

**Statement of Organization
Recipient Committee**

APR 19 2023

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 _____/_____/_____

Amendment
 Date qualification threshold met
 _____/_____/_____

Termination
 Date of termination **APR 03 2023**
 3 / 30 / 23

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

YMN

1. Committee Information		2. Treasurer and Other Principal Officers			
I.D. Number 1450592 <small>(if applicable)</small>		NAME OF TREASURER Marc Boomgaarden			
NAME OF COMMITTEE Marc Boomgaarden for Yuba City Council 2022		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) mjboom@comcast.net		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE Sutter	JURISDICTION WHERE COMMITTEE IS ACTIVE Yuba City	NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.		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 3-30-23 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3-30-23 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