

**Statement of Organization  
Recipient Committee**
**Statement Type**

Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

 Amendment Termination – See Part 5

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Stamp

**DIGITALLY  
RECEIVED AND FILED  
in the office of the California  
Secretary of State  
JAN 11 2024**
**CALIFORNIA  
FORM**
**410**
**RECEIVED**

JAN 16 2024

R / RLM

<b>1. Committee Information</b>		<b>I.D. Number (if applicable)</b>	<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE  COMMITTEE TO SUPPORT MEASURE A		NAME OF TREASURER CHANDLER PEAY				
STREET ADDRESS (NO P.O. BOX)  [REDACTED]		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	
CITY QUINCY	STATE CA	95971	831-241-1508	CA	95971	
FULL MAILING ADDRESS (IF DIFFERENT) PO BOX 37, QUINCY, CA 95971		EMAIL ADDRESS OF TREASURER (REQUIRED) PCSEAPRESIDENT@OUTLOOK.COM				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) MEASUREAPLUMAS@GMAIL.COM		AREA CODE/PHONE 831-241-1508				
COUNTY OF DOMICILE PLUMAS	JURISDICTION WHERE COMMITTEE IS ACTIVE PLUMAS COUNTY	NAME OF ASSISTANT TREASURER, IF ANY				
STREET ADDRESS (NO P.O. BOX)  [REDACTED]		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	
CITY QUINCY		831-241-1508	CA	95971		
EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) PCSEAPRESIDENT@OUTLOOK.COM		AREA CODE/PHONE				
NAME OF PRINCIPAL OFFICER(S) CHANDLER PEAY		NAME OF PRINCIPAL OFFICER(S) (REQUIRED)				
STREET ADDRESS (NO P.O. BOX)  [REDACTED]		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE	
CITY QUINCY		831-241-1508	CA	95971		
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) PCSEAPRESIDENT@OUTLOOK.COM		AREA CODE/PHONE				
<i>Attach additional information on appropriately labeled continuation sheets.</i>						

**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	01/11/024	By	[REDACTED]	Digitally signed by Chandler Peay Date: 2024.01.11 08:19:26 -08'00'
DATE				SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE				
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE				
Executed on		By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
DATE				

**Statement of Organization  
Recipient Committee**

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COMMITTEE NAME COMMITTEE TO SUPPORT MEASURE A	I.D. NUMBER	
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</b></li> </ul>		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS PLUMAS BANK	AREA CODE/PHONE 530-283-3800	BANK ACCOUNT NUMBER NOT YET OBTAINED
ADDRESS OF FINANCIAL INSTITUTION 336 MAIN ST	CITY QUINCY	STATE CA
ZIP CODE 95971		

**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		
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(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	
MEASURE A	PLUMAS COUNTY	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

# Statement of Organization Recipient Committee

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COMMITTEE NAME

COMMITTEE TO SUPPORT MEASURE A

I.D. NUMBER

## 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, 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.

**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
____/____/____	02/08/2024	____/____/____

Date Stamp

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Secretary of State  
FEB 13 2024**

**CALIFORNIA  
FORM**

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**410**

02/11/2024

PLUMAS CO. CLERK REC'D 32

<b>1. Committee Information</b>		<b>I.D. Number (if applicable)</b>	1465878	<b>2. Treasurer and Other Principal Officers</b>			
NAME OF COMMITTEE  COMMITTEE TO SUPPORT MEASURE A				NAME OF TREASURER  CHANDLER PEAY			
STREET ADDRESS (NO P.O. BOX)  [REDACTED]				STREET ADDRESS (NO P.O. BOX)  [REDACTED]	CITY QUINCY	STATE CA	ZIP CODE 95971
CITY QUINCY STATE CA ZIP CODE 95971 AREA CODE/PHONE 831-241-1508				EMAIL ADDRESS OF TREASURER (REQUIRED)  PCSEAPRESIDENT@OUTLOOK.COM	AREA CODE/PHONE		
FULL MAILING ADDRESS (IF DIFFERENT)  PO BOX 37, QUINCY, CA 95971				NAME OF ASSISTANT TREASURER, IF ANY  [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  MEASUREAPLUMAS@GMAIL.COM				STREET ADDRESS (NO P.O. BOX)  [REDACTED]	CITY QUINCY	STATE CA	ZIP CODE 95971
CITY QUINCY STATE CA ZIP CODE 95971 AREA CODE/PHONE 831-241-1508				EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  [REDACTED]	AREA CODE/PHONE		
COUNTY OF DOMICILE PLUMAS		JURISDICTION WHERE COMMITTEE IS ACTIVE PLUMAS COUNTY		NAME OF PRINCIPAL OFFICER(S)  CHANDLER PEAY			
STREET ADDRESS (NO P.O. BOX)  [REDACTED]		CITY QUINCY	STATE CA	ZIP CODE 95971	AREA CODE/PHONE		
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)  PCSEAPRESIDENT@OUTLOOK.COM		831-241-1508					
<i>Attach additional information on appropriately labeled continuation sheets.</i>							

**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	11/11/2024	By	CHANDLER PEAY	Digitally signed by CHANDLER PEAY Date: 2024.02.13 11:37:55 -08'00'
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER	
Executed on	____	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	
Executed on	____	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	
Executed on	____	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPO	

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COMMITTEE NAME COMMITTEE TO SUPPORT MEASURE A		I.D. NUMBER 1465878
<ul style="list-style-type: none"> <li><b>All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.</b></li> </ul>		
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS  PLUMAS BANK	AREA CODE/PHONE  530-283-3800	BANK ACCOUNT NUMBER  [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION  [REDACTED]	CITY  QUINCY	STATE  CA
		ZIP CODE  95971

**4. Type of Committee** *Complete the applicable sections.*

**Controlled Committee**

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			Nonpartisan	Partisan	(list political party below)
[REDACTED]	[REDACTED]	[REDACTED]	Nonpartisan	Partisan	(list political party below)
[REDACTED]	[REDACTED]	[REDACTED]	Nonpartisan	Partisan	(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	OPPOSE
MEASURE A	PLUMAS COUNTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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COMMITTEE NAME

COMMITTEE TO SUPPORT MEASURE A

I.D. NUMBER  
1465878

## 4. Type of Committee *(Continued)*

### General Purpose Committee

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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				
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STREET ADDRESS      NO. AND STREET      CITY      STATE      ZIP CODE      AREA CODE/PHONE

### Small Contributor Committee

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date qualified

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