

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>11 / 27 / 2015</u>	Date of termination ____ / ____ / ____

Date Stamp <b>RECEIVED</b> FEB 02 2022 AMADOR COUNTY ELECTIONS	<b>CALIFORNIA FORM 410</b> For Official Use Only
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<b>1. Committee Information</b>	<b>I.D. Number</b> (if applicable) 1381395	<b>2. Treasurer and Other Principal Officers</b>
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NAME OF COMMITTEE  
Amador County Deputy Sheriff's Association Political Action Committee,  
Sponsored by the Amador County Sheriff's Association

STREET ADDRESS (NO P.O. BOX)  
700 Court Street

CITY STATE ZIP CODE AREA CODE/PHONE  
Jackson CA 95642 [REDACTED]

FULL MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

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

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Amador County Amador County

NAME OF TREASURER  
Vona L. Copp

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Elk Grove CA 95624 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)  
Cameron Begbie

STREET ADDRESS (NO P.O. BOX)  
700 Court Street

CITY STATE ZIP CODE AREA CODE/PHONE  
Jackson CA 95642 [REDACTED]

Attach additional information on appropriately labeled continuation sheets.

**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 1/20/2022 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Amador County Deputy Sheriff's Association Political Action Committee, Sponsored by the Amador County Sheriff's Association

I.D. NUMBER

1381395

**2a. Additional Officers / Assistant Treasurers**

NAME

Christopher Crandell

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Jackson CA 95642 [REDACTED]

NAME

Jeremiah Riddle

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Jackson CA 95642 [REDACTED]

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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COMMITTEE NAME Amador County Deputy Sheriff's Association Political Action Committee, Sponsored by the Amador County Sheriff's Association	I.D. NUMBER 1381395
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (916) 678-3669	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 400 Capitol Mall	CITY Sacramento	STATE CA
		ZIP CODE 95814

**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		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Amador County Deputy Sheriff's Association Political Action Committee, Sponsored by the Amador County Sheriff's Association

I.D. NUMBER

1381395

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support candidates & measures that benefit the Amador County Deputy Sheriff's Association & the community of Amador Co.

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

Amador County Deputy Sheriff's Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Deputy Sheriffs

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Jackson

CA

95642

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Additional Comments  
For Form 410**

ADDITIONAL COMMENTS

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**COMMITTEE NAME**

Amador County Deputy Sheriff's Association Political Action Committee, Sponsored by the Amador County Sheriff's Association

**I.D. NUMBER**

1381395

Amendment to change treasurer's address.