Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period from07/01/2022	Date of election if applicable: (Month, Day, Year)	FEB 1 3 2023	
SEE INSTRUCTIONS ON REVERSE	through12/31/2022	11/03/2020	Office of the City C	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☑ Officeholder, Candidate Controlled Committee     ☐ State Candidate Election Committee     ☐ Recall     (Also Complete Part 5)      ☐ General Purpose Committee     ☐ Sponsored     ☐ Small Contributor Committee     ☐ Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ (Also file a Form 410 Te ☐ Amendment (Explain be	☐ Spe ☐ Sup rmination) Sta	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
3. Committee Information	I.D. NUMBER 1246062	Treasurer(s)	ii.	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE FRIENDS OF DAVID SANDER FOR CITY COUNCIL		NAME OF TREASURER DAVID BAUER MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY GRANITE BAY		CODE AREA CODE/PHONE
SACRAMENTO CA 9	CODE AREA CODE/PHONE 5827	NAME OF ASSISTANT TREASURE		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	D. BOX	MAILING ADDRESS		
GRANITE BAY CA 9	CODE AREA CODE/PHONE 5746	CITY	STATE ZIP (	CODE AREA CODE/PHONE
OPTIONAL: FAX / F-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	ess	
. Verification		N NEW YORK		
I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo	wing this statement and to the best of my keep ornia that the foregoing is true and correct.	auladae the information and similar	ched sched	ales is true and complete. I certify
Executed on 1/17/2023	Ву			
Executed on	BySignature of C		ficer of Sponsor	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidale, State	e Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder Co. 1111		

Offic	eholder or Candidate Controlled Commit	tee		٥,	Primar	rily Formed	Ballot !	neasure (	Committee	,	
NAME	OF OFFICEHOLDER OR CANDIDATE				NAME OF	F BALLOT MEAS L	JRE				
OFFICE	SANDER  SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT  COUNCIL Member RANCHO CORDOVA	NUMBER IF APPLIC	ABLE)		BALLOT	NO OR LETTER	Ţ	URISDICTID	N		SUPPORT OPPOSE
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not in	ted Committees Not included in this State	ere primarily form			OFFICE :	SOUGHT OR HE	LD			DISTRICT NO	IF ANY
	buttons or make expenditures on behalf of your cand	I.O. NUMBER									12
				7.	Prima	rily Formed	Candid	late/Office	eholder Co	ommittee .	List names of
NAME	OF TREASURER	CONTROLLED COM	NO NO		officeha	older(s) or cand	lidate(s) fo	r which this	committee h	primarily for	med.
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18. Cash Equivalents ...... See instructions on roverse \$ \_

Cash Equivalents and Outstanding Debts

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						from07/01/3	2022	FORM	
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND Z	IP CODE OF CONTRIBUTOR RLD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUA OCCUPATION AND (IF SEUF EMPLOYED, E OF BUSINES	EMPLOYER ENTERNAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN, 1 - DI	TO DATE F	PER ELECTION TO DATE (IF REQUIRED)
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\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

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