

Statement of Organization Recipient Committee

1437740

Statement Type

Initial
 Not yet qualified
 or
 Date qualification threshold met
 Date qualification threshold met: 4/8/21

Amendment
 Date of termination: / /

Date Stamp

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
APR 12 2021

CALIFORNIA FORM 410

For Officer-Use Only
FILED
REGISTRAR OF VOTERS
JUL 30 2021
DONNA M. JOHNSTON

1. Committee Information

I.D. Number (if applicable)

Dan Flores for Supervisor 2022

STREET ADDRESS (NO P.O. BOX)

CITY: Yuba City STATE: CA ZIP CODE: 95991 AREA CODE/PHONE: 530-692-1900

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): danflores1860@gmail.com

COUNTY OF DOMICILE: Sutter JURISDICTION WHERE COMMITTEE IS ACTIVE: Sutter County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
K. Coleen Morris, Sutter Buttes Business Services

CITY: Yuba City STATE: CA ZIP CODE: 95993 AREA CODE/PHONE: 530-216-7394

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICERS)

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

Attach additional information on appropriately labeled continuation sheets.

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 4/8/21 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4-8-21 By [Signature] SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**
INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Dan Flores for Supervisor 2022

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I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION
Tri Counties Bank

AREA CODE/PHONE
530-671-5563

BANK ACCOUNT NUMBER

ADDRESS

CITY
Yuba City

STATE
CA

ZIP CODE
95993

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 CHECK ONE	(list political party below)
Dan Flores	Sutter County Supervisor, District 2	2022	Nonpartisan <input checked="" type="checkbox"/>	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