

Statement of Organization  
Recipient Committee

JUN 12 2018

CALIFORNIA 410  
FORM  
For Official Use Only

Statement Type  Initial  
 Amendment

Not yet qualified  
or  
 Date qualified as committee

Date qualified as committee \_\_\_\_\_  
Date of termination \_\_\_\_\_

JUN 12 2018

Received by City Clerk  
Termination - see City Clerk

Received by City Clerk

JUN 26 2018

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

2. Treasurer and Other Principal Officers

1. Committee Information  
I.D. Number (if applicable)

NAME OF COMMITTEE

JUN 15 2018

Hughes 4 Carmel Mayor 2018

NANCY HUGHES

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CARMEL CA 93921

CARMEL CA 93921

CARMEL CA 93921

CARMEL CA 93921

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 5991 (Carmel P.O.)

STREET ADDRESS (NO P.O. BOX)

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

EAH@ETRANCO.COM

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

MONTEREY CARMEL, CA

NAME OF PRINCIPAL OFFICER(S)

EUGENE A HUGHES

STREET ADDRESS (NO P.O. BOX)

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 information provided is true and correct.

Executed on 6/02/2018 By \_\_\_\_\_

Executed on 6/02/2018 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

HUGHES 4 CARMEL MAYOR 2018

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

EUGENE A HUGHES

MAYOR OF CARMEL, CA

2018

Nonpartisan

Partisan

(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)

EUGENE A. HUGHES

MAYOR OF CARMEL, CA

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE