

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or Date qualification threshold met
 Amendment
 Date qualification threshold met: 04 / 24 / 2021

Termination - See Part 5
 Date of termination: _____ / _____ / _____

Date Stamp
RECEIVED
 in the office of the Secretary of State of the State of California
APR 30 2021

CALIFORNIA FORM 410
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
MAY 21 2021

CK

1. Committee Information				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]
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STREET ADDRESS (NO P.O. BOX)			
CITY				CITY			
STATE				STATE			
ZIP CODE				ZIP CODE			
AREA CODE/PHONE				AREA CODE/PHONE			
COUNTY OF DOMICILE Amador		JURISDICTION WHERE COMMITTEE IS ACTIVE Amador		NAME OF PRINCIPAL OFFICER(S) Ryan Gillaspie			
[REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY				CITY			
STATE				STATE			
ZIP CODE				ZIP CODE			
AREA CODE/PHONE				AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				CITY Pioneer			
				STATE CA			
				ZIP CODE 95666			
				AREA CODE/PHONE [REDACTED]			
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 4/27/2021 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 5-13-2021 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

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INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER
1437821

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 [REDACTED]
ADDRESS 18726 CA-49	CITY Plymouth	STATE ZIP CODE CA 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<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	OPPOSE