Recipient Committee Campaign Statement Cover Page			Date Stamp  RECEIVED	CALIFORNIA 460
	Statement covers period from July 1, 2021	Date of election if applicable: (Month, Day, Year)	JAN <b>25</b> 2022	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through December 31, 2021	June 7, 2022	AMADOR COUNTY ELECTIONS	
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	t ☐ Speci ermination)	erly Statement ial Odd-Year Report
	D. NUMBER 1438725	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Committee to Elect Patrick Weart for Sheriff  STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS  CITY	STATE ZIP CO	DDE AREA CODE/PHONE
		Plymouth	CA 9566	9
STATE ZIP C	DAMESTON CONTINUES	NAME OF ASSISTANT TREASUR	RER, IF ANY	
Ione CA 9564 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
Ione CA 956- OPTIONAL: FAX/E-MAIL ADDRESS	40	OPTIONAL: FAX / E-MAIL ADDR	ESS	
4. Verification				
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on	f California that the foregoing is true and o	Signature of Tréssurer or Assista	it Treasurer roponent or Responsible Officer of Sponso	
Executed on	By	gnature of Controlling Officeholder, Candidate,	State Measure Proponent	

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAG	SE - PART 2
CALIFORNIA FORM	460
Page of	

Officeholder or Candidate	Controlled Co	mmittee		6.	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CAN	IDIDATE				NAME OF BALLOT MEASURE				
Patrick Weart									
OFFICE SOUGHT OR HELD (INCLU	DE LOCATION AND D	DISTRICT NUME	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	NC		SUPPORT
Amador County Sheriff									OPPOSE
RESIDENTIAL/BUSINESS ADDRES	S (NO. AND STREET	T) CITY	STATE ZIP		Library Aller and Bloom Bloom Bloom	halden andl	d-4		if anu
		Ione	CA 95640		Identify the controlling office			neasure propo	nent, ir any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR F	ROPONENT		
Related Committees Not I	ncluded in this	Statement	List any committees						
not included in this statement that contributions or make expenditure	t are controlled by y	ou or are prima			OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME		I,D. NUN	MBER						
			101100-0000	7	. Primarily Formed Cand	didate/Offic	eholder Cor	nmittee List	names of
NAME OF TREASURER			OLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is p	rimarily formed	
19		☐ YE	s 🗌 NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE ADDRESS STR	REET ADDRESS (NO	P.O. BOX)							SUPPORT OPPOSE
CITY	STATE	ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
									OPPOSE
COMMITTEE NAME		I.D. NUN	MBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOLI	GHT OR HELD	- GIT GOE
					NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE 3000	GITTOKTILLD	SUPPORT
·									☐ OPPOSE
NAME OF TREASURER			OLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
President and the second secon		☐ YI	S NO						OPPOSE
COMMITTEE ADDRESS STE	REET ADDRESS (NO	P.O. BOX)			-				
OLTY	OTATE	7ID 00DE	ADEA CODE/DUCATE						
CITY	STATE	ZIP CODE	AREA CODE/PHONE		Atta	ach continuati	on sheets if ne	ecessary	

### Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2021	FORM 460
through December 31, 2021	Page of
	I.D. NUMBER
	1438725

NAME OF FILER			I.D. NUMBER
Committee to Elect Patrick Weart for Sheriff			1438725
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions       Schedule A, Line 3         2. Loans Received       Schedule B, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Schedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$\frac{21,075}{0}\$ \$\frac{21,075}{13,220}\$ \$\frac{34,295}{0}\$	\$ \$ \$	20. Contributions Received \$\$  21. Expenditures Made \$\$  \$
Expenditures Made  6. Payments Made	\$ <u>17,638</u>	\$	Expenditure Limit Summary for State Candidates
7. Loans Made	s 17,638 0	\$	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date
10. Nonmonetary Adjustment	\$\frac{13,220}{30.858}	\$	(mm/dd/yy) \$
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Column A, Line 3 above  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  If this is a termination statement, Line 16 must be zero.	\$\frac{342}{21,075}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ <u>0</u> \$ <u>0</u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Contributions Received	10	whole dollars.	from July 1, 2021	ers period	CALI	FORNIA 460 ORM
SEE INSTRUCTI	IONS ON REVERSE			through December	er 31, 2021	Page	of
NAME OF FILER Committee t	to Elect Patrick Weart for Sheriff					1.D. NU 143872	JMBER 25
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 CALENDAR YE (JAN. 1 - DEC,	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/2/21	Weldon & Cindy Lincoln Ione, CA 95640	☑ IND □ COM □ OTH □ PTY □ SCC	Retired L.E.	200	200		200
7/10/21	Pollie Pent Jackson, CA 95642	☑IND □COM □OTH □PTY □SCC	Retired L.E.	100-	100		100
7/17/21	Noel Dunne Ione, CA 95640	IND COM OTH PTY SCC	Retired L.E.	200	200		205
8/3/21	Terry Dougherty N. Las Vegas, NV 89084	IND COM OTH PTY SCC	Retired	100	100		100
8/3/21	Elayta Weart  N. Las Vegas, NV 89084	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	200	200		200
			SUBTOTAL S	3		80	00
1. Amount re (Include a 2. Amount re	A Summary eceived this period – itemized monetary contributional Schedule A subtotals.) eceived this period – unitemized monetary contributions received this period.				IND - COM OTH- PTY-	(other – Other – Politica	ient Committee than PTY or SCC) (e.g., business entity)
(Add Line	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	1.)TOTAL \$			FPP	C Form 460 (Jan/2016))

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA /

Statement covers period

			from July 1, 2021		FORM 400		
				through Decembe	r 31, 2021	Page_	of
NAME OF FILER  Committee to	Elect Patrick Weart for Sheriff		•			1,D, NU 14387	JMBER 25
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF  CONTRIBUTOR  (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/6/21	Gary & Nicki Stevens San Andreas, CA 95249	☑IND □COM □OTH □PTY □SCC	Retired L.E.	100	100		100
9/20/21	Mike & Karen Huss Ione, CA 95640	IND COM OTH PTY SCC	School Teacher Ione Elementary	100	100		100
9/25/21	Sanders Aeronautics  Ione, CA 95640	☐IND ☐ COM Ø OTH ☐ PTY ☐ SCC		500	500		500
9/25/21	Daniel & Heather Duran Pine Grove, CA 95665	IND COM OTH PTY SCC	Retired	100	100		100
9/25/21	Bennetts Farming Visalia, CA 93277	□IND □COM ØOTH □PTY □SCC		520	520		520
		\$		2,	120		

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule	Α	
Monetary	<b>Contributions</b>	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Monetary	/ Contributions Received	10	whole dollars.	Statement cov from July 1, 2021	ers period	CALI F	FORNIA 460
SEE INSTRUCTI	IONS ON REVERSE			through December	er 31, 2021	Page	of
NAME OF FILER Committee t	R Reference to the total to the						JMBER - 38725
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I,D, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/25/21	Tom Sage Jackson, CA 95642	IND COM OTH PTY SCC	Retired L.E.	180	180		180-
10/8/21	Ron Matulich Drytown, CA 95669	☑IND □COM □OTH □PTY □SCC	Horse shoe Mining Self Employeed	100	100		100
10/7/21	Sutter Creek Systems  Jackson, CA 95642	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		100	100		100
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				×	
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL :	\$	2,	50	0
1. Amount re (Include a 2. Amount re 3. Total mon	A Summary eceived this period – itemized monetary contribution all Schedule A subtotals.) eceived this period – unitemized monetary contribution tetary contributions received this period.	ons of less than	n \$100\$ <u>1</u>	8,575	IND - COM OTH PTY	other) Other – Politic	ual ient Committee than PTY or SCC) (e.g., business entity)
(Add Line:	s 1 and 2. Enter here and on the Summary Page, C	olumn A. Line 1	2 PATOT	4.0 15		F05	S F 450 (1 - /2045))

Schedule C	Amounts may be rounded		SCHEDULE
Nonmonetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA 460
_		from July 1, 2021	FORM 400
SEE INSTRUCTIONS ON REVERSE		through December 31, 2021	Page of
AME OF FILER			I.D. NUMBER
Committee to Flect Patrick Weart for Sheriff			1112272

Committee	to Elect I utiled Wealt for Shorm					1400	5 /23
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/21	Jackson, CA 95642	□IND □COM ☑OTH □PTY □SCC	Cazada Brothers, Centractor	Event Venue	1,500	1,500	1,500
9/25/21	Elegance by Design Pioneer, CA 95666	□IND □COM ☑OTH □PTY □SCC		Restroom Trailor + Table	2,575	2,575	2,575
9/25/21	Mercedes Stockon Stockton, CA 95219	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Wine	500	500	5700
9/25/21	Heringer Estates Clarksburg, CA 95612	□IND □COM ØOTH □PTY □SCC		Wine	500	500	500
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$	5	,075
1. Amount	e C Summary received this period – itemized nonmonetar					*Contributor Co	ı
(Include	e all Schedule C subtotals.)			\$ _		COM – Recipie	nan PTY or SCC)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

3. Total nonmonetary contributions received this period.

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PTY - Political Party

OTH - Other (e.g., business entity)

#### Schedule C Amounts may be rounded SCHEDULE C to whole dollars. **Nonmonetary Contributions Received** Statement covers period CALIFORNIA from July 1, 2021 **FORM** through December 31, 2021 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee to Elect Patrick Weart for Sheriff 1438725 IF AN INDIVIDUAL, ENTER CUMULATIVE TO FULL NAME, STREET ADDRESS AND AMOUNT/ PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER DESCRIPTION OF DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET TO DATE RECEIVED CODE\* CALENDAR YEAR (IF \$ELF-EMPLOYED, ENTER GOODS OR SERVICES (IF COMMITTEE, ALSO ENTER I,D, NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) 9/24/21 Gordon Hill Flowers 200 200 200 □сом **✓** OTH Jackson, CA 95642 □ PTY SCC 9/24/21 DisStasio Vineyards Wine 800 200 800 Псом **▼** OTH Plymouth, CA 95669 □ PTY □ scc " IND Cazada Brothers 9/24/21 200 Gun 800 COS □ COM **М**отн Jackson, CA 95642 □ PTY □ scc **▼** IND 9/24/21 Luke McElfish Deputy, Amador County Gun 600 boo 600 □сом P.O. Box 1874 □отн Jackson, CA 95642 $\square$ PTY □scc Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 7,475 Schedule C Summary \*Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual COM - Recipient Committee (Include all Schedule C subtotals.)....\$

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$\_

Total nonmonetary contributions received this period.

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PTY - Political Party

(other than PTY or SCC)
OTH – Other (e.g., business entity)

Amounts may be rounded to whole dollars.

Committee to Elect Patrick Weart for Sheriff

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/21	Alex Copeland Jackson, CA 95642	☑IND □COM □OTH □PTY □SCC	Barber, Amador Cuts	Gift certificate haircut	40	40	40
9/25/21	Vivian Flock Jackson, CA 95642	☑ IND □ COM □ OTH □ PTY □ SCC	Sales Manager; Retail Alliance	Gift Basket	275	275	275
9/25/21	Lowes Stockton, CA	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		BBQ	300	300	300
9/25/21	Mercedes Stockton Stockton, CA	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Gift Cerficate Mercedes for a weekend	300	300	300
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$	8,39	D

Schedule C Summary	
ochedule C outlinary	*Contributor Codes
Amount received this period – itemized nonmonetary contributions.	IND – Individual
(Include all Schedule C subtotals.)\$	COM – Recipient Committee
,	(other than PTY or SCC)
2. Amount received this period, unitersized non-section contributions of least the 0400	OTH - Other (e.g., business entity)
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	PTY – Political Party
	SCC – Small Contributor Committee
3. Total nonmonetary contributions received this period.	
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	
Vide Lines 1 and 2. Enter here and on the Summary 1 age, Columna, Lines 4 and 10.)	

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from July 1, 2021

CALIFORNIA 460

FORM

Page \_\_\_\_\_ of \_\_\_\_

I.D. NUMBER

1438725

Committee	to Elect Patrick Weart for Sheriff						о, numbi <b>438725</b>	ER
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE DATE CALENDAR Y (JAN 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)
9/25/21	Warrior Fitness Sutter Creek, CA	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Gift certificate Fitness	190	190		190
9/25/21	Motivate Sutter Creek, CA	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Gift cerfifiate Fitness	165	165		165
9/25/21	Kaizen Jackson, CA 95642	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Gift basket	200	200		J00
9/25/21	Anytime Fitness  Jackson, CA 96542	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Gift Cerficate Fitness	180	180		130
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTOTAL	\$		9,1	25
<ol> <li>Amount (Include</li> <li>Amount</li> <li>Total no</li> </ol>	e C Summary  received this period – itemized nonmoneta e all Schedule C subtotals.)  received this period – unitemized nonmonetary contributions received this period es 1 and 2. Enter here and on the Summare	etary contribut	ions of less than \$100	\$_		— (0 OTH = 0 — PTY = P	dividual Recipient other tha Other (e.g	Committee in PTY or SCC) j., business entity)

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from July 1, 2021

CALIFORNIA 460

FORM

Page \_\_\_\_\_ of \_\_\_\_

I.D. NUMBER

1438725

	HONS ON REVERSE					-5			
NAME OF FILE Committee	R to Elect Patrick Weart for Sheriff							1.D. NUME 1438725	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - [	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/25/21	Roaring Camp Pine Grove, CA 95665	□IND □COM ②OTH □PTY □SCC		Gift certificate experiance		100	100	>	100
9/25/21	Take 'Em Hunting Roseville, CA 95661	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		Gift cerfifiate I	Hunt	1500	ſŠΊ	25	(500
9/25/21	Gary Stevens San Andreas, CA 95251	☑ IND □ COM □ OTH □ PTY □ SCC	Retired L.E.	Meat Gift cerfificate, Too Print	ols,	178	,	78	178
9/25/21	Hotel Sutter Sutter Creek, CA	□IND □COM ØOTH □PTY □SCC		Gift Basket		85		85	85
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$			10,0	788
1. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)received this period – unitemized nonmone						IND - COM OTH	(other th	nt Committee an PTY or SCC) g., business entity)

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Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA from July 1, 2021 **FORM** through December 31, 2021 Page \_ \_\_ of \_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee to Elect Patrick Weart for Sheriff 1438725 CUMULATIVE TO IF AN INDIVIDUAL, ENTER PER ELECTION AMOUNT/ FULL NAME, STREET ADDRESS AND DESCRIPTION OF DATE OCCUPATION AND EMPLOYER DATE CONTRIBUTOR TO DATE FAIR MARKET ZIP CODE OF CONTRIBUTOR CALENDAR YEAR GOODS OR SERVICES CODE\* (IF SELF-EMPLOYED, ENTER RECEIVED (IF REQUIRED) VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) Legal Secretary, San 100 Gift Basket 100 Tina Cook, Teen Driver 100 9/25/21 □ COM Joaquin County ✓ OTH Manteca, CA 95336 □ PTY SCC 200 Gift cerfifiate 200 Works Connection 200 9/25/21 ПСОМ **✓** OTH Cameron Park, CA □ PTY □ scc □ IND Gift certificate 25 25 9/25/21 Pizanos 25 ПСОМ **✓** OTH Ione, CA 95640 ☐ PTY □ scc 350 IND Wood Flag 350 350 Police Chief 9/25/21 Jeff Arnold □сом city of lone ☐ OTH Ione, CA 95640 ☐ PTY □scc 11,663 SUBTOTAL \$ Attach additional information on appropriately labeled continuation sheets. Schedule C Summary \*Contributor Codes IND - Individual COM - Recipient Committee

Amount received this period – itemized nonmonetary contributions.	
(Include all Schedule C subtotals.)\$	

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$

3.	Total nonmonetary contributions received this period.
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCHEDULE C

PTY - Political Party

	le C netary Contributions Received		Amounts may be rounded to whole dollars.		from	tatement covers   July 1, 2021 ugh December 3		10	SCHEDULE ORNIA 460 RM of
NAME OF FILE					lu			LD. NUMI 1438725	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/21	PJ Johnson Ione, CA 95640	☑IND □COM □OTH □PTY □SCC	Real Estate Agent, Exit Realty	Jewlry set, Prin	t	600	600		600
9/25/21	New York Fitness Jackson, CA 95642	□IND □COM ☑OTH □PTY □SCC		Gift cerfifiate Fitness		600	600		600
9/25/21	Gold Mine Jewlers Jackson, CA 95642	□IND □COM ☑OTH □PTY □SCC		Knife		357	357		357
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$			13,2	-20
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	ns.		\$_	13,220	_ IND	(other th	

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$

3. Total nonmonetary contributions received this period.

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PTY - Political Party

						SCHEDULE
Schedule E Payments Made	Amounts may b to whole do			Statement covers period		ORNIA 460
rayments made				from July 1, 2021		TXIVI
OFF INSTRUCTIONS ON DEVENOE				through December 31, 2021	Page _	of
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER					I.D. NUM	MBER
Committee to Elect Patrck Weart for Sheriff					14387	25
CODES: If one of the following codes accurately describe	es the payment, y	ou may en	ter the code. Other	wise, describe the payment.		
CMP campaign paraphernalia/misc.	MBR member com		_	RAD radio airtime and production	costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens		\$	RFD returned contributions SAL campaign workers' salaries		
CVC civic donations FIL candidate filing/ballot fees	PET petition circul PHO phone banks			TEL t.v. or cable airtime and produ		8
FND fundraising events	POL polling and s	urvey researd		TRS staff/spouse travel, lodging, a	and meals	didata /a
IND independent expenditure supporting/opposing others (explain)* LEG legal defense			senger services al, accounting)	TSF transfer between committees VOT voter registration	or the sarr	ne candidate/sponsor
LIT campaign literature and mailings	PRT print ads			WEB information technology costs	(internet, e	e-mail)
NAME AND ADDRESS OF PAYEE		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I,D, NUMBER)						
Reginald Gold		CMP	Campain Apparel			6,971.85
Ione, CA 95640						
Amador Ledger Print		LIT	Printing			64.65
Martell, CA 95654						
Chelsea Taviano Graphic Design		PRO	Graphic Design			200
Camarillo, CA 93010						
* Payments that are contributions or independent expenditures must also be	oe summarized on Sche	edule D.		SU	BTOTAL	\$ 7,236.50
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				\$	
2. Unitemized payments made this period of under \$100					\$_	
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Par	rt 1, Colum	n (e).)		\$	
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summ	ary Page, Column A	A, Line 6.) <b>TO</b>	TAL \$_	

## Schedule E

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)\*

Amounts may be rounded to whole dollars.

MBR member communications

OFC office expenses

MTG meetings and appearances

	001122022 2 (001111)
Statement covers period	CALIFORNIA 160
July 1, 2021	FORM 400
through December 31, 2021	Page of
	I.D. NUMBER
	1400707

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

(Continuation Sheet) **Payments Made** SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Patrick Weart for Sheriff 1438725 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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	POS postage, deli-	rvey research	senger services TSF transfer between committees of the same	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D, NUMBER)		CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sticker Mule  Amsterdam, NY 12010		CMP	Bumper Stickers	317.16
USPS Ione, CA 9640		POS CMP	Money order to ABC and Postage	84.25
Bing Banners Paramount, CA 90723		СМР	Banner	104.68
Sams Club Folsom, CA		FND	Fundraiser supplies	471.47
Costco Folsom, CA		FND	Fundraiser supplies	336.74
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.	SUBTOTAL	\$ 8,550.80

#### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA ACO
from	california 460
through December 31, 2021	Page of
	I.D. NUMBER

1438725

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Patrick Weart for Sheriff

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)\*

POL polling and survey research

FOL polling and survey research

FOS postage, delivery and messenger services

TSS stall/spouse traver, loughing, and meas

TSS transfer between committees of the same candidate/sponsor

PRO professional services (legal, accounting)

VOT voter registration

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
Knight Enterprises	FND	Rentals	1300.00
Pioneer, CA 95666			o
Motherlode Deli Jackson, CA 95642	FND	Catering	4040.63
Pearce Boyer Company Grass Valley, CA 95949	TEL RAD	Video, Audio	1100.00
Merzlak Signs  Jackson, CA 95642	СМР	Signs	1346.88
Elegance by Design Pioneer, CA 956666	FND	Rentals	1300.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.