

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> <b>Initial</b> <input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Amendment</b>  Date qualification threshold met _____/_____/_____	<input type="checkbox"/> <b>Termination – See Part 5</b>  Date of termination _____/_____/_____
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Date Stamp <b>RECEIVE</b> AUG 10 2023 Vallejo City Clerk	<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information	2. Treasurer and Other Principal Officers
<b>I.D. Number</b> <i>(if applicable)</i> NAME OF COMMITTEE Pippin Dew for Vallejo Mayor 2024  STREET ADDRESS (NO P.O. BOX) _____  CITY STATE ZIP CODE AREA CODE/PHONE _____  FULL MAILING ADDRESS (IF DIFFERENT) _____  E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) _____  COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE _____	NAME OF TREASURER Susan Slater  STREET ADDRESS (NO P.O. BOX) _____  CITY STATE ZIP CODE AREA CODE/PHONE _____  NAME OF ASSISTANT TREASURER, IF ANY Pippin Dew  STREET ADDRESS (NO P.O. BOX) _____  CITY STATE ZIP CODE AREA CODE/PHONE _____  NAME OF PRINCIPAL OFFICER(S)  STREET ADDRESS (NO P.O. BOX) _____  CITY STATE ZIP CODE AREA CODE/PHONE _____
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 8-10-23 By Susan Slater  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 8-10-23 By Pippin Dew  
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

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COMMITTEE NAME  
Pippin Dew for Vallejo Mayor 2024

• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Bank of the West	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS 4300 Sonoma Blvd, Ste 300	CITY Vallejo	STATE CA	ZIP CODE 94589	

**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		
Pippin Dew	Mayor, City of Vallejo	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(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"/>



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I.D. NUMBER

COMMITTEE NAME

Pippin Dew for Mayor of Vallejo

**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, or ponent 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.