Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		*	Date Stamp RECEIVED	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year) 11/05/2024	JUL 0 9 2024 City of Raricho Cordova Office of the City Clerk	Page 1 of 4 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Specification Support State	rterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
3 Committee Information	D. NUMBER 1457582	Treasurer(s) NAME OF TREASURER DAVID BAUER MAILING ADDRESS CITY	STATE ZIP C	ODE AREA CODE/PHONE
CITY STATE ZIP C SACRAMENTO CA 958 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	27 (916) 847-4783	GRANITE BAY NAME OF ASSISTANT TREASUF	CA 957 RER, IF ANY	46
CITY STATE ZIP C GRANITE BAY CA 957 OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDR	STATE ZIP C	ODE AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewin under penalty of perjury under the laws of the State of Californ Executed on		owledge the information contained her	ein and in the attached schedu	ales is true and complete. I certify
Date 07/06/2024 Date	By Signature or con	nooning Oncerouer, Candoale, State Measure Proj	conentor Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, St. Signature of Controlling Officeholder, Candidate, St.		FPPC Form 460 (Jan/2016)

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COVER PAGE

Recipient Committee

CALIFORNIA AGO

Officeholder or Candidate Controlled Con	nmittee	4	6	. Primarily Former	d Ballot Measure	Committee		
IMME OF OFFICEHOLDER OR CHARLETE	minecoe			NAME OF BALLOT MEAS		COMMINDE		
DAVID SANDER				TOTAL CO COLLOT MON	ourie.			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	F APPLICABLE)		EALLOTNO CREETTE	A.RISOICT	ION)c	SUPPORT OPPOSE
City Council Hember City							=	OPPOSE
RESIDENTIAL/BUSINESS ADORESS (NO AND STREET)	CITY	STATE ZIP		- 20				
	SATAMENTO.	GA 95827		Identify the control			ite measure j	proponent, if an
				NAME OF OFFICEHOLD	DER, CANDIDATE, OR P	ROPONENT		
Related Committees Not Included in this : not included in this statement that are controlled by y contributions or make appenditures on behalf of your	ou or are primi			OFFICE SOUGHT OR H	ELO		DISTRICT NO	F ANY
COMMITTEE NAME	LD NUMB	ER	•7					
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NAME OF TREASURER	100000000000000000000000000000000000000	ED COMMITTEES	,	efficeholder(s) or can	didate(s) for which the	is committee is	primarily form	ed.
COMMITTEE ADDRESS STREET ADDRESS SNO PO	NES	□ NO	-5	NAME OF OFFICEHOLD	DER OR CANDIDATE	OFFICE SOUR	HT OR HELD	[] a move
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CITY STATE 21	P CODE	AREA COOSE/HOVE		NAME OF OFFICEHOLD	EH OR CANDIDATE	OFFICE SOU	HIT OR HELD	[] c.m.
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COMMITTEENAME	ID NUMB	ID NUMBER		NAME OF OFFICEHOLD	ER OR CANDIDATE	OFFICE BOUC	HT OR HELD	
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WHE OF TREASURER	CONTROL	(ED COMMULES)		NAME OF OFFICEHOLD	OFFICE SOUGH		HT OR HELD	
	☐ YES	□ NO						SUPPORT OPPOSE
and the second s	D BOX	AREA CODE/PHONE			Attach continuat	ion sheets if n	ecessary	L 04082
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)....... 2. Unitemized payments made this period of under \$100 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period, (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6,)

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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 from 01/01/2024 through 06-20-2026 Page 3 of 1

NAME OF FILER						ID NUMBER	
DAVID SANDER FOR CITY COUNCIL 2024 Contributions Received		Cofurer A TOTAL THIS PERIOD STROMAT DAVID SCHEDULES		COLUMN B CALENDAY YEAR YORK TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and		
Monetery Contributions	s -	0+90 0.60 0+60	\$ \$ \$ \$	0.00 0.09 0.00 0.00	20 Contributions Received \$	S	
Expenditures Made 6. Payments Made Schedule F. Line 4 7. Loans Made Schedule F. Line 3		65.69	s	60.00	Expenditure Limit Candidates	Summary for State	
SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills)		60.00	5	60.00	22. Cumulative Expenditures Made* (#Subject to Voluntary Expenditure Limit) Darte of Election. Total to C		
10. Nonmonetary Adjustment Schools C. Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10		0.00	\$	6.00 60.00	(mm/dd/yy)	Tirtal to Date	
Current Cash Statement 12. Beginning Cash Balance Persous Summay Page Lire 16 13. Cash Receipts Coumn A Line 3 above 14. Miscellaneous Increases to Cash Schedule Lire 4 15. Cash Payments Coumn A Line 3 above 16. ENDING CASH BALANCE Add Lines 17 + 13 + 16. Then subtract Line 15 If this is a fermination statement, Line 16 must be zero.	3	0.00 0.00 60.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts, if this is		*Amounts in this section may be different from amounts reported in Column B.		
17, LOAN GUARANTEES RECEIVED Schedule El Pert 2	\$ _	0.00	for the	hat report being filed his calendar year, only rover the amounts			
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See restudent on reviews 19. Outstanding Debts Add Line 2 - Line 9 in Column 8 above			from any).	Unes 2, 7, and 9 (If			

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