

SENT 4-15 via \$50 fee
 R03 1454388

**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

Date Stamp
RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California
SEP 19 2022

CALIFORNIA FORM 410
 For Official Use Only
 R/JB

1. Committee Information				I.D. Number (if applicable)				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Vote Felst for City Council 2022				NAME OF TREASURER Alan Bierce				STREET ADDRESS (NO P.O. BOX) 241 Mill Street (P.O. Box 1014) MAILING					
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Sutter Creek				STATE CA		ZIP CODE 95685		AREA CODE/PHONE [REDACTED]	
CITY Sutter Creek		STATE CA		ZIP CODE 95685		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY BRUCE BARACCO					
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY SUTTER CREEK		STATE CA		ZIP CODE 95685	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				NAME OF PRINCIPAL OFFICER(S)				CITY SUTTER CREEK		STATE CA		ZIP CODE 95685	
COUNTY OF DOMICILE Amador		JURISDICTION WHERE COMMITTEE IS ACTIVE Amador County District 2		STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE	
Attach additional information on appropriately labeled continuation sheets.				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 9-2-2022 By [REDACTED]
 Executed on 9/2/2022 By [REDACTED] 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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Vote Feist for City Council

Page 2
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Pending EL DORADO SAVINGS BANK	AREA CODE/PHONE [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 460 HIGHWAY 49	CITY SUTTER CREEK	STATE ZIP CODE CA 95685

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		
Susan Feist	Sutter Creek City Council	2022	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	(list political party below)
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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