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By

Statement of Organization
Recipient Committee

Date Stamp
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in the office of the California Secretary of State
December 26, 2023

CALIFORNIA FORM 410
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Statement Type

☐ Initial	☐ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ◉ Date qualification threshold met 12 / 23 / 2023	Date qualification threshold met ___/___/___	Date of termination ___/___/___

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
GARNER for SIERRA COUNTY SUPERIOR COURT JUDGE 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
GRIDLEY	CA	95948	530-846-4489

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
dgarner@pacbell.net

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
BUTTE	SIERRA COUNTY, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
DAVID C. GARNER

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
	GRIDLEY	CA	95948

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
dgarner@pacbell.net	530-846-4489

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
DAVID C. GARNER

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
	GRIDLEY	CA	95948

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE
dgarner@pacbell.net	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 12/26/2023 (DATE) By Dave Garner Digitally signed by Dave Garner Date: 2023.12.26 20:57:42 -08'00' (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 12/26/2023 (DATE) By Dave Garner Digitally signed by Dave Garner Date: 2023.12.26 20:57:53 -08'00' (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)