

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 12 / 30 / 2019	Date of termination 04 / 07 / 2022

Date Stamp

**FILED**  
REGISTRAR OF VOTERS  
APR 22 2022  
DONNA M. JOHNSTON  
DEPUTY CLERK

**CALIFORNIA FORM 410**

For Official Use Only

<b>1. Committee Information</b>	<b>I.D. Number (if applicable)</b> 1423317	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
THIARA FOR SUPERVISOR 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
YUBA CITY CA 95993 (916) 473-4298

FULL MAILING ADDRESS (IF DIFFERENT)  
. GRANITE BAY, CA 95746

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)  
DAVID@THEAGENCY.US

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
SUTTER SUTTER COUNTY

NAME OF TREASURER  
DAVID BAUER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
GRANITE BAY CA 95746 (916) 473-4298

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 4/7/2022 By \_\_\_\_\_  
DATE DATE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/7/2022 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