

COPY

Statement of Organization
Recipient Committee
Statement Type

- Initial
- Not yet qualified or
- Date qualification threshold met

Amendment

Termination - See Part 5

Date qualification threshold met

Date of termination

12/31/2020

1. Committee Information
I.D. Number
(if applicable)

NAME OF COMMITTEE

Divinder Bains for YCUSD Board 2020

NAME OF TREASURER

Divinder K Bains

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

CITY

Yuba City

CITY

Yuba City

STATE

CA

STATE

CA

AREA CODE/PHONE

530-701-4511

FULL MAILING ADDRESS (IF DIFFERENT)

STREET ADDRESS (NO P.O. BOX)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Sutter

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY

AREA CODE/PHONE

STATE

STATE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

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 12-8-21

DATE

By

Divinder Bains

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-8-21

DATE

By

Divinder Bains

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

CALIFORNIA FORM 410

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RECEIVED

DEC 13 2021

DEC 22 2021

REGISTRAR OF VOTES

2. Treasurer and Other Principal Officers