

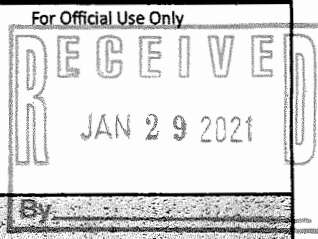
**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met  ____/____/____	Date of termination  12 / 31 / 20

Date Stamp

**CALIFORNIA  
FORM 410**



<b>I.D. Number</b> 1428646 <i>(if applicable)</i>							
NAME OF COMMITTEE <b>DAN GRUMLEY FOR CITY COUNCIL 2020</b>				NAME OF TREASURER <b>E. KEN TOKUTOMI</b>			
STREET ADDRESS (NO P.O. BOX) <b>1140 HIGH STREET</b>				STREET ADDRESS (NO P.O. BOX) <b>239 CENTER STREET</b>			
CITY <b>AUBURN</b>	STATE <b>CA</b>	ZIP CODE <b>95603</b>	AREA CODE/PHONE <b>916-531-8456</b>	CITY <b>AUBURN</b>	STATE <b>CA</b>	ZIP CODE <b>95603</b>	AREA CODE/PHONE <b>530-613-5989</b>
NAME OF ASSISTANT TREASURER, IF ANY <b>DELONA ARCHER</b>				STREET ADDRESS (NO P.O. BOX) <b>213 ELECTRIC STREET</b>			
FULL MAILING ADDRESS (IF DIFFERENT)				CITY <b>AUBURN</b>			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>dangrumley@gmail.com</b>				STATE <b>CA</b>			
ZIP CODE <b>95603</b>				AREA CODE/PHONE <b>530-305-9458</b>			
COUNTY OF DOMICILE <b>PLACER</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>CITY OF AUBURN</b>		NAME OF PRINCIPAL OFFICER(S)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				STREET ADDRESS (NO P.O. BOX)			
				CITY			
				STATE			
				ZIP CODE			
				AREA CODE/PHONE			

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	<u>1/28/21</u>	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>1/28/21</u>	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