Statement of Organization				Date Stamp	CALIFORNIA AAA
Recipient Committee					FORM 410
Statement Type	☐ Initial O Not yet qualified	☐ Amendment	Termination – See Part 5	WEU AND TO LIST SHOW THE SHOPE OF CARIFORNIA	RECEIVED
	or O Date qualification threshold met	Date qualification threshold met	Date of termination Qf	he State of Same	DEC 0 8 2022
4 6 11		//		DEC 02 2022	REGISTRAR OF VOTERS SUTTER COUNTY
1. Committee	Information I.D. Numbe	1451995	2. Treasurer and	Other Principal Officers	CITY CLERK
			CHAPLES STREET ADDRESS (NO P.O. BOX)	SmiTH	JAN 0 4 2023
CHUCK SM STREET ADDRESS (NO P.O.	HITH FOR CITY COUR	cil 2022	THEET NOTES (NOTES ONLY		VIIDA
WILLIAM TO THE STATE OF THE STA	, son				
FULL MAILING ADDRESS (I	F DIFFERENT)		STREET ADDRESS (NO P.O. BOX)		
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL) MITH 25 Q QV JURISDICTION WHERE COM	MAL - Com	CITY	STATE	ZIP CODE AREA CODE/PHONE
SUTTE		MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)	5miTH	Section 1
			STREET ADDRESS (NO P.O. BOX)		
Attach additional information on appropriately labeled continuation sheets.					
3. Verification					
I have used all re penalty of perjur	asonable diligence in preparing t y under the laws of the State of (his statement and to the best California that the foregoing is	of my knowledge the informat strue(and/correct.	ion contained herein is true a	and complete. I certify under
	-1-2022 By	USE	NATURE OF TREASURER OR ASSISTANT TREASUR	ER	
Executed on 12:	1-2022 By	SIGNATURE OF CONTR	OLLING OFFICEHOLDER, CANDIDATE, OR STATE IN	MEASURE PROPONENT	
Executed on	By		OLLING OFFICEHOLDER, CANDIDATE, OR STATE N		A RESIDUANA
Executed on	DATE By		OLLING OFFICEHOLDER, CANDIDATE, OR STATE N		