

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

Date Stamp

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

CALIFORNIA
FORM **410**

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RECEIVED

JAN 16 2024

R / RLM

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

COMMITTEE TO SUPPORT MEASURE A

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
QUINCY CA 95971 831-241-1508

FULL MAILING ADDRESS (IF DIFFERENT)

PO BOX 37, QUINCY, CA 95971

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

MEASUREAPLUMAS@GMAIL.COM

COUNTY OF DOMICILE

PLUMAS

JURISDICTION WHERE COMMITTEE IS ACTIVE

PLUMAS COUNTY

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

CHANDLER PEAY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
QUINCY CA 95971

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE
PCSEAPRESIDENT@OUTLOOK.COM 831-241-1508

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)


CHANDLER PEAY

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE
QUINCY CA 95971

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE
PCSEAPRESIDENT@OUTLOOK.COM 831-241-1508

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  Digitally signed by Chandler Peay
Date: 2024.01.11 08:19:26 -08'00'
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
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COMMITTEE NAME

COMMITTEE TO SUPPORT MEASURE A

I.D. NUMBER

- 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

PLUMAS BANK

530-283-3800

NOT YET OBTAINED

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

336 MAIN ST

QUINCY

CA

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 ✓	OPPOSE
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

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FORM 410**

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I.D. NUMBER

COMMITTEE NAME

COMMITTEE TO SUPPORT MEASURE A

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.

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Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☒ Amendment

Date qualification threshold met

02 / 08 / 2024

☐ Termination – See Part 5

Date of termination

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PLUMAS CO. CLERK-REC'D

1. Committee Information

I.D. Number
(if applicable)

1465878

NAME OF COMMITTEE

COMMITTEE TO SUPPORT MEASURE A

STREET ADDRESS (NO P.O. BOX)

CITY
QUINCY

STATE
CA

ZIP CODE
95971

AREA CODE/PHONE
831-241-1508

FULL MAILING ADDRESS (IF DIFFERENT)

PO BOX 37, QUINCY, CA 95971

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MEASUREAPLUMAS@GMAIL.COM

COUNTY OF DOMICILE

PLUMAS

JURISDICTION WHERE COMMITTEE IS ACTIVE

PLUMAS COUNTY

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

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CHANDLER PEAY

STREET ADDRESS (NO P.O. BOX)

CITY

QUINCY

STATE

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ZIP CODE

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Executed on 11/11/2024

DATE

By CHANDLER PEAY

Digitally signed by CHANDLER PEAY
Date: 2024.02.13 11:37:55 -08'00'

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

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MEASURE A	PLUMAS COUNTY	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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