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143782

Statement of Organization Recipient Committee

Statement Type

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

Date Stamp

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

APR 14 2021

CALIFORNIA FORM 410

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MAY 03 2021

AMADOR COUNTY ELECTIONS

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Community First - Ryan Gillaspie For Sheriff 2022				NAME OF TREASURER Greg Bixby				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Plymouth	STATE CA	ZIP CODE 95669	AREA CODE/PHONE [REDACTED]				
CITY Plymouth	STATE CA	ZIP CODE 95669	AREA CODE/PHONE [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY				
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S) Ryan Gillaspie				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE Amador		JURISDICTION WHERE COMMITTEE IS ACTIVE Amador		CITY STATE ZIP CODE AREA CODE/PHONE Pioneer CA 95666 [REDACTED]				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.											

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 4/7/2021 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 4/7/2021 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

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I.D. NUMBER

COMMITTEE NAME

Community First - Ryan Gillaspie For Sheriff 2022

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

NAME OF FINANCIAL INSTITUTION

El Dorado Savings Bank

AREA CODE/PHONE

209-245-3000

BANK ACCOUNT NUMBER



ADDRESS

18726 CA-49

CITY

Plymouth

STATE

CA

ZIP CODE

95669

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		(list political party below)
			Nonpartisan	Partisan	
RYAN M. GILLASPIE	SHERIFF	22	X		(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