

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| ____/____/____ | ____/____/____ | ____/____/____ |

| | |
|--|--|
| Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California MAR 28 2022 | CALIFORNIA FORM 410 For Official Use Only RECEIVED APR 08 2022 |
|--|--|

| 1. Committee Information | | | | I.D. Number (if applicable) | | | | 2. Treasurer and Other Principal Officers | | | |
|--|--|--|--|--|--|--|--|---|--|--|--|
| NAME OF COMMITTEE FEATHER RIVER DEMOCRATIC CLUB | | | | NAME OF TREASURER Linda Hicks | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Yuba City | | | | STATE CA | | | |
| CITY Yuba City | | | | STATE CA | | | | ZIP CODE 95991 | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | AREA CODE/PHONE 530-415-3704 | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ljhicks2007@yahoo.com | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY | | | |
| COUNTY OF DOMICILE Sutter | | | | JURISDICTION WHERE COMMITTEE IS ACTIVE Sutter County | | | | STATE CA | | | |
| NAME OF PRINCIPAL OFFICER(S) Robert Morrish, Chair | | | | STREET ADDRESS (NO P.O. BOX) | | | | ZIP CODE 95993 | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Yuba City | | | | AREA CODE/PHONE 530/300-6978 | | | |
| CITY Yuba City | | | | STATE CA | | | | ZIP CODE 95993 | | | |
| AREA CODE/PHONE 530-415-3704 | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | | CITY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | STREET ADDRESS (NO P.O. BOX) | | | | STATE CA | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) ljhicks2007@yahoo.com | | | | STREET ADDRESS (NO P.O. BOX) | | | | ZIP CODE 95991 | | | |
| COUNTY OF DOMICILE Sutter | | | | JURISDICTION WHERE COMMITTEE IS ACTIVE Sutter County | | | | AREA CODE/PHONE 530-415-3704 | | | |
| NAME OF PRINCIPAL OFFICER(S) Robert Morrish, Chair | | | | STREET ADDRESS (NO P.O. BOX) | | | | CITY Yuba City | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | CITY Yuba City | | | | STATE CA | | | |
| CITY Yuba City | | | | STATE CA | | | | ZIP CODE 95993 | | | |
| AREA CODE/PHONE 530-415-3704 | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | | CITY | | | |

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 3/19/22 By _____
DATE SIGNATURE OF ASSISTANT TREASURER

Executed on 3/19/22 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1316022

| |
|---|
| COMMITTEE NAME Feather River Democratic Club |
|---|

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

| | | | |
|---|---------------------------------|---------------------|-------------------|
| NAME OF FINANCIAL INSTITUTION Union Bank | AREA CODE/PHONE 916/786-8166 | BANK ACCOUNT NUMBER | |
| ADDRESS | CITY Roseville | STATE CA | ZIP CODE 95661 |

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) |
|--|---|------------------|-----------------|----------|------------------------------|
| | | | Nonpartisan | Partisan | |
| | | | | | |
| | | | | | |

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 |
| | | | |
| | | | |

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Feather River Democratic Club

I.D. NUMBER

1316022

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Register voters and support Democratic candidates

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.