K06
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Statement of Organization
Recipient Committee

Statement Type

☑ Initial	☐ Amendment	☐ Termination – See Part 5
○ Not yet qualified or ◉ Date qualification threshold met: 10/9/24	Date qualification threshold met: ___/___/___	Date of termination: ___/___/___

RECEIVED AND FILED
In the office of the Secretary of the State of California
OCT 11 2024

CALIFORNIA FORM 410
For Official Use Only
OCT 10 2024
CRISTY JAYNE EDWARDS
COLUSA COUNTY CLERK-RECORDER

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
Dave Markss for Colusa City Council 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY: Colusa | STATE: CA | ZIP CODE: 95932 | AREA CODE/PHONE: 5304588928

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
dmarko352@gmail.com

COUNTY OF DOMICILE: Colusa
JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Colusa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Dave Markss

STREET ADDRESS (NO P.O. BOX): [redacted] | CITY: Colusa | STATE: CA | ZIP CODE: 95932

EMAIL ADDRESS OF TREASURER (REQUIRED): dmarko352@gmail.com | AREA CODE/PHONE: 5304588928

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)
Dave Markss

STREET ADDRESS (NO P.O. BOX): 22 Woodhaven Dr | CITY: Colusa | STATE: CA | ZIP CODE: 95932

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED): dmarko352@gmail.com | AREA CODE/PHONE: 5304588928

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 10/9/24 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 10/9/24 (DATE) By [redacted] (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)

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME	I.D. NUMBER
Dave Markss for Colusa City Council 2024	

- **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
Tri Counties Bank (Dave Markss)	530-458-2030	[redacted]

ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE
600 Market St	Colusa	CA	95932

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		
Dave Markss	City of Colusa City Council	2024	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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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
12 / 26 / 24

Date Stamp
RECEIVED AND in the office of the Secretary of State of the State of California
DEC 30 2024

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JAN 09 2025
CRISTY JAYNE EDWARDS
COLUSA COUNTY CLERK-RECORDER

1. Committee Information

I.D. Number (if applicable): 1476340

NAME OF COMMITTEE
Dave Markss for Colusa City Council 2024

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Colusa	CA	95932	5304588928

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)
dmarko352@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Colusa	City of Colusa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Dave Markss

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
[redacted]	Colusa	CA	95932

EMAIL ADDRESS OF TREASURER (REQUIRED)	AREA CODE/PHONE
dmarko352@gmail.com	5304588928

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)
Dave Markss

STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE
22 Woodhaven Dr	Colusa	CA	95932

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	AREA CODE/PHONE
dmarko352@gmail.com	5304588928

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 12-26-24 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 12-26-24 (DATE) By [redacted] (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)