

COPY

Statement of Organization Recipient Committee

Statement Type Initial Not yet qualified or

Amendment List I.D. number:

Termination - See Part 5 List I.D. number:

# 1430668

12/21/2021

Date qualified as committee (if applicable)

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California. CALIFORNIA 410 FORM. REGISTAR OF VOTERS SUTTER COUNTY. DEC 27 2021. JAN 03 2022.

1. Committee Information

NAME OF COMMITTEE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Juan Delgado, Yuba Community College District, area 4,2020

Juan Delgado

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

Yuba City CA 95993

CITY STATE ZIP CODE AREA CODE/PHONE CA 95993 (530)788-8344

CITY STATE ZIP CODE AREA CODE/PHONE Yuba City CA 95993 (530)788-8344

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

FAX / E-MAIL ADDRESS

jd4yccd.4.2020@gmail.com

STREET ADDRESS (NO P.O. BOX)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY

STATE

AREA CODE/PHONE

Sutter

NAME OF PRINCIPAL OFFICER(S)

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 12-21-2021

By Juan Delgado

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-21-2021

By Juan Delgado

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