

34

1457582

Statement of Organization Recipient Committee

Statement Type

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

Date Stamp
RECEIVED AND FILED
 the office of the Secretary of State
 of the State of California
JAN 17 2023

CALIFORNIA FORM 410
RECEIVED
 For Official Use Only
MAR 23 2023
 City of Rancho Cordova
 Office of the City Clerk

1. Committee Information

I.D. Number (if applicable)

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
 DAVID SANDER FOR CITY COUNCIL 2024

STREET ADDRESS (NO P.O. BOX)
 2561 E. TIFFANY LN.

CITY STATE ZIP CODE AREA CODE/PHONE
 SACRAMENTO CA 95827 (916) 473-4298

FULL MAILING ADDRESS (IF DIFFERENT)
 9458 TRELAKE RD. GRANITE BAY, CA 95746

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 DAVID@THEAGENCY.US

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 SACRAMENTO RANCHO CORDOVA

NAME OF TREASURER
 DAVID BAUER

STREET ADDRESS (NO P.O. BOX)
 9458 TRELAKE RD.

CITY STATE ZIP CODE AREA CODE/PHONE
 GRANITE BAY CA 95746 (916) 473-4298

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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 12/8/2022 By David Bauer
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/9/22 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

DAVID SANDER FOR CITY COUNCIL 2024

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

| | | | | |
|-----------------------------------|-----------------|---------------------|----------|--|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | | |
| NO BANK ACCOUNT AT THIS POINT | | | | |
| ADDRESS | CITY | STATE | ZIP CODE | |
| UNKNOWN WHEN FUNDS WILL BE RAISED | | | | |

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 | | (list political party below) |
|--|---|------------------|------------------|----------|------------------------------|
| | | | CHECK ONE | | |
| DAVID SANDER | City Council Member City | 2024 | Nonpartisan X | Partisan | |
| | | | 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 |
| | | | |
| | | SUPPORT | OPPOSE |