

**Recipient Committee
Campaign Statement
Cover Page**

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

| | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input checked="" type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Controlled |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Sponsored |
| (Also Complete Part 5) | |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> (Also Complete Part 6) |
| <input type="checkbox"/> Small Contributor Committee | |
| <input type="checkbox"/> Political Party/Central Committee | |

3. Committee Information

I.D. NUMBER
1465177

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Wayne Yates for Superior Court Judge 2024

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Quincy CA 95971 530-283-3003

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/24/2024 Date _____

By _____

Executed on 1/24/24 Date _____

By _____

Signature of Controlling

Executed on _____ Date _____

By _____

Sign _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FILED COVER PAGE

| | | |
|--|---------------------|--|
| Date Stamp | CALIFORNIA FORM 460 | |
| JAN 25 2024 / Page <u>1</u> of <u>14</u> | | |
| For Official Use Only | | |
| PLUMAS CO. CLERK RECORDER | | |
| BY _____ | DEPUTY | |

2. Type of Statement:

| | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) | |
| <input type="checkbox"/> Amendment (Explain below) | |
| _____ | |
| _____ | |

Treasurer(s)

NAME OF TREASURER

Wendy Yates

MAILING ADDRESS

| | | | |
|--------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Quincy | CA | 95971 | 530-283-3003 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Wayne Yates

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Superior Court Judge

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Quincy CA 95971

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|-------------------|--------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|-------------------|--------------------------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Statement covers period
from 11/20/2023
through 1/20/2024

Page 3 of 14

I.D. NUMBER
1465177

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 11/20/23 | Wayne Yates [REDACTED] Quincy, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self, candidate, attorney | 7,000 | 7,000 | |
| 1/9/2024 | Wayne Yates [REDACTED] Quincy, CA 95971 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self, Candidate, attorney | 5,000 | 5,000 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ 12,000

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 12,000**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 11/20/2023

through 1/20/2024

CALIFORNIA
FORM
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

I.D. NUMBER

1465177

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| none | | | | <input type="checkbox"/> PAID \$ _____ | \$ _____ | _____ % RATE | \$ _____ | CALENDAR YEAR \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | DATE DUE | \$ _____ DATE INCURRED | | PER ELECTION * \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ | | _____ % RATE | \$ _____ | CALENDAR YEAR \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> FORGIVEN \$ _____ | DATE DUE | \$ _____ DATE INCURRED | | PER ELECTION * \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ | | _____ % RATE | \$ _____ | CALENDAR YEAR \$ _____ |
| | | | | <input type="checkbox"/> FORGIVEN \$ _____ | DATE DUE | \$ _____ DATE INCURRED | | PER ELECTION * \$ _____ |
| SUBTOTALS \$ _____ \$ _____ \$ _____ \$ _____ | | | | | | | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period \$ none
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ none
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ none
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 2
Loan Guarantors

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

I.D. NUMBER
1465177

| FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|-----------------|--|---------------------------|--|
| | | | | | LENDER | DATE |
| None | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | DATE _____ | CALENDAR YEAR \$ _____ | PER ELECTION (IF REQUIRED) \$ _____ |
| | | | | | | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | DATE _____ | CALENDAR YEAR \$ _____ | PER ELECTION (IF REQUIRED) \$ _____ |
| | | | | | | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | DATE _____ | CALENDAR YEAR \$ _____ | PER ELECTION (IF REQUIRED) \$ _____ |
| | | | | | | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ | DATE _____ | CALENDAR YEAR \$ _____ | PER ELECTION (IF REQUIRED) \$ _____ |
| | | | | | | |
| SUBTOTAL \$ None | | | | Enter on Summary Page, Line 17 only. | | |

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded
 to whole dollars.

SCHEDULE C

CALIFORNIA
 FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Statement covers period
 from 11/20/2023
 through 1/20/2024

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I.D. NUMBER
 1465177

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|---|----------------------------------|--------------------------|---|------------------------------------|
| | None | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.).....\$ None

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

\$ None

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$ None**

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period

through 1/20/2024

CALIFORNIA FORM 460

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ None
2. Unitemized contributions and independent expenditures made this period of under \$100..... \$ None
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$ None

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|----------------------------------|
| Statement covers period from <u>11/20/2023</u> | CALIFORNIA FORM 460 |
| through <u>1/20/2024</u> | Page <u>8</u> of <u>14</u> |
| | I.D. NUMBER <u>1465177</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--------------------------------------|---------------------------|---|---|
| 1. Monetary Contributions..... | <i>Schedule A, Line 3</i> | \$ <u>12,000</u> | \$ <u>12,000</u> |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ <u>12,000</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ <u>12,000</u> | \$ <u>12,000</u> |

Expenditures Made

| | | | |
|---|-----------------------------|-----------------|----------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ <u>7,898</u> | \$ _____ |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ <u>0</u> | \$ _____ |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ <u>7,898</u> | \$ _____ |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> | \$ <u>0</u> | \$ _____ |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$ <u>0</u> | \$ _____ |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ <u>7,898</u> | \$ _____ |

Current Cash Statement

| | | | |
|--|--|------------------|--|
| 12. Beginning Cash Balance | <i>Previous Summary Page, Line 16</i> | \$ <u>0</u> | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | <i>Column A, Line 3 above</i> | \$ <u>12,000</u> | |
| 14. Miscellaneous Increases to Cash | <i>Schedule I, Line 4</i> | \$ <u>0</u> | |
| 15. Cash Payments | <i>Column A, Line 8 above</i> | \$ <u>7,898</u> | |
| 16. ENDING CASH BALANCE | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>4,102</u> | |
| <i>If this is a termination statement, Line 16 must be zero.</i> | | | |

| | | |
|-----------------------------------|---------------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED..... | <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|-----------------------------------|---------------------------|-------------|

Cash Equivalents and Outstanding Debts

| | | |
|----------------------------|--|-------------|
| 18. Cash Equivalents..... | <i>See Instructions on reverse</i> | \$ <u>0</u> |
| 19. Outstanding Debts..... | <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|------------------|
| 20. Contributions Received | \$ <u>0</u> | \$ <u>12,000</u> |
| 21. Expenditures Made | \$ <u>0</u> | \$ <u>7,898</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) | Total to Date |
|--|--------------------------------|---------------|
| 3 / 5 / 2024 | \$ <u>7,898</u> | \$ _____ |
| / / / | \$ _____ | \$ _____ |

*Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

| | | |
|--------------------------|--|--|
| STATEMENT COVERS PERIOD | | SCHEDULE E CALIFORNIA FORM 460 |
| from <u>11/20/2023</u> | | Page <u>9</u> of <u>14</u> |
| through <u>1/20/2024</u> | | |
| | | I.D. NUMBER <u>1465177</u> |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 12/8/23 - Wild Hare Signs 2205 Main Street Quincy, Ca 95971 | CMP | | | \$ 831 |
| 12/18/23 Amazon.com | CMP | | | \$ 100 |
| 12/20/23 Wild Hare Signs 205 Main Street Quincy, Ca 95971 | CMP | | | \$ 815 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,746

Schedule E Summary

| | |
|--|-----------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 7,550 |
| 2. Unitemized payments made this period of under \$100 | \$ 348 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 7,898 |

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Amounts may be rounded
to whole dollars.

| | |
|---|-------------------------------|
| Statement covers period from <u>11/20/2023</u> through <u>1/20/2024</u> | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>14</u> | I.D. NUMBER 1465177 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IDE | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| 12/11/2023 Filing Fee to Plumas County Recorders Office [REDACTED] Quincy, Ca 95971 | FIL | | | \$ 2812 |
| 12/20/23 Feather Publishing PO Box B Quincy, Ca 95971 | PRT | | | \$ 950 |
| 1/8/24 Wild Hare Signs | CMP | | | \$ 724 |
| 1/8/2024 Wild Hare Signs, [REDACTED] Quincy CA 95971 | CMP | | | \$ 836 |
| 1/12/24 Wild Hare Signs - [REDACTED] Quincy Ca 95971 | CMP | | | \$ 257 |
| 1/12/24 Canva.com | LIT | | | \$ 225 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5,804

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded
to whole dollars.

SCHEDULE F

CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Statement covers period
from 11/20/2023
through 1/20/2024

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I.D. NUMBER
1465177

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| NONE | | | | | |
| | | | | | |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$ \$ \$ \$

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** None
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** None
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** None

May be a negative number

FPPC Form 460 (Jan/2016)

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

www.fppc.ca.gov

Schedule H
Loans Made to Others*

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

Amounts may be rounded
to whole dollars.

Statement covers period
from 11/20/2023

through 1/20/2024

SCHEDULE H
CALIFORNIA FORM 460

Page 13 of 14

I.D. NUMBER
1465177

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|---|---|---|--|--|---|-----------------------------|--------------------------------------|---|
| JONE | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____ % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| <p>*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.</p> | | | | | | | | |
| SUBTOTALS | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |
| (Enter (e) on Schedule I, Line 3) | | | | | | | | |

Schedule H Summary

1. Loans made this period.....
(Total Column (b) plus unitemized loans of less than \$100.)
2. Payments received on loans.....
(Total Column (c) plus unitemized payments of less than \$100.)
3. Net change this period. (Subtract Line 2 from Line 1.).....
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

(May be a negative number)

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

CALIFORNIA
FORM **460**

Page 14 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wayne Yates for Superior Court Judge 2024

I.D. NUMBER
1465177

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | NONE | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ None

Schedule I Summary

1. Itemized increases to cash this period. \$ None
2. Unitemized increases to cash of under \$100 this period. \$ None
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ None
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) \$ None

TOTAL \$ None

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**Statement of Organization
Recipient Committee**

1465177

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

DEC 14 2023

CALIFORNIA
FORM

410

| | | | |
|----------------|---|------------------------------------|---|
| Statement Type | <input checked="" type="checkbox"/> Initial <input type="radio"/> Not yet qualified <input type="checkbox"/> Date qualification threshold met | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination – See Part 5 |
| | | Date qualification threshold met | Date of termination |
| | 11 / 20 / 2023 | — / — / — | — / — / — |

| | | | | | | |
|---|--|--|--|-----------------|-------|----------|
| 1. Committee Information | | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers | | | |
| NAME OF COMMITTEE | | NAME OF TREASURER Wendy Yates | | | | |
| Committee to Elect Wayne Yates for Superior Court Judge 2024 | | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE |
| | | | | Quincy | Ca | 95971 |
| STREET ADDRESS (NO P.O. BOX) | | EMAIL ADDRESS OF TREASURER (REQUIRED) | | | | |
| | | wwyateslawoffice@gmail.com | | | | |
| CITY | | STATE | ZIP CODE | AREA CODE/PHONE | | |
| Quincy | | CA | 95971 | 530-283-3003 | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | NAME OF ASSISTANT TREASURER, IF ANY | | | | |
| | | | | | | |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) | | STREET ADDRESS (NO P.O. BOX) | | | | |
| wwyateslawlaw@yahoo.com | | | | | | |
| CITY | | STATE | ZIP CODE | AREA CODE/PHONE | | |
| Quincy | | Ca | 95971 | | | |
| COUNTY OF DOMICILE | | NAME OF PRINCIPAL OFFICER(S) | | | | |
| Plumas County | | W. Wayne Yates, Jr. | | | | |
| JURISDICTION WHERE COMMITTEE IS ACTIVE | | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE |
| Plumas County | | | | Quincy | Ca | 95971 |
| Attach additional information on appropriately labeled continuation sheets. | | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | | | | |
| | | wwyateslaw@yahoo.com | | | | |
| | | AREA CODE/PHONE | | | | |
| | | 530-283-3003 | | | | |

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

Executed on 12/7/23 By _____

DATE

Executed on 12/7/23 By _____

DATE

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICER, 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
FORM

410

Page 2

| | | |
|---|---------------------------------|-----------------------------------|
| COMMITTEE NAME Committee to Elect Wayne Yates for Superior Court Judge 2024 | I.D. NUMBER [REDACTED] | |
| <ul style="list-style-type: none"> 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 Plumas Bank | AREA CODE/PHONE 530-283-6800 | 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

- 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 PROPOSER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | (list political party below) |
|---|---|---------------------|---|-----------------------------------|------------------------------|
| Wayne Yates | Superior Court Judge | 2024 | <input checked="" type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan | (list political party below) |
| | | | <input type="checkbox"/> Nonpartisan | <input type="checkbox"/> 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 | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM**

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Page 2

| | | |
|---|---------------------------------|-----------------------------------|
| COMMITTEE NAME Committee to Elect Wayne Yates for Superior Court Judge 2024 | | I.D. NUMBER [REDACTED] |
| <ul style="list-style-type: none"> 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 Plumas Bank | AREA CODE/PHONE 530-283-6800 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY Quincy | STATE Ca |
| ZIP CODE 95971Wayne | | |

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 PROPOSER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | |
|---|---|---------------------|--|--------------------------------------|
| Wayne Yates | Superior Court Judge | 2024 | Nonpartisan <input checked="" type="checkbox"/> | Partisan <input type="checkbox"/> |
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> |
| | | | (list political party below) | |
| | | | (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 <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified
or

Date qualification threshold met

11 / 20 / 2023

Amendment

Termination - See Part 5

Date of termination

Date Stamp

RE

CALIFORNIA
FORM

410

DEC 08 2023

Official Use Only

PLUMAS CO

CLERK-RECORDS

| | | | | | | |
|--|---------------|---|--|------------|------------|------------|
| 1. Committee Information | | I.D. Number (if applicable) | 2. Treasurer and Other Principal Officers | | | |
| NAME OF COMMITTEE | | NAME OF TREASURER | | | | |
| Committee to Elect Wayne Yates for Superior Court Judge 2024 | | Wendy Yates | | | | |
| STREET ADDRESS (NO P.O. BOX) | | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE |
| [REDACTED] | | [REDACTED] | | Quincy | Ca | 95971 |
| CITY STATE ZIP CODE AREA CODE/PHONE | | EMAIL ADDRESS OF TREASURER (REQUIRED) | | | | |
| Quincy CA 95971 530-283-3003 | | www.yateslawoffice@gmail.com | | | | |
| AREA CODE/PHONE | | NAME OF ASSISTANT TREASURER, IF ANY | | | | |
| 530-283-3003 | | [REDACTED] | | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE |
| [REDACTED] | | [REDACTED] | | [REDACTED] | [REDACTED] | [REDACTED] |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) | | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | | | | |
| wwyateslawlaw@yahoo.com | | [REDACTED] | | | | |
| NAME OF PRINCIPAL OFFICER(S) | | AREA CODE/PHONE | | | | |
| COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE | | W. Wayne Yates, Jr. | | | | |
| Plumas County | Plumas County | STREET ADDRESS (NO P.O. BOX) | | CITY | STATE | ZIP CODE |
| [REDACTED] | [REDACTED] | [REDACTED] | | Quincy | Ca | 95971 |
| EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | | AREA CODE/PHONE | | | | |
| www.yateslaw@yahoo.com | | 530-283-3003 | | | | |
| 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 following statements are true and correct. | | | | | | |
| Executed on | 12/7/23 | DATE | By | [REDACTED] | | |
| Executed on | 12/7/23 | DATE | By | [REDACTED] | | |
| Executed on | [REDACTED] | DATE | By | [REDACTED] | | |
| Executed on | [REDACTED] | DATE | By | [REDACTED] | | |
| Executed on | [REDACTED] | DATE | By | [REDACTED] | | |
| SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER | | | | | | |
| SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER | | | | | | |
| SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER | | | | | | |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM

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Page 2

| | | |
|---|---------------------------------|-----------------------------------|
| COMMITTEE NAME Committee to Elect Wayne Yates for Superior Court Judge 2024 | | I.D. NUMBER |
| <ul style="list-style-type: none"> 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 Plumas Bank | AREA CODE/PHONE 530-283-6800 | 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

- 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 PROPOSER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | (list political party below) |
|---|---|---------------------|---|-----------------------------------|------------------------------|
| Wayne Yates | Superior Court Judge | 2024 | <input checked="" type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan | (list political party below) |
| | | | <input type="checkbox"/> Nonpartisan | <input type="checkbox"/> 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 | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM

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Page 2

I.D. NUMBER

| | | | |
|---|-------------------------------------|-----------------------------------|------------------------|
| COMMITTEE NAME Committee to Elect Wayne Yates for Superior Court Judge 2024 | | | |
| <ul style="list-style-type: none"> 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 Plumas Bank | AREA CODE/PHONE 530-283-6800 | BANK ACCOUNT NUMBER [REDACTED] | |
| ADDRESS OF FINANCIAL INSTITUTION [REDACTED] | CITY Quincy | STATE Ca | ZIP CODE 95971Wayne |

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 | | (list political party below) |
|--|---|---------------------|---|-----------------------------------|------------------------------|
| Wayne Yates | Superior Court Judge | 2024 | <input checked="" type="checkbox"/> Nonpartisan | <input type="checkbox"/> Partisan | (list political party below) |
| | | | <input type="checkbox"/> Nonpartisan | <input type="checkbox"/> 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 | |
|---|--|----------------------------------|---------------------------------|
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |
| | | <input type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE |

Candidate Intention Statement

Check One: Initial Amendment
(Explain) _____

Date Stamp **REC** CALIFORNIA FORM **501**
DEC 08 2023 For Official Use Only
PLUMAS CO. CLERK-RECORDED

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

Yates, William, W.

DAYTIME TELEPHONE NUMBER

(530) 283-3003

FAX NUMBER (optional)

()

EMAIL (optional)

wwyateslaw@yahoo.com

STREET ADDRESS

CITY

STATE

ZIP CODE

Quincy

CA 95971

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

Superior Court Judge

PARTY PREFERENCE:

OFFICE JURISDICTION

(Check one box, if applicable.)

State (Complete Part 2.)

City County Multi-County:

Plumas

2024

PRIMARY / GENERAL

(Year of Election)

SPECIAL / RUNOFF

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/20/23
(month, day, year)

Signature _____

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM

410

Page 2

I.D. NUMBER

| | | | |
|--|---|---------------------|----------|
| COMMITTEE NAME | Committee to Elect Wayne Yates for Superior Court Judge 2024 | | |
| <ul style="list-style-type: none"> All committees must list the financial institution where the campaign bank account is located. | | | |
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
| Plumas Bank | 530 - 283 - 6800 | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| | 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 PROPOSER | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | |
| Wayne Yates | Superior Court Judge | 2024 | Nonpartisan | Partisan |
| | | | <input checked="" type="checkbox"/> | (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) | SUPPORT | OPPOSE |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM

410

Page 3

I.D. NUMBER

COMMITTEE NAME

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.