

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

Amendment  
 Date qualification threshold met \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Termination – See Part 1  
 Date of termination  
 12 / 5 / 22

Date Stamp  
**RECEIVED AND FILED**  
 in the office of the Secretary of State  
 of the State of California  
**DEC 08 2022**

**CALIFORNIA FORM 410**  
 For Official Use Only  
**RECEIVED**  
 DEC 19 2022  
 AMADOR COUNTY ELECTIONS

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <i>NOTE FEIST for City Council</i>		I.D. Number (if applicable) <i>1454388</i>		NAME OF TREASURER <i>ALAN BIERCE</i>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <i>SUTTER CREEK CA 95685</i>		NAME OF ASSISTANT TREASURER, IF ANY <i>BRUCE BARACCO</i>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE <i>SUTTER CREEK CA 95685</i>		FULL MAILING ADDRESS (IF DIFFERENT) <i>Same as above</i>		STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <i>SUTTER CREEK CA 95685</i>	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		COUNTY OF DOMICILE <i>AMADOR</i>		JURISDICTION WHERE COMMITTEE IS ACTIVE <i>AMADOR Co. DISTRICT 2</i>		NAME OF PRINCIPAL OFFICER(S) [REDACTED]	
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE 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 12-5-22 By [REDACTED]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-5-22 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