

**Statement of Organization
Recipient Committee**

Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met _____/_____/____

Termination – See Part 5
 Date of termination 06 / 29 / 22

Date Stamp
RECEIVED
 JUL 25 2022
 AMADOR COUNTY ELECTIONS

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE
WATERS-WHITE FOR SUPERVISOR 2022

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

CITY STATE ZIP CODE AREA CODE/PHONE
PLYMOUTH CA 95669 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 [REDACTED]

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
AMADOR AMADOR DISTRICT 5

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
BROOKE WUNSCHEL

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

CITY STATE ZIP CODE AREA CODE/PHONE
PLYMOUTH CA 95669 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY
AMY WATERS-WHITE

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

CITY STATE ZIP CODE AREA CODE/PHONE
PLYMOUTH CA 95669 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE 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 06/29/22 By [REDACTED]

Executed on 6/29/22 By [REDACTED]

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

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

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