

1450553

Statement of Organization
Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met
 07 / 12 / 22

Amendment
 Date qualification threshold met
 ____ / ____ / ____

Termination - See Part 5
 Date of termination
 ____ / ____ / ____

Date Stamp
RECEIVED AND FILE
 in the office of the Secretary of State
 of the State of California
JUL 26 2022

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information		I.D. Number	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE		(if applicable)	NAME OF TREASURER			
Dave Shaw for Yuba City Council 2022			Dave Shaw			
STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX)			
[REDACTED]			[REDACTED]			
FULL MAILING ADDRESS (IF DIFFERENT)			NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)			STREET ADDRESS (NO P.O. BOX)			
dshaw@shawassociatesinc.com			CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		NAME OF PRINCIPAL OFFICER(S)			
Sutter	Yuba City		STREET ADDRESS (NO P.O. BOX)			
Attach additional information on appropriately labeled continuation sheets.			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 7-21-22 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-21-22 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Dave Shaw for Yuba City Council 2022

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

NAME OF FINANCIAL INSTITUTION

Plumas Bank

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		
Dave Shaw	City of Yuba City Council, District 1	2022	Nonpartisan <input checked="" type="checkbox"/>	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)	CHECK ONE	
		SUPPORT	OPPOSE