WILLIAMS,
PLUMAS CO. CLERK-RECORDER

**CALIFORNIA
FORM**

410

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1. Committee Information

**I.D. Number
(if applicable)**

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

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.

Executed on 1/28/2020 By _____

ASSISTANT TREASURER

DATE

Executed on 1/28/2020 By _____

CANDIDATE, OR STATE MEASURE PROPOSER

DATE

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

DATE

Executed on _____ By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

DATE

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified
or
 Date qualification threshold met

Amendment

Termination – See Part 5

____/____/____

____/____/____

Date of termination
____/____/____

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

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

_____ STATE ZIP CODE AREA CODE/PHONE
CITY

Quincy CA. 95971 530 394 7809

FULL MAILING ADDRESS (IF DIFFERENT)

Quincy, CA. 95971

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

greg.hagwood8@gmail.com

COUNTY OF DOMICILE

PLUMAS

JURISDICTION WHERE COMMITTEE IS ACTIVE

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 following is true and correct.

Executed on 1/28/2020 By _____

DATE

ASSISTANT TREASURER

Executed on 1/28/2020 By _____

DATE

CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

R 32 1425032

Rejected:

Returned:

1/31/2020

Date Stamp
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of the State of California

JAN 30 2020

CALIFORNIA
FORM

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

FEB 10 2020

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME	I.D. NUMBER
<u>ELECT GREG HAGWOOD DISTRICT 4 SUPERVISOR 2020</u>	

- 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 PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
<u>GREG HAGWOOD</u>	<u>SUPERVISOR DISTRICT 4</u>	<u>2020</u>	<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

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CALIFORNIA
FORM

501

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Check One: Initial Amendment (Explain) _____

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BY

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

HAGWOOD, GREGORY J.

STREET ADDRESS

DAYTIME TELEPHONE NUMBER

(530)394-7809

FAX NUMBER (optional)

EMAIL (optional)

CITY

Quincy

STATE

CA, 95971

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

COUNTY SUPERVISOR DIST. 4

AGENCY NAME

4

DISTRICT NUMBER, if applicable.

4

NON-PARTISAN OFFICE

PRIMARY / GENERAL

OFFICE JURISDICTION

PARTY PREFERENCE:

(Check one box, if applicable.)

State (Complete Part 2.)

2020

PRIMARY / GENERAL

City County Multi-County

(Name of Multi-County Jurisdiction)

(Year of Election)

SPECIAL / RUNOFF

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