		K 026	(								
Statement of C		on L	147634		341	G	RECEIVED AND n the office of the Secret of the State of Cali	CALIFORNIA 410			
Statement Type	☑ Initial		☐ Amen	dment	□ Те	rmination - See Part 5	Of the State of Cali	Ornia / For Official Use	Only		
	O Not yet qual	lified					OCT PATON	Ava <024	300		
	Date qualific	cation threshold met	Date qualifi	ication threshold met		Date of termination	OCI I POZ	NOVEED	1		
	10 , 9	9 , 24		, ,		, ,		CLERK-POWAP	2(11/19		
		I.D. Number	/			/		"SCOPE	M ICO (		
1. Committee li	nformation	(if applicable)	r				ther Principal Officers	.4	P		
NAME OF COMMITTEE		C				NAME OF TREASURER Dave Markss					
Dave Markss for	r Colusa City	y Councii 2024	i			STREET ADDRESS (NO P.O. BOX)		STATE	ZIP CODE		
							Colusa	CA	95932		
						EMAIL ADDRESS OF TREASURER		AREA COD			
STREET ADDRESS (NO P.O.	. BOX)					dmarko352@gmail.com	n	530458	8928		
						NAME OF ASSISTANT TREASURE	ER, IF ANY		B		
CITY		STATE	21P CODE 95932	AREA CODE/PHONE							
Colusa		CA	95932	5304588928		STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP CODE		
FULL MAILING ADDRESS (I	IF DIFFERENT)										
The state of the s						EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)  AREA CODE/PHONE					
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  dmarko352@gmail.com											
COUNTY OF DOMICILE		URISDICTION WHERE C	OMMITTEE IS	ACTIVE		NAME OF PRINCIPAL OFFICER(S)  Dave Markss					
Colusa	1	City of Colusa	CIVILATIVEE 137	ACTIVE							
Colusa		City of Colusa				STREET ADDRESS (NO P.O. BOX)	Colore	STATE	ZIP CODE		
						22 Woodhaven Dr	Colusa	CA	95932		
Attach additional information on appropriately labeled continuation sheets.					1	EMAIL ADDRESS OF PRINCIPAL O	AREA COD	AREA CODE/PHONE			
Actual additional injormation on appropriately labeled continuation sheets.					1	dmarko352@gmail.com			5304588928		
3. Verification		and the second									
I have used all reaso penalty of perjury u			s statement	t and to the best o			n contained herein is true and o	complete. I certify ur	nder		
Executed on 10/9/2	4	By									
	DATE	Ву		IGNA	TURE OF TR	EASURER OR ASSISTANT TREASURER					
Executed on 10/9/24	A DATE	Ву		SIGNATURE OF CONTROLL	LING OFFICE	HOLDER, CANDIDATE, OR STATE MEAS	SURE PROPONENT				
Executed on	Executed onBySIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT										
Executed on		Ву		SIGNATURE OF CONTROLL	UNC OFFICE	HOLDER CANDIDATE OF STATE MEASURE	STIDE DROPONENT				

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www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE						F	FORNIA ORM	410	
COMMITTEE NAME Dave Markss for Colusa City Council 2024	Page 2	Page 2 I.D. NUMBER							
All committees must list the financial institution where the committee must list the financial institution where the committee must list the financial institution where the committee must list the committee must list the financial institution where the committee must list the committee must list the financial institution where the committee must list the financial institution where must list the financial institution where must list the financial institution where must list the committee must list the comm	ampaign b	ank account is located and	the person(s)	authorized	d to obtain b	ank record	5.	**************************************	
NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RE		BANK ACC	BANK ACCOUNT NUMBER						
Tri Counties Bank (Dave Markss)		530-458-2030							
ADDRESS OF FINANCIAL INSTITUTION		CITY				ZIP CODE			
600 Market St		Colusa			CA		95932		
List the name of each controlling officeholder, candidate, or st also list the elective office sought or held, and district number.  List the political party with which each officeholder or candidate. If this committee acts jointly with another controlled committee.  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT.	, if any, and ate is affiliati ee, list the r	the year of the election. ed or check "nonpartisan." S	Stating "No pa	irty prefere	ence" is accepted to the committed parected to the character parecter parected to the character	ee. ITY CONE			
Dave Markss	City of	Colusa City Council		2024	Nonpartisan	Partisan	(list political pa	arty below)	
		Nonpartisar				Partisan	(list political pa	arty below)	
Primarily Formed Committee Primarily formed to support or or candidate(s) name or measure(s) full title (include Ballot no. or Le if a Recall, state "Recall" in Front of the Officeholder's name.		CANDIDATE(S) OFFI		LD DR MEASU	RE(S) JURISDICTI	ON	СНЕС		
							SUPPORT	OPPOSE	
							SUPPORT	OPPOSE	

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	t of Organizat Committee	ion			a	ECEIVED AND C	ALIFORNIA	440	F Deeps
Statement 7			☐ Amendment	Z	Termination – See Part 5	the office of the Secretary of of the State of California	FORM State or Official Use	Only	D
	O Not yet qu	alified	# E _ p			or the State of California	A LAN C	00	
10	O Date quali	fication threshold met	Date qualification threshold m	et	Date of termination	DEC 3 0 2024	JAN (	9 2025	
TO NO REAL PROPERTY WATER AND			//		12 / 26 / 24	CF	RISTY JAYN	NE EDWAF	RDS
	ttee Information	I.D. Number	1476340		2. Treasurer and O	ther Principal Officers		0	RDER
NAME OF COMMITTEE					NAME OF TREASURER				
Dave Mar	kss for Colusa Ci	ty Council 2024			Dave Markss STREET ADDRESS (NO P.O. BOX)	CITY			
					STREET ADDRESS (NO P.O. BOX)	Colusa	STATE CA	21P CODE 95932	
					EMAIL ADDRESS OF TREASURER		AREA CODE		
STREET ADDRESS	(NO P.O. BOX)				dmarko352@gmail.com	dmarko352@gmail.com			
CITY		STATE	ZIP CODE AREA CODE/PHON		NAME OF ASSISTANT TREASURE	R, IF ANY			
Colusa		CA	95932 5304588928	E					
FULL MAILING AD	ODRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)	CITY	STATE	ZIP COD€	
					EMAIL ADDRESS OF ASSISTANT T	REASURER (REQUIRED)	ADEA CODE	F (Triberty)	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)							AREA CODE	EALHONE	
dmarko352@gmail.com  COUNTY OF DOMICILE TURISDICTION WHERE COMMITTEE IS ACTIVE					NAME OF PRINCIPAL OFFICER(S)				
COUNTY OF DOMICIEE  JURISDICTION WHERE COMMITTEE IS ACTIVE  Colusa  City of Colusa				Dave Markss			l l		
		0.07 0.000000			street Address (NO P.O. BOX) 22 Woodhaven Dr	CITY	STATE	ZIP CODE	
					EMAIL ADDRESS OF PRINCIPAL O	Colusa	CA	95932	
Attach additional information on appropriately labeled continuation sheets.						AREA CODE	:/PHONE		
					dmarko352@gmail.o	com	530458	38928	
3. Verifical									
I have used al	l reasonable diligen	ce in preparing this	statement and to the best	of my	knowledge the Information	contained herein is true and com	plete. I certify un	der	
benaity of bei	rjury under the laws	of the State of Call	fornia that the foregoing is	true a	nd correct.				
Executed on	12-26-24 DATE	Ву							
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  Executed on 12-26-24  By									
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT									
Executed on	od on By SIGNATING OF CONTROLLING OFFICERALISES CANDIDATE								
Executed on									
executed on	DATE	Ву	SIGNATURE OF CONTRO	LLING OF	FICEHOLDER, CANDIDATE, OR STATE MEAS	URE PROPONENT			
						FPPC Advice: adv	FPPC Form 410 (C ice@fppc.ca.gav (8	October/2023)	
						497		w.fppc.ca.gov	