

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM **460**

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

Statement covers period
from 01/01/2022
through 04/07/2022

Date of election if applicable:
(Month, Day, Year)
11/03/2020 BY _____

Page 1 of 5
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1423317

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO 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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GRANITE BAY	CA	95746	

OPTIONAL: FAX / E-MAIL ADDRESS
DAVID@THEAGENCY.US

Treasurer(s)

NAME OF TREASURER

DAVID BAUER

MAILING ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 04/07/2022
Date

By _____
Signature of Treasurer or Assistant Treasurer

Executed on 04/07/2022
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
SABB THIRARA
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
County Supervisor County of Sutter District 5
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
YUCA CITY CA 95993

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
THIRARA FOR SUPERVISOR 2020

STATEMENT PAGES
Statement covers period from 01/01/2022 through 04/07/2022
**CALIFORNIA
FORM
460**
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I.D. NUMBER
1423317

Contributions Received

1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	Column A PROFITABLES/DEBITS	0.00	Column B CALENDAR YEAR TOTALS/DEBITS	0.00
2. Loans Received	Schedule B, Line 3	\$ -599.21		-599.21	31,400.79	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -599.21		-599.21	31,400.79	
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00		0.00	0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ -599.21		-599.21	31,400.79	

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date
20. Contributions Received \$
21. Expenditures Made \$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 973.61	Column A PROFITABLES/DEBITS	973.61	Column B CALENDAR YEAR TOTALS/DEBITS	973.61
7. Loans Made	Schedule H, Line 3	\$ 0.00		0.00	0.00	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 973.61		973.61	973.61	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00		0.00	0.00	
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ 0.00		0.00	0.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 973.61		973.61	973.61	

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yyyy) Total to Date
\$ \$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1,572.82
13. Cash Receipts	Column A, Line 3 above	\$ -599.21
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 973.61
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 0.00

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See Instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 31,400.79

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule B-- Part 1
Loans Received**

Amounts may be rounded to whole dollars.

SCHEDULE B-PART 1

**CALIFORNIA
FORM 460**

Statement covers period from 01/01/2022 through 04/07/2022 Page 4 of 5

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER
1423317

THIARA FOR SUPERVISOR 2020

IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER HOME OR BUSINESS) THE CANDIDATE	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) INTEREST PAID THIS PERIOD	(e) CUMULATIVE CONTRIBUTIONS TO DATE
SARB THIARA IS AS A LOAN <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 20,000.00	\$ 0.00	\$ 20,000.00 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	0.00% RATE	\$ 20,000.00 PER ELECTION** 2020 -599.21 2020 32,000.00
SARB THIARA 3 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 10,000.00	\$ 0.00	\$ 10,000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	0.00% RATE	\$ 10,000.00 PER ELECTION** 2020 -599.21 2020 32,000.00
SARB THIARA <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 2,000.00	\$ 0.00	\$ 2,000.00 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	0.00% RATE	\$ 2,000.00 PER ELECTION** 2020 -599.21 2020 32,000.00

SUBTOTALS \$ 0.00 \$ 599.21 \$ 31,400.79 \$ 0.00

Schedule B Summary

- Loans received this period..... \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period..... \$ 599.21
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)..... NET \$ -599.21
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†Contributor Codes
IND—Individual
COM—Recipient Committee
(other than PTY or SCC)
OTH—Other (e.g., business entity)
PTY—Political Party
SCC—Small Contributor Committee

FPFC Form 460 (Jan/2016)
FPFC Notices: cal.elections.ca.gov / 866/275-3772

**Schedule E
Payments Made**

Amounts may be rounded to whole dollars.

**SCHEDULE E
CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER
1423317

THIARA FOR SUPERVISOR 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CMP	campaign paraphernalia/misc.		
CNS	campaign consultants		
CTB	contribution (explain nonmonetary)*		
CVC	check conditions		
FL	candidate flight/postal fees		
FND	fundraising events		
ND	independent expenditure supporting/opposing others (explain)		
LEG	legal defense		
LIT	campaign literature and mailings		
MEM	member communications		
MRG	meetings and appearances		
OFC	office expenses		
FET	petition circulating		
PHO	phone banks		
POL	polling and survey research		
POS	posting, delivery and messenger services		
PRO	professional services (legal, accounting)		
PRT	print ads		
RAD	radio airtime and production costs		
RFD	returned contributions		
SAL	campaign workers' salaries		
TEL	t.v. or cable airtime and production costs		
TRC	candidate travel, lodging, and meals		
TRS	staff/spouse travel, lodging, and meals		
TSF	transfer between committees of the same candidate/sponsor		
VOT	voter registration		
WEB	information technology costs (internet, e-mail)		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DAVID BAUER	PRO			934.61

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals)..... \$ 934.61
- Unitemized payments made this period of under \$100..... \$ 39.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e))..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL \$ 973.61