

**Statement of Organization  
Recipient Committee**

**COPY**

|                                                                           |                                                                    |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|
| Date Stamp<br><b>CITY CLERK</b><br><b>JAN 27 2023</b><br><b>YUBA CITY</b> | <b>CALIFORNIA FORM 410</b><br><small>For Official Use Only</small> |
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Statement Type

|                                                                                                                                          |                                                                                          |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial<br><input type="radio"/> Not yet qualified or<br><input type="radio"/> Date qualification threshold met | <input type="checkbox"/> Amendment<br>Date qualification threshold met _____/_____/_____ | <input checked="" type="checkbox"/> Termination – See Part 5<br>Date of termination<br>12 / 23 / 22 |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

| 1. Committee Information                                                           |                                                            | I.D. Number 1450553<br><small>(if applicable)</small> |  | 2. Treasurer and Other Principal Officers |          |                 |  |
|------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|--|-------------------------------------------|----------|-----------------|--|
| NAME OF COMMITTEE<br><b>Dave Shaw for Yuba City Council 2022</b>                   |                                                            | NAME OF TREASURER<br><b>Dave Shaw</b>                 |  | NAME OF TREASURER                         |          |                 |  |
| STREET ADDRESS (NO P.O. BOX)                                                       |                                                            | STREET ADDRESS (NO P.O. BOX)                          |  | STREET ADDRESS (NO P.O. BOX)              |          |                 |  |
| FULL MAILING ADDRESS (IF DIFFERENT)                                                |                                                            | NAME OF ASSISTANT TREASURER, IF ANY                   |  | STREET ADDRESS (NO P.O. BOX)              |          |                 |  |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)<br><b>dshaw@shawassociatesinc.com</b>   |                                                            | CITY                                                  |  | STATE                                     | ZIP CODE | AREA CODE/PHONE |  |
| COUNTY OF DOMICILE<br><b>Sutter</b>                                                | JURISDICTION WHERE COMMITTEE IS ACTIVE<br><b>Yuba City</b> | NAME OF PRINCIPAL OFFICER(S)                          |  | STREET ADDRESS (NO P.O. BOX)              |          |                 |  |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |                                                            | 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 12-23-22 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-23-22 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