

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Page 1
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	____/____/____	12 / 23 / 22

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JAN 30 2023

CALIFORNIA FORM 410
For Official Use Only

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