# Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM 460

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City of Buellton

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9/20/2026
through 10/17/2026

Date of election if applicable (Month, Day, Year)
11/03/2026

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [x] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

## 2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER: 1497873

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dave King for Mayor - 2026

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Buellton | CA | 93427 | 805 451-9494 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
Dave King

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Buellton | CA | 93427 | 805 451-9494 |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 10/21/2026 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 10/21/2026 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2



**CALIFORNIA FORM 460**



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dave King

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor of Buellton

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP

Buellton | CA | 93427

**Related Committees Not Included in this Statement:** ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |

COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE | AREA CODE/PHONE

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |

COMMITTEE ADDRESS — STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE | AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|

## 7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

***Attach continuation sheets if necessary***

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9/20/26 through 10/17/26

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dave King

I.D. NUMBER
149920

## Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|---|---|---|
| 1. Monetary Contributions | *Schedule A, Line 3* | $3100 | $3200 |
| 2. Loans Received | *Schedule B, Line 3* | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | *Add Lines 1 + 2* | 3100 | |
| 4. Nonmonetary Contributions | *Schedule C, Line 3* | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | *Add Lines 3 + 4* | 3100 | |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | *Schedule E, Line 4* | 920 | 920 |
| 7. Loans Made | *Schedule H, Line 3* | | |
| 8. SUBTOTAL CASH PAYMENTS | *Add Lines 6 + 7* | | |
| 9. Accrued Expenses (Unpaid Bills) | *Schedule F, Line 3* | | |
| 10. Nonmonetary Adjustment | *Schedule C, Line 3* | | |
| 11. TOTAL EXPENDITURES MADE | *Add Lines 8 + 9 + 10* | 920 | 920 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | *Previous Summary Page, Line 16* | 100 |
| 13. Cash Receipts | *Column A, Line 3 above* | 3100 |
| 14. Miscellaneous Increases to Cash | *Schedule I, Line 4* | 0 |
| 15. Cash Payments | *Column A, Line 8 above* | 920 |
| 16. **ENDING CASH BALANCE** | *Add Lines 12 + 13 + 14, then subtract Line 15* | 2280 |

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... *See instructions on reverse* $

19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* $

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---|---|---|
| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

## Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|---|---|
| ___/___/___ | $ |
| ___/___/___ | $ |

*Amounts in this section may be different from amounts reported in Column B.

# Schedule A
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 9/20/26
through 10/17/2026

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dave King

I.D. NUMBER
1497873

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 10/12/26 | Mark Liddi<br>Buellton, CA. 93427 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired | $200 | $200 | |
| 10/12/26 | Peter Ferrarini<br>Solvang, CA. 93463 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self Employed<br>Julius Construction | $200 | $200 | |
| ~~12/26/26~~<br>10/12/26 | Brett Escalera<br>Buellton, CA. 93427 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Self Employed<br>Sanger Wines | $200 | $200 | |
| 9/23/26 | Santa Barbara County Sheriff's Assocation<br>595 Alamo Pintado #E Solvang, Ca. 93463 | ☐ IND<br>☑ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | $2500 | $2500 | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | | SUBTOTAL $ | $3100 | | |

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3100
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 3100

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

# Schedule E
## Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/26
through 10/17/26

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
DAVE KING

I.D. NUMBER
1497873

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| US Postal<br>140 W. Highway 246, Buellton,Ca 93427 | POS | Postal fees to Secretary of State letter | $6 |
| Secretary of State<br>1500 11th St., Sacramento, Ca. 95814 | FIL | Payment to Sec. of State for committee application | $50 |
| Signs on the Cheep<br>11525-B Stonehollow Dr #220, Austin, Tx,78758 | CMP | Payment to sign company | $724 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ ~~$782~~ $780

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 920
2. Unitemized payments made this period of under $100 ..... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 920

SCHEDULE E (CONT.)

# Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9/20/20
through 10/17/20

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dave King

I.D. NUMBER
1497873

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|---|---|---|---|---|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---|---|---|
| Coast Rental<br>870 McMurray RD. Buellton, CA. 93427 | CMP | Tool Rental for sign post | $9.35 |
| Nielsen Building<br>1230 Mission Dr., Solvang, Ca, 93463 | CMP | Purchase of Tee post of campaign signs | $130.34 |
| | | | |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL $** 139.69

# Statement of Organization
# Recipient Committee

**Statement Type**

| ☑ Initial | ☐ Amendment | ☐ Termination – See Part 5 |
|---|---|---|
| ○ Not yet qualified<br>or<br>◉ Date qualification threshold met<br>9/23/2026 | Date qualification threshold met<br>__/__/__ | Date of termination<br>__/__/__ |

Date Stamp
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City of Buellton

**CALIFORNIA FORM 410**

For Official Use Only

## 1. Committee Information

I.D. Number (if applicable): Application pending

NAME OF COMMITTEE
Dave King for Mayor - 2026

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Buellton | Ca | 93427 | 805 450-9494

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE: Santa Barbara

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Buellton

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Dave King

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE
Buellton | CA | 93427

EMAIL ADDRESS OF TREASURER (REQUIRED) | AREA CODE/PHONE
Skyking10688@gmail.com | 805 451-9494

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) | AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) | 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 9/29/2026 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 9/29/2026 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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

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

## Statement of Organization
## Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**



| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| Dave King for Mayor - 2026 | Application pending |

- **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 | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
|---|---|---|
| Mechanics Bank - Buellton Branch | 805 688-5571 | |

| ADDRESS OF FINANCIAL INSTITUTION | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 61 W .Highway 246, | Buellton | Ca | 93427 |

### 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 | | |
|---|---|---|---|---|---|
| Dave King | Mayor of Buellton | 2026 | 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 | |
|---|---|---|---|
| | | SUPPORT | OPPOSE |
| | | SUPPORT | OPPOSE |

# Statement of Organization
# Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**



COMMITTEE NAME
Dave King for Mayor -2026

I.D. NUMBER
Application Pending

## 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
To support the election of Dave King for Mayor in the city of Buellton-2026

***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.

COVER PAGE

# Recipient Committee Campaign Statement Cover Page

Date Stamp

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

**Statement covers period**
from 7/1/2026
through 9/19/26

**Date of election if applicable:** (Month, Day, Year)
11/3/2026

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall
  - (Also Complete Part 5)
- [ ] General Purpose Committee
  - [ ] Sponsored
  - [ ] Small Contributor Committee
  - [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
  - (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee
  - (Also Complete Part 7)

## 2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER: applied for

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dave King for Mayor 2026

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

Buellton | Ca | 93427 | 93427

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 9/24/2026 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 9/24/2026 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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City of Buellton

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dave King

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor of buellton

| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP |
|---|---|---|---|
| | Buellton | Ca | 93427 |

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |
| COMMITTEE ADDRESS (STREET ADDRESS (NO P.O. BOX)) | |
| CITY / STATE / ZIP CODE / AREA CODE/PHONE | |

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? ☐ YES ☐ NO |
| COMMITTEE ADDRESS (STREET ADDRESS (NO P.O. BOX)) | |
| CITY / STATE / ZIP CODE / AREA CODE/PHONE | |

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|

## 7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |

*Attach continuation sheets if necessary*

CLEAR FORM PRINT FORM

# Campaign Disclosure Statement
# Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2026
through 9/19/2026

CALIFORNIA FORM 460

Page 3 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dave King

I.D. NUMBER

## Contributions Received

| | | Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES) | Column B (CALENDAR YEAR TOTAL TO DATE) |
|---|---|---|---|
| 1. Monetary Contributions | Schedule A, Line 3 | $ 100 | $ 100 |
| 2. Loans Received | Schedule B, Line 3 | | |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | $ 100 | $ 100 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | | |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | $ 100 | $ 100 |

## Expenditures Made

| | | | |
|---|---|---|---|
| 6. Payments Made | Schedule E, Line 4 | $ 0 | $ 0 |
| 7. Loans Made | Schedule H, Line 3 | | |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $ 0 | $ 0 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | | |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $ 0 | $ 0 |

## Current Cash Statement

| | | |
|---|---|---|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $ 0 |
| 13. Cash Receipts | Column A, Line 3 above | 100 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | |
| 15. Cash Payments | Column A, Line 8 above | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $ 100 |

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

## Cash Equivalents and Outstanding Debts

| | | |
|---|---|---|
| 18. Cash Equivalents | See instructions on reverse | $ 0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $ 0 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any)

## Calendar Year Summary for Candidates Running In Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---|---|---|
| 20. Contributions Received | $ | $ |
| 21. Expenditures Made | $ | $ |

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|---|---|
| ___/___/___ | $ |
| ___/___/___ | $ |

*Amounts in this section may be different from amounts reported in Column B.

CLEAR FORM PRINT FORM

## Schedule A
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 7/1/2026
through 9/19/2026

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| 9/18/2026 | David F King<br>Buellton, CA 93427 | ☑ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | Retired | $100 | $100 | $100 |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | | **SUBTOTAL $** 100 | | | |

### Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 100

2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 0

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 100

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

CLEAR FORM PRINT FORM

## Schedule A (Continuation Sheet)
## Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from _____
through _____

CALIFORNIA FORM 460

Page 5 of 8

NAME OF FILER

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | | | |
| | | | | SUBTOTAL $ | | |

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

CLEAR FORM PRINT FORM

SCHEDULE B - PART 1

## Schedule B – Part 1
## Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from _____
through _____

CALIFORNIA FORM 460

Page 12 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|---|---|---|---|---|---|
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $ ☐ FORGIVEN $ | $ DATE DUE | % RATE $ | $ DATE INCURRED | CALENDAR YEAR $ PER ELECTION** $ |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $ ☐ FORGIVEN $ | $ DATE DUE | % RATE $ | $ DATE INCURRED | CALENDAR YEAR $ PER ELECTION** $ |
| †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | | $ | $ | ☐ PAID $ ☐ FORGIVEN $ | $ DATE DUE | % RATE $ | $ DATE INCURRED | CALENDAR YEAR $ PER ELECTION** $ |
| | SUBTOTALS | $ | $ | $ | $ | | | |

(Enter (e) on Schedule E, Line 3)

### Schedule B Summary

1. Loans received this period ..... $ _____
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ _____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ _____
   Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

CLEAR FORM PRINT FORM

## Schedule D
## Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

Statement covers period
from 7/1/2026
through 7/1/2026

CALIFORNIA FORM 460

Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dave King

I.D. NUMBER

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|---|---|---|---|---|
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | ☐ Monetary Contribution<br>☐ Nonmonetary Contribution<br>☐ Independent Expenditure | | | | |
| | | | SUBTOTAL $ | | | |

### Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 0
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 0

CLEAR FORM PRINT FORM

## Schedule I
## Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from 7/1/2026
through 7/1/2026

CALIFORNIA FORM 460

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dave King

I.D. NUMBER

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Attach additional information on appropriately labeled continuation sheets.*

SUBTOTAL $

### Schedule I Summary

1. Itemized increases to cash this period. ..... $ 0
2. Unitemized increases to cash of under $100 this period. ..... $ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL $ 0

CLEAR FORM PRINT FORM

# 497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | |
|---|---|---|---|
| NAME OF FILER: Dave King for Mayor 2026 | Date of This Filing: 9/24/2026 | Date Stamp: RECEIVED SEP 24 2026 City of Buellton | CALIFORNIA FORM 497 |
| AREA CODE/PHONE NUMBER: 805 451-9494 / I.D. NUMBER (if applicable): | Report No.: 1 | | For Official Use Only |
| STREET ADDRESS: | ☐ Amendment to Report No. (explain below): | | |
| CITY: Buellton / STATE: CA / ZIP CODE: 93427 | No. of Pages: | | |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---|---|---|---|---|
| 9/23/2026 | Santa Barbara County Deputy Sherriff's Assocation<br>PO Box 30012, Santa Barbara, Ca. 93130 | ☐ IND<br>☑ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | $2500<br>☐ Check if Loan<br>_____%<br>Provide interest rate |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | ☐ Check if Loan<br>_____%<br>Provide interest rate |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | ☐ Check if Loan<br>_____%<br>Provide interest rate |

* Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

# 497 Contribution Report

Amounts may be rounded to whole dollars.

| NAME OF FILER | | Date of This Filing | Date Stamp | CALIFORNIA FORM 497 |
|---|---|---|---|---|
| Dave King for Mayor 2026 | | 9/24/2026 | | For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER *(if applicable)* | Report No. 1 | SEP 24 2026 | |
| 805 451-9494 | | ☐ Amendment to Report No. _____ (explain below) | City of Buellton | |
| STREET ADDRESS | | No. of Pages _____ | | |
| CITY / STATE / ZIP CODE | | | | |
| Buellton / CA / 93427 | | | | |

## 1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---|---|---|---|---|
| 9/23/2026 | Santa Barbara County Deputy Sherriff's Assocation<br>PO Box 30012, Santa Barbara, Ca. 93130<br>595 ALAMO PINTADO RD. UNIT E<br>SOLVANG, CA. 93463 | ☐ IND<br>☑ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | $2500<br>☐ Check if Loan<br>_____%<br>Provide interest rate |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | ☐ Check if Loan<br>_____%<br>Provide interest rate |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | ☐ Check if Loan<br>_____%<br>Provide interest rate |

Reason for Amendment: _____

_____

* Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

# Recip. ..it Committee Campaign Statement Cover Page

...ER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/31/26
through 12/31/26

Date of election if applicable: (Month, Day, Year)
11/3/26

Date Stamp
RECEIVED
SEP 18 2026
City of Buellton

CALIFORNIA FORM 460

Page ____ of ____

For Official Use Only

## 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
  - *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
  - *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

## 2. Type of Statement:

- ☐ Preelection Statement
- ☑ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

## 3. Committee Information

I.D. NUMBER: PENDING

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DAVE KING FOR MAYOR 2026

STREET ADDRESS (NO P.O. BOX)

CITY: BUELLTON STATE: CA ZIP CODE: 93427 AREA CODE/PHONE: 805 451-9494

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER
DAVE KING

MAILING ADDRESS

CITY: BUELLTON STATE: CA ZIP CODE: 93427 AREA CODE/PHONE: 805 451-9494

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY: BUELLTON STATE: CA ZIP CODE: 93427 AREA CODE/PHONE: 805 451-9494

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 9/17/26 (Date) By _____ (Signature of Treasurer or Assistant Treasurer)

Executed on 9/17/26 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page _____ of _____

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DAVID KING

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

MAYOR OF BUELLTON,

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

BUELLTON CA 93427

**Related Committees Not Included in this Statement:** ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| DAVE KING FOR MAYOR 2024 | PENDING |
| **NAME OF TREASURER** | **CONTROLLED COMMITTEE?** |
| DAVE KING | ☐ YES ☒ NO |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| BUELLTON | CA | 93427 | 805 451-9494 |

| COMMITTEE NAME | I.D. NUMBER |
|---|---|
| | |
| **NAME OF TREASURER** | **CONTROLLED COMMITTEE?** |
| | ☐ YES ☐ NO |

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| | | | |

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| | | |

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|---|---|
| | |

## 7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
|---|---|---|
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| | | |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | ☐ SUPPORT ☐ OPPOSE |
| | | |

***Attach continuation sheets if necessary***