

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/_____

Termination - See Part 5
 Date of termination _____/_____/_____

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Date Stamp
DIGITALLY RECEIVED AND FILED
 in the office of the California Secretary of State
DEC 24 2023

CALIFORNIA FORM 410
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DEC 29 2023
 KEATON DENNEY, BUTTE COUNTY CLERK DEPUTY

1. Committee Information		I.D. Number (if applicable)	2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER			
GARNER for SIERRA COUNTY SUPERIOR COURT JUDGE 2024			DAVID C. GARNER			
STREET ADDRESS (NO P.O. BOX)			CITY		STATE	ZIP CODE
			GRIDLEY		CA	95948
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)			EMAIL ADDRESS OF TREASURER (REQUIRED)			
dgarner@pacbell.net			dgarner@pacbell.net			
AREA CODE/PHONE			530-846-4489			
CITY		STATE	ZIP CODE	AREA CODE/PHONE		
GRIDLEY		CA	95948	530-846-4489		
FULL MAILING ADDRESS (IF DIFFERENT)		NAME OF ASSISTANT TREASURER, IF ANY				
E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)		AREA CODE/PHONE				
COUNTY OF DOMICILE		NAME OF PRINCIPAL OFFICER(S)				
BUTTE		DAVID C. GARNER				
JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY		STATE	ZIP CODE	
SIERRA COUNTY, CA		GRIDLEY		CA	95948	
Attach additional information on appropriately labeled continuation sheets.		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				
		dgarner@pacbell.net				
		AREA CODE/PHONE				
		530-846-4489				
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 11/23/2023 By Dave Garner
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER Digitally signed by Dave Garner Date: 2023.12.19 17:42:52 -0800

Executed on 11/23/2023 By Dave Garner
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT Digitally signed by Dave Garner Date: 2023.12.19 17:43:01 -0800

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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COMMITTEE NAME GARNER for SIERRA COUNTY SUPERIOR COURT JUDGE 2024	I.D. NUMBER
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE ZIP CODE

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
DAVID C. GARNER	SIERRA COUNTY SUPERIOR COURT JUDGE	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

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

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, or ponent 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.