

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 6

Date of termination

12 / 31 / 2024

Date Stamp

RECEIVED AND FILED

the office of the Secretary of State
of the State of California

JAN 17 2025

CALIFORNIA
FORM 410

For Official Use Only

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1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
YES on Chester Fire Measures B and C				John Lundquist			
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE
[REDACTED]				Westwood		CA	96137
E-MAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE			
jblundquist@gmail.com				530-625-0622			
NAME OF ASSISTANT TREASURER, IF ANY				Frank B. Green			
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE
[REDACTED]				Chester		CA	96020
E-MAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE			
brack46@icloud.com				530-258-7961			
NAME OF PRINCIPAL OFFICER(S)				Walter R. Rice			
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE
[REDACTED]				Chester		CA	96020
E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				AREA CODE/PHONE			
wrrice@outlook.com				530-258-7961			
CITY				STATE		ZIP CODE	
Chester				CA		96020	
FULL MAILING ADDRESS (IF DIFFERENT)				AREA CODE/PHONE			
PO Box 331				530-258-2657			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				yesonbandc@yahoo.com			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE					
Plumas		Plumas County					
Attach additional information on appropriately labeled continuation sheets.							

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 01/13/2025 By [REDACTED]
DATE

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

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

Executed on _____ By _____
DATE 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

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COMMITTEE NAME YES on Chester Fire Measures B and C	I.D. NUMBER 1467790
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- 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 530-258-4161	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY Chester	STATE CA	ZIP CODE 96020

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 B	Plumas County (Chester Public Utility District)	SUPPORT ✓	OPPOSE
Measure C	Plumas County (Chester Public Utility District)	SUPPORT ✓	OPPOSE

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COMMITTEE NAME

YES on Chester Fire Measures B and C

I.D. NUMBER

1467790

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 filing this 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.