

4h
**Statement of Organization
 Recipient Committee**

1475110

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment

Termination - See Part 5

Date qualification threshold met: 9 / 12 / 2024

Date qualification threshold met: _____

Date of termination: _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 SEP 16 2024

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>MOSBY FOR MAYOR 2024</u>				NAME OF TREASURER <u>GARY BAUER</u>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>Lompoc</u>	STATE ZIP CODE <u>CA 93436</u>
CITY <u>Lompoc</u>		STATE <u>CA</u>	ZIP CODE <u>93436</u>	EMAIL ADDRESS OF TREASURER (REQUIRED) [REDACTED]		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY [REDACTED]			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) (FAX (OPTIONAL)) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY [REDACTED]	STATE ZIP CODE [REDACTED]
COUNTY OF DOMICILE <u>SANTA BARBARA</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>Lompoc</u>			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) [REDACTED]			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S) [REDACTED]			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY [REDACTED]	STATE ZIP CODE [REDACTED]
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) [REDACTED]			

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 9-12-24 By [REDACTED] ASSISTANT TREASURER

Executed on 9-12-24 By [REDACTED] DATE, 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

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME MOSBY FOR MAYOR 2024	I.D. NUMBER
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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 BANK OF THE SIERRA	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS OF FINANCIAL INSTITUTION 705 W CENTRAL AVE.	CITY Lompoc	STATE CA
		ZIP CODE 93436

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)
JAMES I MOSBY	MAYOR	2024	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	

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