

**Statement of Organization  
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Amendment Date qualification threshold met _____/_____/_____	<input type="checkbox"/> Termination – See Part 5 Date of termination _____/_____/_____
--	---	---

Date Stamp

**CALIFORNIA FORM 410**  
 For Official Use Only  
**APR 07 2026**  
 City of Grass Valley  
 125 E. Main St.

**1. Committee Information** **I.D. Number** **2. Treasurer and Other Principal Officers**

**1. Committee Information**

**I.D. Number**  
*(if applicable)*

NAME OF COMMITTEE  
 Scott Beesley for Grass Valley City Council 2026

STREET ADDRESS (NO P.O. BOX)  
 [REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
 Grass Valley CA 95945 530-559-0472

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
 isaypurple@gmail.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
 Nevada Grass Valley

*Attach additional information on appropriately labeled continuation sheets.*

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
 Jennifer Bashall

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
 [REDACTED] Nevada City CA 95959

EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE  
 babs.bashall@gmail.com 530-559-1252

NAME OF ASSISTANT TREASURER, IF ANY  
 Leslie Rodriguez

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
 [REDACTED] Grass Valley CA 95945

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE  
 lesliebarness@yahoo.com 408-712-1880

NAME OF PRINCIPAL OFFICER(S)  
 Scott Beesley

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
 [REDACTED] Grass Valley CA 95945

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE  
 isaypurple@gmail.com

**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 Apr 3, 2026 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on Apr 3, 2026 By [REDACTED]  
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

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME Scott Beesley for Grass Valley City Council 2026	I.D. NUMBER
--	-------------

• 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 River Valley Community Bank	AREA CODE/PHONE (530)798-2690	BANK ACCOUNT NUMBER 101107662	
ADDRESS OF FINANCIAL INSTITUTION 580 Brunswick Rd	CITY Grass Valley	STATE CA	ZIP CODE 95945

**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		
Scott Beesley	Grass Valley City Council	2026	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