

**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
____/____/____	____/____/____	02 / 16 / 2022

Date Stamp
RECEIVED
FEB 17 2022


CITY MANAGERS OFFICE


CALIFORNIA FORM 410
For Official Use Only

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1425873 <small>(if applicable)</small>				NAME OF TREASURER Christine McMahon			
NAME OF COMMITTEE Shawn McMahon For City Council 2020				STREET ADDRESS (NO P.O. BOX) 1025 Fountain Grove Drive			
STREET ADDRESS (NO P.O. BOX) 1025 Fountain Grove Drive				CITY Vacaville	STATE CA	ZIP CODE 95688	AREA CODE/PHONE 707-290-4467
CITY Vacaville	STATE CA	ZIP CODE 95688	AREA CODE/PHONE 707-290-4467	NAME OF ASSISTANT TREASURER, IF ANY John Dustin Mcmillan			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX) 725 Tulare Drive			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Shawn4vacaville@gmail.com				CITY Vacaville	STATE CA	ZIP CODE 95687	AREA CODE/PHONE 707-584-8315
COUNTY OF DOMICILE Solano	JURISDICTION WHERE COMMITTEE IS ACTIVE Vacaville			NAME OF PRINCIPAL OFFICER(S)			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX)			
				CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 02/16/2022 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/16/2022 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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Shawn McMahon For City Council 2020	I.D. NUMBER 1425873
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Travis Credit Union	AREA CODE/PHONE 800-877-8328	BANK ACCOUNT NUMBER 1128826	
ADDRESS P.O. Box 2069	CITY Vacaville	STATE CA	ZIP CODE 95696

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		
Shawn McMahon	City Council	2020	Nonpartisan <input checked="" type="checkbox"/>	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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE